

<p>Form <b>990</b></p> <p>Department of the Treasury</p> <p>Internal Revenue Service</p>	<p><b>Return of Organization Exempt From Income Tax</b></p> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p>▶ Do not enter social security numbers on this form as it may be made public</p> <p>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p>	OMB No 1545-0047
		<p><b>2015</b></p> <p><b>Open to Public Inspection</b></p>

**A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MAGNOLIA MEMORIAL PARK INC		<b>D</b> Employer identification number 01-0761392
	Doing business as		E Telephone number
	Number and street (or P O box if mail is not delivered to street address) 12241 MAGNOLIA STREET	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code GARDEN GROVE, CA 92841		<b>G</b> Gross receipts \$ 247,615
	<b>F</b> Name and address of principal officer NANCY PHILLIPS		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 13 ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.MAGNOLIAMEMORIAL.ORG			

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation 2001 **M** State of legal domicile CA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE IS EXCLUSIVELY FOR RELIGIOUS PURPOSES THE ORGANIZATIONS GOAL IS TO PROVIDE COUNCELING AND COMFORT TO MEMBERS FACING SPIRITUAL PROBLEMS WHEN DEALING WITH THE DEATH OF A FRIEND OR FAMILY MEMBER, WHILE PROVIDING BURIAL SERVICES AND SPACES			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)	242,853	239,849
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,002	7,766
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	245,855	247,615
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	172,115	117,389
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	117,006	113,616
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	289,121	231,005
	19	Revenue less expenses Subtract line 18 from line 12	-43,266	16,610
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	583,060	569,948
	21	Total liabilities (Part X, line 26)	150,957	117,451
	22	Net assets or fund balances Subtract line 21 from line 20	432,103	452,497

## Part II Signature Block

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

<b>Sign Here</b>	*****			2016-08-17	
	Signature of officer			Date	
	NANCY PHILLIPS CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed			PTIN	
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	