EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



OMB No. 1545-0047

4

ſ

Department of the Treasury Internal Revenue Service

| AF | or the | 2014 calendar year, or tax year beginning and | ending | | | | | | |
|--------------------------------|---|---|--------------|---|-------------------------------|--|--|--|--|
| B C | heck if pplicable | k if cable: C Name of organization D Employer identification number | | | | | | | |
| | _Addres _change | LA ISLA FOUNDATION | | | | | | | |
| | Name Change | Doing business as | | 26-2 | 384892 | | | | |
| | Initial | | Room/suite | E Telephone numbe | r | | | | |
| | Final return/ | 7673 SILVERTHRONE DR. SE | | | 676-9310 | | | | |
| | termin- | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 839,403. | | | | |
| | Amend return | | | H(a) Is this a group re | | | | | |
| | | | | for subordinates | | | | | |
| · · · | pendin | ^g SAME AS C ABOVE | | H(b) Are all subordinates in | | | | | |
| <u>т</u> т | · 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | mpt status: $X = 501(c)(3) = 501(c)() \ (insert no.) = 4947(a)(1) c$ | or 527 | | list. (see instructions) | | | | |
| | | E WWW.LAISLAFOUNDATION.ORG | | H(c) Group exemptio | | | | | |
| | | organization: X Corporation Trust Association Other | I Vear | | A State of legal domicile: MI | | | | |
| | | | | | | | | | |
| | | Briefly describe the organization's mission or most significant activities: ${f LA}$ [3] | SLA FO | UNDATTON (LT | F) IS AN | | | | |
| JCe | | INTERNATIONAL RESEARCH AND POLICY NGO WO | RKTNG | AT THE INTE | RSECTION OF | | | | |
| Governance | - | Check this box | | | | | | | |
| ver | | | | 3 | 6 | | | | |
| ß | | Number of independent voting members of the governing body (Part VI, line 1a) | | | 6 | | | | |
| s & | | Fotal number of individuals employed in calendar year 2014 (Part V, line 2a) | | | 9 | | | | |
| itie | | Fotal number of volunteers (estimate if necessary) | | | 10 | | | | |
| Activities & | 70- | Fotal unrelated business revenue from Part VIII, column (C), line 12 | | | 2,707. | | | | |
| Ac | | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. | | | | |
| | | | | Prior Year | Current Year | | | | |
| | 8 (| Contributions and grants (Part VIII, line 1h) | - | 143,305. | 810,193. | | | | |
| Revenue | | Contributions and grants (Part VIII, line 1h) | | 36,985. | 11,056. | | | | |
| ver | | | | 0. | 0. | | | | |
| Re | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 12,066. | 18,154. | | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 192,356. | 839,403. | | | | |
| | | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 0. | 0.00 | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 78,435. | 296,765. | | | | |
| ses | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 250,705. | | | | |
| nəc | | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | • | •• | | | | |
| Expenses | | Fotal fundraising expenses (Part IX, column (D), line 25) | | 126,112. | 396,645. | | | | |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 204,547. | 693,410. | | | | |
| | | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | ······ | -12,191. | 145,993. | | | | |
| L S | 19 | Revenue less expenses. Subtract line 18 from line 12 | | - | - | | | | |
| ts o ince | | | Ве | ginning of Current Year | End of Year 177,120. | | | | |
| Net Assets or Fund Balances | 20 | Fotal assets (Part X, line 16) | ······ | <u>4,627.</u> 0. | 26,500. | | | | |
| let ∕ ind | 21 | Fotal liabilities (Part X, line 26) | ······ | 4,627. | 150,620. | | | | |
| | 22 rt | Net assets or fund balances. Subtract line 21 from line 20 | | 4,04/. | ,020• | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules | e and etatem | ante and to the heat of m | v knowledge and belief it is | | | | |
| | | | | | y knowledge and bellet, it is | | | | |
| u ue, | CUTTECI | and complete. Declaration of preparer (other than officer) is based on all information of wh | nch preparer | nas any knowledge. | | | | | |
| | | | | 1 | | | | | |

| Sign | Signature of officer | Date | | | | | | |
|---|---|-----------------------------|--|--|--|--|--|--|
| Here | JASON GLASER, PRESIDENT | | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name Preparer's signature Date | Check PTIN | | | | | | |
| Paid | KATHLEEN M. UNDERHILL, CPKATHLEEN M. UNDERHIL11/10 | /15 self-employed P00589677 | | | | | | |
| Preparer | Firm's name 🕨 REHMANN ROBSON LLC | Firm's EIN 🔉 38-3635706 | | | | | | |
| Use Only | Firm's address 2330 EAST PARIS AVE S.E. P.O. BOX 6547 | | | | | | | |
| | GRAND RAPIDS, MI 49516-6547 | Phone no.616-975-4100 | | | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | |
| 432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014) | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 990 (2014) LA ISLA FOUNDATION | 26-2384892 | Page 2 |
|--------|--|---|------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | 🛛 🗶 |
| 1 | Briefly describe the organization's mission: LA ISLA FOUNDATION(LIF) IS AN INTERNATIONAL RESEARCH A WORKING AT THE INTERSECTION OF PUBLIC HEALTH AND HUMAN ADDRESS A FATAL EPIDEMIC OF CHRONIC KIDNEY DISEASE OF | N RIGHTS TO NON TRADITIONA | AL |
| | CAUSES (CKDNT) AMONG SUGARCANE WORKERS IN LATIN AMERIC | :A. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | X Yes [| No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O. | es?Yes [| X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a revenue, if any, for each program service reported. | | |
| 4a | (Code:)(Expenses \$ 235,254. including grants of \$)(Rot INTERVENTION: ENGAGEMENT AND COORDINATION WITH OSHA TO PRODUCERS TO PREVENT FURTHER CASES OF CKDNT BY DEMONSTAPPLYING OSHA STANDARDS TO CANE PRODUCTION, (WE PROGRAM WATER/REST/SHADE); PROVIDING MORE ERGONOMIC CANE CUTTINCREASE WORKER PRODUCTION WHILE LOWERING PHYSICAL EFFE DUG TO PROVIDE CLEAN WATER FOR AFFECTED COMMUNITIES. | TRATING BENEFIT 1: ING TOOLS TO | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:)(Expenses \$245,604. including grants of \$)(Rode in the including grants of \$) (Rode in the including grants of \$] (Rode in the including grants of \$) (Rode in the including grants of \$] (Rode in the including grants of \$ | N: H <u>OME DIALYSI</u> CTIONAL STUDIES ABOR RIGHTS | 5 OF |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | POLICY AND COMMUNICATION: ENGAGING PRESS TO "TELL THE | evenue \$ STORY" OF DF THE WORLD. |) |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ 20,850 • including grants of \$) (Revenue \$ | 6,584.) | |
| 4e | Total program service expenses 563,631. | | |
| 432002 | 2 | Form 99 | 90 (2014) |
| | 2 110 759636 436653.00000 2014.05000 LA ISLA FOUNDATION | 4366 | 53.1 |

Form 990 (2014)

Part IV Checklist of Required Schedules

LA ISLA FOUNDATION

| | | | Yes | No |
|-----------|--|-----------|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | | v |
| _ | 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 | _ | | v |
| ~ | similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | x |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | x |
| 8 | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - 1 | | - 23 |
| 0 | 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 | 0 | | |
| 5 | 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 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | <u> </u> |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | 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 |
| b | b 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 | | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | v |
| _ | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 401 | | v |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | Х | |
| | Did the organization maintain an onice, employees, or agents outside of the United States? | 148 | - 23 | |
| U | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 1 10 | | <u> </u> |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | <u> </u> |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | | Х |
| 18 | id the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | c and 8a? If "Yes," complete Schedule G, Part II | | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form 990 (2014)

⁴³²⁰⁰³ 11-07-14

| Form | aan | (2014) |
|------|-----|--------|
| FOUL | 990 | (2014) |

LA ISLA FOUNDATION

| Pa | rt IV Checklist of Required Schedules (continued) | | - | |
|----------|---|-----|-----|------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | x |
| 24a | 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 through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| - | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| ~ | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 200 | | |
| 20 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," | | | |
| | | 26 | х | |
| 27 | complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| 21 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| - | | 28a | | х |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| U | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 200 | | X |
| 29 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | - 23 |
| 30 | | 30 | | x |
| 24 | contributions? If "Yes," complete Schedule M | 30 | | - 23 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 24 | | x |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete | 31 | | - 23 |
| 32 | | 20 | | x |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | - 23 |
| 33 | | 33 | | x |
| 24 | sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> | 33 | | - 23 |
| 34 | | 04 | | x |
| 05- | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | | X |
| | | 35a | | - 23 |
| a | 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 postion 512(b)(12)2 /f "Yes," complete Schedule P. Part V. line 2 | 256 | | |
| 20 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | x |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 6- | | x |
| | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | ļ | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | v | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Form **990** (2014)

| Form | 990 (2014) LA ISLA FOUNDATION 26-2384 | 892 | F | Page 5 |
|--------|---|-----------------|-----|--------|
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| Ŭ | (gambling) winnings to prize winners? | 1c | х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 10 | | |
| 24 | filed for the calendar year ending with or within the year covered by this return 2a 9 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| , N | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 2.0 | | |
| 30 | | 3a | X | |
| | | 3b | X | |
| | It "Yes," has it filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 55 | | |
| Ha | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | х | |
| h | If "Yes," enter the name of the foreign country: NICARAGUA | -t a | | |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| ۶o | | 5a | | x |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 50 5c | | - 23 |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 50 | | |
| oa | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 6. | | x |
| h | any contributions that were not tax deductible as charitable contributions? | 6a | | - 23 |
| a | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | Ch | | |
| - | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section $170(c)$. | 7a | | x |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | x |
| | | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | _ | | x |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | - | | |
| - | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a L | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | | |
| а | a Is the organization licensed to issue qualified health plans in more than one state? | | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | (2014) |

| ł, |
|----|
| |

432005 11-07-14

| Form 990 (2014) | 1) |
|-----------------|----|
|-----------------|----|

LA ISLA FOUNDATION

Part VI 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 instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | |
|------|--|--------------------------------|----------|------|---|
| Sec | tion A. Governing Body and Management | | | | T |
| | | 1.1 | - | Yes | Ļ |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a (| 5 | | l |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | l |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | - | | I |
| | Enter the number of voting members included in line 1a, above, who are independent | 18 | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | nip with any other | | | l |
| | officer, director, trustee, or key employee? | | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under t | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? \ldots | | 3 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | | 5 | | |
| 6 | Did the organization have members or stockholders? | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | |
| | more members of the governing body? | | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | stockholders, or | | | |
| | persons other than the governing body? | | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the y | ear by the following: | | | |
| а | The governing body? | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re- | eached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal I | Revenue Code.) | | | |
| | | | | Yes | |
| Da | Did the organization have local chapters, branches, or affiliates? | | 10a | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | , 0 | | | |
| | | | | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | | 12b | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | | | | |
| - | in Schedule O how this was done | | 12c | | |
| 3 | Did the organization have a written whistleblower policy? | | 13 | | |
| 4 | Did the organization have a written document retention and destruction policy? | | 14 | | |
| 5 | Did the process for determining compensation of the following persons include a review and appro | | 17 | | |
| 5 | | | | | |
| - | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | 150 | | 1 |
| | The organization's CEO, Executive Director, or top management official | | 15a | | |
| Ø | Other officers or key employees of the organization | | 15b | | ļ |
| 6 - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| oa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | | | ļ |
| | taxable entity during the year? | | 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | | | | ļ |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org | | | | l |
| | exempt status with respect to such arrangements? | | 16b | | |
| | tion C. Disclosure | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed MI | T (0. attac 504 () (0) | | 1 | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | - 1 (Section 501(c)(3)s only) | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| _ | | in in Schedule O) | | | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, c | ontlict of interest policy, ar | id finan | cial | |
| | statements available to the public during the tax year. | | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | | |
| | LINDA GLASER - 616-676-9310 | | | | |
| | 7673 SILVERTHORNE DR, ADA, MI 49301 | | | 000 | - |
| 2006 | S 11-07-14 | | Form | 990 | (|
| | | | | | _ |
| 31 | 110 759636 436653.00000 2014.05000 LA ISLA FOUNDA | ATTON | 436 | 565 | |

| Part VII | Compensation of Officers, Dire | ctors, Trustees, | , Key Employees, | Highest C | compensated |
|----------|--------------------------------|------------------|------------------|-----------|-------------|
| | Employees, and Independent C | ontractors | | | |

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 this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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.

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|----------------------------|----------------|--|---------------------------------|---------|--------------|---------------------------------|--------------|-----------------|-----------------|------------------------|
| Name and Title | Average | Position (do not check more than one box, unless person is both an | | | | | Reportable | Reportable | Estimated | |
| | hours per | | | | is bot | h an | compensation | compensation | amount of | |
| | week | | officer and a director/trustee) | | from | from related | other | | | |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or di | e, | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | truste | | e. | pens | | (W-2/1099-MISC) | | organization |
| | organizations | ual tru | onal | | ploye | ee com | | | | and related |
| | below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JASON GLASER | 50.00 | 드 | 드 | 5 | ž | Ξъ | 8 | | | |
| PRESIDENT | 50.00 | x | | x | | | | 61,000. | 0. | 0. |
| (2) STEVEN KOPSTEIN | 2.00 | | | | | | K | 01,000 | | |
| VICE CHAIR OF FINANCE | | x | | x | | | | 0. | 0. | 0. |
| (3) RYAN SCALES | 2.00 | | | | | | | | | |
| VICE CHAIR OF POLICY/GOVER | | х | | х | | | | 0. | 0. | 0. |
| (4) MELISSA WOJNAROSKI | 2.00 | | | | | | | | | |
| BOARD CHAIR | | Х | | х | | | | 0. | Ο. | 0. |
| (5) VICKI GASS | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) KEVIN OGORZALEK | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 432007 11-07-14 | | | | | | | | | | Form 990 (2014) |
| | | | | | | 7 | | | | . , |

2014.05000 LA ISLA FOUNDATION 12081110 759636 436653.00000

| | | FOUNDAT | | | | | | | | 26-23 | 384 | 892 | Pa | age 8 |
|-----|--|--|--------------------------------|-----------------------|---|--------------|---------------------------------|--------|--|-------------------------------|-------|-----------------|---|----------------|
| Par | t VII Section A. Officers, Directors, Tr | | ploy | ees, | | | ghe | st C | | es (continued) (E) | r | | | |
| | (A) Name and title | | | | Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from | | | | | | | an | (F) stimate nount other | of |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | | fr org an | pensa rom the anizati d relate anizatio | e ion ed |
| | | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1h | Sub-total | | | | | | | | 61,000. | | 0. | | | 0. |
| | Total from continuation sheets to Part | VII, Section A | | | | | | | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but compensation from the organization | | · · · · · | | | | | no re | eceived more than \$100 | ,000 of reportab | le | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | | | | | | highest compensated e | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the and related organizations greater than \$1 | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," co | | | | | - | | | - | | | 5 | | Х |
| | tion B. Independent Contractors | | | | | | | | | * (* * * * | | | | |
| 1 | Complete this table for your five highest of the organization. Report compensation for | | | | | | | | | | ipens | ation | from | |
| | (A) (B) Name and business address NONE Description of services | | | | | | | С |)) ompe | C) nsatio | n | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors \$100,000 of compensation from the orga | | iot lii | nite | d to | tho: (| | stec | l above) who received n | nore than | | Eorm | 990 (2 | 2014) |
| | | | | | | | | | | | | | 200 (2 | _∪14) |

Form 990 (2014) LA ISLA
Part VIII Statement of Revenue

LA ISLA FOUNDATION

| | | Check if Schedule O contains a response | or note to any lir | e in this Part VIII | | | |
|---|--------|---|-------------------------|-----------------------------|--|--|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts | 1 a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | | | | | |
| Am (| с | Fundraising events 1c | | | | | |
| lar Giff | d | Related organizations 1d | | | | | |
| ns, ini | е | Government grants (contributions) 1e | | | | | |
| er S | f | All other contributions, gifts, grants, and | | | | | |
| <u>jë</u> | | similar amounts not included above 1f | 810,193. | | | | |
| ont D d C | g | Noncash contributions included in lines 1a-1f: \$ | | 010 100 | | | |
| <u>a</u> C | h | Total. Add lines 1a-1f | | 810,193. | | | |
| | - | | Business Code 611630 | 6 5 9 4 | 6 5 9 / | | |
| Program Service Revenue | | LANGUAGE/COMPUTER TRAI PUBLIC HEALTH STUDY | 561520 | 6,584. 4,472. | 6,584. 4,472. | | |
| Serv | b | POBLIC REALIR STODI | 501520 | 4,4/2. | 4,4/2• | | |
| E e | C I | | | | | | |
| Be | d | | | | | | |
| Pro | e f | All other program service revenue | | | | | |
| | ' n | Total. Add lines 2a-2f | • | 11,056. | | | |
| - | 3 | Investment income (including dividends, intere | | | | | |
| | - | other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond p | | | | | |
| | 5 | Royalties | ► | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 11,725. | | | | | |
| | | Less: rental expenses 0 • | | | | | |
| | С | Rental income or (loss) 11,725. | | | | | |
| | d | Net rental income or (loss) | 🕨 | 11,725. | | | 11,725. |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses | | | | | |
| | | Gain or (loss) | \ | | | | |
| | | Net gain or (loss) Gross income from fundraising events (not | | | | | |
| Jue | 0 d | including \$ of | | | | | |
| Other Rever | | contributions reported on line 1c). See | | | | | |
| r R | | Part IV, line 18 a | | | | | |
| the | b | Less: direct expenses b | | | | | |
| 0 | | | ► | | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | | Net income or (loss) from gaming activities | ► | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances a | | | | | |
| | | Less: cost of goods sold b | | | | | |
| ł | с | Net income or (loss) from sales of inventory | | | | | |
| ŀ | 44 - | Miscellaneous Revenue OTHER INCOME | Business Code 624110 | 3,722. | | | 3,722. |
| | | DANCE & YOGA | 900099 | 2,707. | | 2,707. | |
| | a c | | | 2,707• | | 2,707 | |
| | | All other revenue | | | | | + |
| | | Total. Add lines 11a-11d | | 6,429. | | | |
| | 12 | Total revenue. See instructions. | > | 839,403. | 11,056. | 2,707. | 15,447. |
| 43200 11-07- | | | ····· F | | - | | Form 990 (2014) |
| | | | | 9 | | | |

LA ISLA FOUNDATION

Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | /O | |
|-------------------|---|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 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 | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| - 5 | Compensation of current officers, directors, | | | | |
| 5 | | 61,000. | 61,000. | | |
| 6 | Compensation not included above, to disqualified | 01,000. | 01,000. | | |
| 6 | | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 186,968. | 112,016. | 74,952. | |
| 7 | Other salaries and wages | 100,900. | 112,010. | 74,952. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | 20 107 | E 400 | |
| 9 | Other employee benefits | 25,530. | 20,107. | 5,423. | |
| 0 | Payroll taxes | 23,267. | 13,728. | 9,539. | |
| 1 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 2,309. | 303. | 2,006. | |
| С | Accounting | 6,673. | | 6,673. | |
| 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 Sch 0.) | 153,530. | 152,940. | 590. | |
| 2 | Advertising and promotion | 289. | 119. | 170. | |
| 3 | Office expenses | 70,921. | 63,824. | 7,097. | |
| 4 | Information technology | 8,742. | 3,146. | 5,596. | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 46,887. | 42,198. | 4,689. | |
| 7 | Travel | 95,394. | 88,706. | 6,688. | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 139. | | 139. | |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 7,492. | 2,966. | 4,526. | |
| 4 | Other expenses. Itemize expenses not covered | , • | , | , | |
| T | 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 0.) | 2,817. | 1,579. | 1,238. | |
| a L | MISCELLANEOUS EXPENSE | 795. | 795. | 1,230. | |
| Ø | IMMGRATION FEES | 499. | 204. | 295. | |
| C | PENALTIES, FINES, AND J | 133. | 204. | 133. | |
| d | | 25. | | 25. | |
| _e | · · · · · · · · · · · · · · · · · · · | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 693,410. | 563,631. | 129,779. | (|
| 6 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

432010 11-07-14

Form **990** (2014)

12081110 759636 436653.00000

11 12081110 759636 436653.00000 2014.05000 LA ISLA FOUNDATION

LA ISLA FOUNDATION

26-2384892 Page 11

| | | Check if Schedule O contains a response or pat | a to any line in this Part Y | | | |
|-----------------------------|----------|--|---------------------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note | στο απγιπτο πι της Γάζι Λ | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 4,627. | 1 | 177,120. |
| | 2 | Savings and temporary cash investments | | 2 | | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from current and fo | | | | |
| | | trustees, key employees, and highest compensa | ted employees. Complete | | | |
| | | Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | |
| | | section 4958(f)(1)), persons described in section | 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sections | on 501(c)(9) voluntary | | | |
| ţ | | employees' beneficiary organizations (see instr). | Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ä | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | |
| | b | Less: accumulated depreciation | | | 10c | |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | 1 | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | Il line 34) | 4,627. | 16 | 177,120. |
| | 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 F | Part IV of Schedule D | | 21 | |
| ies | 22 | Loans and other payables to current and former | | | | |
| Liabilities | | key employees, highest compensated employee | | | | |
| .iat | | Complete Part II of Schedule L | | | 22 | 26,500. |
| - | 23 | Secured mortgages and notes payable to unrela | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | |
| | | parties, and other liabilities not included on lines | | | | |
| | | | | 0. | 25 | 26,500. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 0. | 26 | 20,300. |
| | | Organizations that follow SFAS 117 (ASC 958) | | | | |
| ces | 07 | complete lines 27 through 29, and lines 33 and | | | 07 | |
| lan | 27 | Unrestricted net assets | | | 27 | |
| l Ba | 28 | Temporarily restricted net assets | | | 28 29 | |
| pun | 29 | Permanently restricted net assets Organizations that do not follow SFAS 117 (AS | C ()E9) shock here N | | 29 | |
| Ē | | and complete lines 30 through 34. | | | | |
| ŝ | 20 | Capital stock or trust principal, or current funds | | 0. | 30 | 0. |
| Net Assets or Fund Balances | 30 31 | Paid-in or capital surplus, or land, building, or eq | | 0. | 30 | 0. |
| t A | 32 | Retained earnings, endowment, accumulated inc | | 4,627. | | 150,620. |
| Ne | 33 | Total net assets or fund balances | | 4,627. | | 150,620. |
| | 33 34 | Total liabilities and net assets/fund balances | | 4,627. | | 177,120. |
| | 07 | | | 1,02,0 | | Form 990 (2014) |
| | | | | | | 1 0111 000 (2014) |

Part X Balance Sheet

| | 990 (2014) LA ISLA FOUNDATION | 26-238 | 4892 | Pag | ge 12 | |
|----|--|------------|------|-----|--------------|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | ~ ~ | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 03. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 10. | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 93. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4 | 1,6 | 27. | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 150 |),6 | 20. | |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: X Cash Cash Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | | |
| | Act and OMB Circular A-133? | | 3a | | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <u></u> | Зb | | | |
| | | | | 000 | (001 4) | |

Form **990** (2014)

| (Form | 990 | or | 990- | ·ΕΖ |
|-------|-----|----|------|-----|
| | | | | |

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.

| OMB No. 1545-0047 |
|------------------------------|
| 201 4 |
| Open to Public Inspection |

| Department | t of | the | Ireasur |
|--------------|------|------|---------|
| Internal Rev | /eni | IA S | ervice |

Attach to Form 990 or Form 990-EZ. m 990 or 990-E7) and its instruction

| Nan | ne of | the organization | on about Schedule A | | 113 1131 401 | 10113 13 81 W | ww.irs.gov/ic | | identification number | |
|-----|--|-----------------------------------|------------------------|---|---------------|------------------------|----------------|---------------|-------------------------|--|
| | | • | SLA FOUNDA | TION | | | | | 6-2384892 | |
| Pa | Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | | | |
| The | organ | ization is not a private found | ation because it is: (| For lines 1 through 11, c | check only | one box.) | | | | |
| 1 | Ľ | A church, convention of ch | | | • | | l)(A)(i). | | | |
| 2 | | A school described in secti | | | | ι Λ | | | | |
| 3 | | A hospital or a cooperative | | | ection 170 |)(b)(1)(A)(ii | i). | | | |
| 4 | | A medical research organiz | | | | | - |)(iii). Enter | the hospital's name, | |
| | | city, and state: | I | , , | | | | ~ / | , , | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | d or opera | ted by a g | overnmental | unit descrik | bed in | |
| | | section 170(b)(1)(A)(iv). (C | | 0 , | • | , , | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | X | An organization that norma | | | | | | he general | public described in | |
| | | section 170(b)(1)(A)(vi). (Co | | | | | | 3 | · | |
| 8 | | A community trust describe | | (1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An organization that norma | | | A | contributi | ons. member | ship fees, a | and gross receipts from | |
| | | activities related to its exem | | | | | | | | |
| | | income and unrelated busir | | | | | | | | |
| | | See section 509(a)(2). (Cor | | | | | , | 5 | , | |
| 10 | | An organization organized a | | ively to test for public sa | afety. See | section 50 |)9(a)(4). | | | |
| 11 | | An organization organized a | | | | | | arry out the | e purposes of one or | |
| | | more publicly supported or | | | | | | | | |
| | | lines 11a through 11d that | - | | | | | | | |
| а | | Type I. A supporting orga | ••• | | | | | - | / giving | |
| | | the supported organization | | | | | | | | |
| | | organization. You must c | | | | | | | | |
| b | | Type II. A supporting orga | - | | tion with it | ts support | ed organizatio | on(s), by ha | aving | |
| | | control or management o | | | | | | | | |
| | | organization(s). You mus | | | · | | | | | |
| с | | Type III functionally inte | grated. A supportin | g organization operated | in connec | tion with, a | and functiona | Ily integrate | ed with, | |
| | | its supported organization | n(s) (see instructions | s). You must complete l | Part IV, Se | ections A, | D, and E. | | | |
| d | | Type III non-functionally | | | | | | rted organi | ization(s) | |
| | | that is not functionally int | egrated. The organiz | zation generally must sa | tisfy a dist | ribution re | quirement an | d an attent | iveness | |
| | | requirement (see instruct | ions). You must con | nplete Part IV, Sections | s A and D, | and Part | v. | | | |
| е | | Check this box if the orga | anization received a | written determination fro | om the IRS | that it is a | Туре I, Туре | II, Type III | | |
| | | functionally integrated, or | Type III non-functio | nally integrated support | ing organi | zation. | | | | |
| f | Ente | er the number of supported o | organizations | | | | | | | |
| g | Pro | vide the following informatior | | | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization in your | (v) Amount o | - | (vi) Amount of | |
| | | organization | | (described on lines 1-9 above or IRC section | governing | document? | support | - | other support (see | |
| | | | | (see instructions)) | Yes | No | Instruct | ions) | Instructions) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | 1 | | | | | |

Total LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 LA ISLA FOUNDATION

26-2384892 Page 2

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 | ction A. Public Support | | | | | | |
|------|---|-----------------------------|------------------------|---------------------------|---------------------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 61,016. | 66,457. | 99,399. | 143,305. | 810,193. | 1,180,370. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 61,016. | 66,457. | 99,399. | 143,305. | 810,193. | 1,180,370. |
| 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) | | | | | | 724,782. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 455,588. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 99,399. | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | 61,016. | 66,457. | 99,399. | 143,305. | (e)2014 810,193. | 1,180,370. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | 11,725. | 11,725. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | 476. | 476. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | 12,066. | 3,722. | 15,788. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,208,359. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 48,041. |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop | here | | | | | > |
| Sec | organization, check this box and stop ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2014 (| line 6, column (f) d | ivided by line 11, c | column (f)) | | 14 | 37.70 % |
| 15 | Public support percentage from 2013 | Schedule A, Part | II, line 14 | | | 15 | 93.26 % |
| 16a | 33 1/3% support test - 2014. If the o | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2013. If the o | organization did no | t check a box on l | line 13 or 16a, and | l line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | ifies as a publicly s | supported organization | ation | | | ▶∟ |
| 17a | 10% -facts-and-circumstances tes | t - 2014. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | sts-and-circumstan | ces" test, check th | nis box and stop h | iere. Explain in Pa | rt VI how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | | ▶∟ |
| b | 10% -facts-and-circumstances tes | t - 2013. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or ⁻ | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circu | mstances" test, cl | heck this box and | stop here. Explair | in Part VI how the | |
| | organization meets the "facts-and-cire | cumstances" test. | The organization of | qualifies as a publi | cly supported orga | anization | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17t | o, check this box a | ind see instruction | s 🕨 🗌 |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2014

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.)

| Section A. Public Support | | | | | | |
|--|--------------------------|---------------------------|------------------------|---------------------|---------------------|-----------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 per- formed, 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 bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ | | | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disgualified persons | | | | V. | | |
| b 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.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 🔤 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for t | he organization | 's first, second, thi | rd, fourth, or fifth f | tax year as a secti | on 501(c)(3) organi | zation, |
| | | | | | |) |
| Section C. Computation of Public | : Support Pe | ercentage | | | | |
| 15 Public support percentage for 2014 (lin | ie 8, column (f) d | divided by line 13, | column (f)) | | 15 | ç |
| 16 Public support percentage from 2013 S | Schedule A, Par | t III, line 15 | | | 16 | ç |
| Section D. Computation of Invest | tment Incon | ne Percentage | • | | | |
| 17 Investment income percentage for 201 | 4 (line 10c, colu | ımn (f) divided by li | ne 13, column (f)) | | 17 | (|
| 18 Investment income percentage from 20 | 013 Schedule A | , Part III, line 17 | | | 18 | (|
| 19a 33 1/3% support tests - 2014. If the o | rganization did | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box and | d stop here. Th | e organization qua | lifies as a publicly | supported organia | zation | ► |
| b 33 1/3% support tests - 2013. If the o | rganization did | not check a box o | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, chec | k this box and s | stop here. The org | anization qualifies | as a publicly supp | oorted organization | • ► |
| 20 Private foundation. If the organization | did not check a | a box on line 14, 19 | 9a, or 19b, check t | this box and see in | structions | |
| 432023 09-17-14 | | | | | | |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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* **P***art* **V***I 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) 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.)

432024 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

| | | | Yes | No |
|--------|---|----------|-------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | 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 | | |
| Sec | tion 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 | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 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 | | |
| Sec | tion D. Type III Supporting Organizations | | | |
| | | | Yes | No |
| 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, (1) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | | |
| • | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 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 | • | | |
| 800 | supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| a 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 inst | ructions |) | |
| 2 | Activities Test. Answer (a) and (b) below. | luctions | Yes | No |
| - a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 103 | 110 |
| u | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | has the second fitter of a state of the second factor and the second second second second second second second | | | |
| | those supported organizations and explain now 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 | | |
| b | | Lu | | |
| ~ | 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 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| 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 <i>Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| 2 | of its supported organizations? If "Yes," describe in $P_{art VI}$ the role played by the organization in this regard. | 3b | | |
| 43202 | 5 09-17-14 Schedule A (Form 9 | | 0-EZ) | 2014 |
| _ | 17 | | , | - |

Schedule A (Form 990 or 990-EZ) 2014 LA ISLA FOUNDATION

1

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.

| Secu | ection A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|-------|--|----|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | З | | |
| 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 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Secti | on 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Secti | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 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 | | |
| | Distribute his Amount Culture time 5 from line 4 unless subject to | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

| Pa | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|----------|---|---------------------------------------|------------------------|-----------------|
| Sect | ion D - Distributions | | <u> </u> | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 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 | he organization is responsive | 9 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | · · · · · · · · · · · · · · · · · · · | | |
| | | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2014 | Amount for 2014 |
| _1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| a | | | | |
| b | | | | |
| <u> </u> | | | | |
| d | | | | |
| | From 2013 | | | |
| - | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Carryover from 2009 not applied (see instructions) | | | |
| 4 | Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, | | | |
| 4 | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| - | Applied to 2014 distributions of phot years | | | |
| - | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| 5 | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| • | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| • | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| | Excess from 2013 | | | |
| - | Excess from 2014 | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

| Also complete this part | t for any additional information. (See instructions). |
|-------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 2028 09-17-14 | Schedule A (Form 990 or 990 20 |
| 81110 759636 43665 | 53.00000 2014.05000 LA ISLA FOUNDATION 4366 |

423171 05-01-14

Identification of Excess Contributions Included on Part II, Line 5

| | ** Do Not File ** | |
|-----|-------------------------------|-----|
| *** | Not Open to Public Inspection | *** |

| Contributor's Name | Total Contributions | Excess Contributions |
|--|------------------------|-------------------------|
| RICH & LINDA GLASER | 30,110. | 5,943 |
| SOLIDARIDAD | 743,006. | 718,839 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| otal Excess Contributions to Schedule A, Part II, Line 5 | | 724,782 |

LA ISLA FOUNDATION

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------------------|--|---------------------------------|---------------------------------|---|--|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| the IRS, or for which t | he grantee or counse | el has provided a sectior | recognized as charities by the n 501(c)(3) equivalency letter | | - | | | |

Schedule F (Form 990) 2014

LA ISLA FOUNDATION

26-2384892

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement non-cash non-cash assistance assistance

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

| | | 2 | | |
|--|---|---|------|--|
| | | | | |
| | 0 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Schedule F (Form 990) 2014

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|--|-----------------|-------------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Yes | X No |
| | | Schedule F (For | m 990) 2014 |

LA ISLA FOUNDATION Schedule F (Form 990) 2014 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. PART I, LINE 3, COLUMN (E): **REGION: CENTRAL AMERICA** (E) SPECIFIC TYPES OF SERVICES IN REGION: INTERVENTION; INVESTIGATION OF EPIDEMIOLOGY OF CKDNT AND REMEDIATION; COMMUNICATION AND POLICY; LANGUAGE AND COMPUTER TRAINING

| Department of the Treasury Internal Revenue Service | - | the c | | swere or For ich to | ed "Ye: m 990 Form | s" on l -EZ, P 990 o | Form 990, Par Part V, line 38a r Form 990-E2 | rt IV, a or 4 Z. | line 25a, 25b, 2 40b. | orm99 | 0. | O In | MB No. 20 pen T spect | o Pub | lic |
|---|--|--------|---|---------------------------|--------------------------|----------------------------|--|------------------------|-----------------------------|-----------------|--------------|---|--------------------------------|--------|---------|
| Name of the organization | T. T. T. T. T. T. | | | | | | | | | | | r ident | | on nu | ımber |
| | | | OUNDATIC | - | | tion 50 | 1(c)(4) and $5($ | <u>1(c)</u> | (29) organization | | | 848 | 92 | | |
| | | | wered "Yes" on | | - | | | | | | | 0b. | | | |
| 1 | | | Relationship bet | | | | | | | | | | (d) | Corre | cted? |
| (a) Name of disqualified | a person | | person and or | rganiz | ation | | (0 | C) De | escription of tran | Isactic | Dri | | Y | Yes No | |
| | | | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2 Enter the amount of ta section 4958 3 Enter the amount of ta | | | - | | | | | | | | ► \$ ► \$ | | | | |
| Part II Loans to a | nd/or Fror | n Int | erested Per | sons | 5. | | | | | | | | | | |
| Complete if the | e organizatio | n ansv | wered "Yes" on | Form | 990-EZ | Z, Part | V, line 38a or I | Form | n 990, Part IV, lir | ne 26; | or if th | ne orga | anizati | on | |
| · · · · · · · · · · · · · · · · · · · | | |), Part X, line 5, 6 | - | 2. Dan to or | | | | | | | (h) AD | provec | (1) 14 | Irittan |
| (a) Name of interested person | (a) Name of (b) Relation (b) Relation (b) Relation (b) Relation (b) Relation (c) | | | | from the | | (e) Original ncipal amount | († | Balance due | (g) In default? | | (h) Approved by board or committee? agreeme | | | ment? |
| | | | | То | From | | | | | Yes | No | Yes | | Yes | No |
| LINDA GLASER | MOTHE | RO | PROVIDE | X | | | 36,500. | | 26,500. | | X | X | | X | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | <u> </u> | <u> </u> | | |
| | | | | | | | | | | | | | <u> </u> | | |
| Total | | | | | | | > \$ | | 26,500. | | | | | | |
| | Assistance | e Bei | nefiting Inter | reste | d Pe | rson | | | - 1 | | | | | | |
| Complete if the | e organizatio | n ansv | wered "Yes" on | Form | 990, P | art IV, | line 27. | | | | | | | | |
| (a) Name of interester | d person | | (b) Relationship interested pers the organiza | son ar | | (| c) Amount of assistance | | (d) Type assistan | | | |) Purp assist | | f |
| | | | | | | | | | | | | | | | |
| | | + | | | | | | | | | -+ | | | | |
| | | + | | | | | | | | | | | | | |
| | | + | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | + | | | | | | | | | -+ | | | | |
| | | + | | | | | | | | | -+ | | | | |
| | | | | | | I | | | | | | | | | |

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

Schedule L (Form 990 or 990-EZ) 2014

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | aring of zation's nues? |
|-------------------------------|---|----------------------------------|--------------------------------|-----------------------------|-------------------------------|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V | Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LINDA GLASER

(B) RELATIONSHIP WITH ORGANIZATION: MOTHER OF THE PRESIDENT

(C) PURPOSE OF LOAN: PROVIDE CASH FLOW

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Δ Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number 26-2384892 LA ISLA FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC HEALTH AND HUMAN RIGHTS TO ADDRESS A FATAL EPIDEMIC OF CHRONIC KIDNEY DISEASE OF NON TRADITIONAL CAUSES (CKDNT) AMONG SUGARCANE WORKERS IN LATIN AMERICA. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE ORGANIZATION ADDED A NEW PROGRAM SERVICES: INVESTIGATION OF EPIDEMIOLOGY OF CKDNT AND REMEDIATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LANGUAGE AND COMPUTER TRAINING: LANGUAGE AND COMPUTER SKILLS WERE PROVIDED TO CHILDREN IN GUANACASTAL SUR, SO THEY WILL HAVE SKILLS THAT WILL ASSIST THEM IN OBTAINING WORK IN OTHER THAN THE SUGARCANE FIELDS. WORK IN THE SUGARCANE FIELDS IS ASSOCIATED WITH THE ONSET OF CKDU. EXPENSES \$ 20,850. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,584. FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED BY MANAGEMENT AND A COPY OF FORM 990 WILL BE PROVIDED

TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF CEO DETERMINED BY AGREEMENT OF BOARD MEMBERS WITH

CONSULTATION OF MAJOR GRANTOR.

FORM 990, PART VI, SECTION C, LINE 19:

 THE
 ORGANIZATION'S
 GOVERNING
 DOCUMENTS
 AND
 INTERNAL
 FINANCIAL
 STATEMENTS

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2014)

 432211 08-27-14
 32

| Name of the organization LA ISLA FOUNDATION | Employer identification number 26-2384892 |
|--|---|
| ARE AVAILABLE UPON REQUEST. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| OTHER FEES FOR SERVICES: | |
| PROGRAM SERVICE EXPENSES | 34,250 |
| MANAGEMENT AND GENERAL EXPENSES | 590 |
| FUNDRAISING EXPENSES | 0 . |
| TOTAL EXPENSES | 34,840 |
| | |
| TRANSLATION & COMMUNICATION SERVICES : | |
| PROGRAM SERVICE EXPENSES | 7,541 |
| MANAGEMENT AND GENERAL EXPENSES | 0 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 7,541 |
| | |
| MEDICAL RESEARCH: | |
| PROGRAM SERVICE EXPENSES | 111,149 |
| MANAGEMENT AND GENERAL EXPENSES | 0 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 111,149 |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

432212 08-27-14

| Form 990-T | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | | | | | | | OMB No. 1545-0687 |
|--|---|--|-----------------------------|---|-------------------------|--------------------------------|---|--|
| | For cal | endar year 2014 or other tax ye | | | | | | 2011 |
| | 10100 | Information about Formation | • • | ctione is | , and ending | <i>//</i> | - · | ZU 14 |
| Department of the Treasury Internal Revenue Service | | Do not enter SSN numbe | | | | | | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if address changed | | Name of organization (| | | | | DEmployer identification number (Employees' trust, see instructions.) | |
| B Exempt under section | Print | LA ISLA FOU | 2 | 6-2384892 | | | | |
| X 501(c)(3) | or | Number, street, and room | | ated business activity codes instructions.) | | | | |
| 408(e)220(e) | Туре | 7673 SILVER | , | , | | | | |
| 408A 530(a) | | City or town, state or prov ADA , MI 49 | 900 | 099 | | | | |
| C Book value of all assets | F Group | o exemption number (See i | nstructions.) | | | | | |
| 177,120. | G Check | 🕻 organization type 🕨 | X 501(c) corporatio | n L | 501(c) trust | 401(a) trust | | Other trust |
| H Describe the organization | | | | | | | ES | |
| | | ooration a subsidiary in an a | | nt-subsi | diary controlled group? | ► L | Ye | s X No |
| | | tifying number of the paren | t corporation. 🕨 | | | | 1 0 | |
| J The books are in care of | | | | | Teleph (A) Income | one number ► 6 (B) Expenses | | 676-9310 (C) Net |
| | | de or Business Inc 2 , 707 . | ome | | (A) income | (B) Expenses | | (0) Net |
| 1a Gross receipts or sal | | 2,101. | | | 2,707. | | | |
| b Less returns and allo 2 Cost of goods cold () | | A, line 7) | c Balance ► | 1c 2 | 2,101. | | | |
| 2 Cost of goods sold (3 3 Gross profit. Subtraction | | | | 2 | 2,707. | | | 2,707. |
| | | h Schedule D) | | 4a | 2,101. | | | 2,707. |
| | | | | 4b | | | | |
| | | | | | | | | |
| | | ips and S corporations (att | | 5 | | | | |
| 6 Rent income (Sched | | | , | 6 | | | - | |
| | , , | me (Schedule E) | | | | | | |
| | | and rents from controlled o | | 8 | | | | |
| | | on 501(c)(7), (9), or (17) of | | 9 | | | | |
| | | me (Schedule I) | | 10 | | | | |
| | | | | 11 | | | | |
| 12 Other income (See in | j income (Schedule J) 11 12 12 12 11 12 12 12 11 12 | | | | | | | |
| | | | | | | | | |
| Part II Deduction | ons No | ot Taken Elsewher | e (See instructions for | or limita | | | | |
| (Except for | contrib | utions, deductions must | be directly connecte | d with | the unrelated busines | s income.) | | |
| 14 Compensation of of | fficers, di | rectors, and trustees (Sche | dule K) | | | | 14 | |
| 15 Salaries and wages | | | | | | | 15 | |
| | | | | | | | 16 | |
| | | | | | | | 17 | |
| | | | | | | | 18 | |
| 19 Taxes and licenses | | | | | | | | |
| | | | | | | | | |
| | Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22a | | | | | | | |
| | | | | | | | 22b | |
| | | | | | | | 23 24 | |
| | | | | | | | | |
| | | | | | | | | |
| 27 Excess readership of | | | | | | | | |
| 28 Other deductions (a | | | | | | | | |
| | | | | | | | | 2,231. 2,231. |
| 30 Unrelated business | 29 30 | 476. | | | | | | |
| 31 Net operating loss of | leduction | I (limited to the amount on | line 30) | | | | 31 | 1,00 |
| 32 Unrelated business | taxahle ii | ncome before specific dedu | iction. Subtract line 31 fi | rom line | 30 | | 32 | 476. |
| | | y \$1,000, but see line 33 in | | | | | 33 | 1,000. |
| | | income. Subtract line 33 f | | | | | | _, |
| | | | | • | • | | 34 | 0. |
| 400701 | | Reduction Act Notice, see | | _ | | | | Form 990-T (2014) |

| orm 990-T (2014) | | 5-2384892 | Page |
|-------------------------------|--|-------------------------------|------------------|
| | Tax Computation | | |
| - | nizations Taxable as Corporations. See instructions for tax computation. | | |
| Contr | rolled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions and: | | |
| a Enter | your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | |
| (1) | \$ (2) \$ (3) \$ | | |
| | organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ | | |
| | dditional 3% tax (not more than \$100,000) | | |
| | | ► 35c | C |
| | ne tax on the amount on line 34 | | |
| | | | |
| | Tax rate schedule or Schedule D (Form 1041) | | |
| | y tax. See instructions | | |
| | native minimum tax | | |
| | . Add lines 37 and 38 to line 35c or 36, whichever applies | | (|
| Part IV | Tax and Payments | | |
| 40a Forei | gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a | | |
| b Other | credits (see instructions) | | |
| | ral business credit. Attach Form 3800 40c | | |
| d Credi | t for prior year minimum tax (attach Form 8801 or 8827) 40d | | |
| a Total | aradite Add lines (0a through 40d | 40e | |
| | credits. Add lines 40a through 40d | | |
| 41 Subtr | ract line 40e from line 39 | 41 | |
| | taxes. Check if from: E Form 4255 Form 8611 Form 8697 Form 8866 Other (attach | | |
| | tax. Add lines 41 and 42 | 43 | |
| 44 a Paym | nents: A 2013 overpayment credited to 2014 | | |
| b 2014 | estimated tax payments 44b | | |
| | leposited with Form 8868 44c | | |
| | gn organizations: Tax paid or withheld at source (see instructions) 44d | | |
| | up withholding (see instructions) | | |
| | t for small employer health insurance premiums (Attach Form 8941) 44f | | |
| | | | |
| | credits and payments: Form 2439 | | |
| | Form 4136 Other 44g | | |
| 45 Total | payments. Add lines 44a through 44g | 45 | |
| 46 Estim | nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄 | | |
| 47 Taxo | lue. If line 45 is less than the total of lines 43 and 46, enter amount owed | ▶ 47 | (|
| | payment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | | (|
| | the amount of line 48 you want: Credited to 2015 estimated tax | | |
| | Statements Regarding Certain Activities and Other Information (see instructions | | |
| | | | |
| | e during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a fil | | Yes N |
| securities, | , or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign | n Bank and Financial | |
| Accounts. | If YES, enter the name of the foreign country here NICARAGUA ax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| 2 During the t If YES, see | ax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? instructions for other forms the organization may have to file. | | . 2 |
| 3 Enter the | amount of tax-exempt interest received or accrued during the tax year > \$ | | |
| | A - Cost of Goods Sold. Enter method of inventory valuation N/A | | |
| | at beginning of year 1 0 6 Inventory at end of year | 6 | (|
| | | | |
| 2 Purchases | · · · · · · · · · · · · · · · · · · · | | |
| 3 Cost of la | bor from line 5. Enter here and in Part I, line 2 | 7 | |
| 4a Additional s | section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to | | Yes |
| b Other cos | ts (attach schedule) | ply to | |
| | d lines 1 through 4b | | |
| | der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | t of my knowledge and belief, | it is true, |
| Sign 🛛 🕫 | rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| Here | | May the IRS discuss | |
| | Signature of officer Date PRESIDENT | the preparer shown b | |
| | | instructions)? | Yes |
| | Print/Type preparer's name Preparer's signature Date Check | if PTIN | |
| Paid | KATHLEEN M. KATHLEEN M. self-e | mployed | |
| | UNDERHILL, CPA UNDERHILL, CPA 11/10/15 | P0058 | 9677 |
| Preparer | | | 35706 |
| Use Only | 2330 EAST PARIS AVE S.E. P.O. BOX 65 | 52m - 50 50 | |
| | | 616 07F | 1100 |
| | Firm's address F GRAND RAPIDS, MI 49516-6547 | ne no. 616-975- | |
| 23711 01-13-15 | | Form | 990-T (20 |
| | 36 759636 436653.00000 2014.05000 LA ISLA FOUNDATION | - | 36653. |
| | | | |

Form 990-T (2014) LA ISLA FOUNDATION

26-2384892

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

| (1) | | | | | | | | | |
|--|---|---|----------------|---|--------------|---------------------------------------|---|----------|--|
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | | | | | | | | and the state state of the state of the |
| (a) From personal property (if the rent for personal property is r 10% but not more than | more than | (b) F o | of rent for pe | nd personal proper ersonal property ex t is based on profit | ceeds 50% or | entage r if | olumns 2(a) | and 2(l | nected with the income in b) (attach schedule) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | | 0. | | | |
| (c) Total income. Add totals of colum here and on page 1, Part I, line 6, colu | | | | | | 0. | (b) Total deductions. Enter here and on page 1 Part I, line 6, column (B) | | 0. |
| Schedule E - Unrelated D | Neht-Einanced | | 0 (000) | notructiona) | | 0. | Part I, Ime 6, column (B) | | 0. |
| Schedule E - Officiated E | Jept-Financeu | mcon | ie (see i | nstructions) | | - | 9 Deductions directly a | | ad with as allocable |
| | | | | 2. Gross ind | come from | | Deductions directly c to debt-fina | | |
| 1. Description of det | bt-financed property | | | or allocable financed | e to debt- | (a) | Straight line depreciation | | (b) Other deductions |
| | | | | interiood | | | (attach schedule) | | (attach schedule) |
| | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | debt-fina | adjusted ba Illocable to nced proper schedule) | | 6. Column by colu | | | | | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | | % | | | | |
| (2) | | | | | % | _ | | | |
| | | | | | % | _ | | _ | |
| (3) | | | | | % | | | | |
| (4) | | | | | 70 | - | | _ | |
| | | | | | | | iter here and on page 1, art I, line 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). |
| | | | | | | | | 0. | • |
| Totals | | | | | | | | <u>.</u> | 0. |
| Total dividends-received deduction Schedule F - Interest, An | is included in column | 8 | | to From A | | | | | 0. |
| Schedule F - Interest, An | nuities, Royal | ties, ar | - | | | | izations (see in | struc | tions) |
| | | | Exemp | t Controlled O | | | | | i |
| 1. Name of controlled organization | 2. Employer ide numb | entification | | 3. related income see instructions) | Total of | 4. f specified ents made | Part of column 4 included in the contr organization's gross i | rolling | connected with income |
| (1) | | | <u> </u> | | | | | | |
| | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Nonexempt Controlled Organizati | | | | | | • - | 1 | | |
| 7 . Taxable Income | 8. Net unrelated incom (see instructions | | 9. Tot | tal of specified pay made | ments 1 | in the cont | olumn 9 that is included rolling organization's ross income | | Deductions directly connected with income in column 10 |
| (1) | | | <u> </u> | | | | | | |
| (1) | | | <u> </u> | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | | | | Enter here | olumns 5 and 10. and on page 1, Part I, 8, column (A). | Ente | Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B). |
| Tatala | | | | | | | ο. | | 0. |
| Totals | | | | | 🗖 | | 0. | | |
| 423721 01-13-15 | | | | 3' | 7 | | | | Form 990-T (2014) |

Form 990-T (2014) LA ISLA FOUNDATION

26-2384892

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

| 1. Description of income | 2. Amount of income | Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|--|---|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | 0. | | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|--|--|---|--|--|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals ► | Ο. | 0. | | | | 0. |
| Schedule J - Advertisi | na Income (see i | nstructions) | | | | - |

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---------------------------------------|--|------------------------------------|--|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | | | | |
| Totals (carry to Part II, line (5)) 🕨 | 0. | 0. | | | | 0. |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | | cculation 6. Readership costs | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|--|--|--|-----------|---|-------|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | 0. | 0. | | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | | 0. |
| Schedule K - Compensatio | n of Officers, | Directors, and | d Trustees (see ir | nstructio | ns) | | |
| 1. Name | | | 2. Title | | Percertime devot busines | ed to | ensation attributable related business |
| (1) | | | | | | % | |
| (2) | | | | | | % | |
| (3) | | | | | | % | |
| (4) | | | | | | % | |
| Total. Enter here and on page 1, Part II, I | ine 14 | | | | | • | 0. |

Form 990-T (2014)

423731 01-13-15

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 1 |
|------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| OCCUPANCY COSTS | | 2,231. |
| TOTAL TO FORM 990-T, P | AGE 1, LINE 28 | 2,231. |