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DLN: 93493231003006

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

A	For t	ne zu	TO Cal	lendar year, or tax year beginning	g 01-01-2015 ,and ending 12-31-20	15			
		ıf applı		C Name of organization MAGNOLIA MEMORIAL PARK INC			D Emplo	D Employer identification number	
Address change Name change		ge				01-07	01-0761392		
		2	Doing business as						
Initial return Final return/terminated Amended return Application pending				Number and street (or P O box if mail is not delivered to street address) Room/suite 12241 MAGNOLIA STREET			E Telepho	one num	ber
				City or town, state or province, country, and ZIP or foreign postal code GARDEN GROVE, CA 92841			G Gross r	eceipts \$	5 247,615
				F Name and address of princ	cipal officer	H(a) I	s this a group	return	for
				NANCY PHILLIPS			ubordinates?		□ Yes No
						ı	re all subordi	nates	□Yes □No
							ncluded? f "No " attach	a lict	(see instructions)
I	ax-ex	kempt	status	「 501(c)(3) 「 501(c) (13) ◀	(insert no) 4947(a)(1) or 527		Group exempt		
J 1	Webs	site: Þ	- ww	W MAGNOLIAMEMORIAL ORG		` ` `	oroup exempe	ion nan	inder P
K Fo	rm of	organ	ızatıon	Corporation Trust Association	Other ►	L Year	of formation 20	001 M	State of legal domicile CA
Р	art]	I	Sum	mary					
Activities & Governance		THE GOA THE	ÖRGA ALISI DEAT	TO PROVIDE COUNCELING AN TH OF A FRIEND OR FAMILY MI	T PURPOSE IS EXCLUSIVELY FOR ID COMFORT TO MEMBERS FACING EMBER, WHILE PROVIDING BURIAL	G SPIRITU _ SERVICE	AL PROBLEM	MS WHE	EN DEALING WITH
Ĭ	1	Z Che	eck th	is box 🖣 if the organization disc	continued its operations or disposed	or more tha	an 25% of its	net ass	sets
න් ගු	3	3 Number of voting members of the governing body (Part VI, line 1a)						з	3
Ħ	4	4 Number of independent voting members of the governing body (Part VI, line 1b)						4	0
ŧ	5	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	
			al unr	elated business revenue from Pa	rt VIII, column (C), line 12			7a	0
	Ь	Net	unrela	ited business taxable income from	m Form 990-T, line 34	<u> </u>		7b	0
							Prior Year		Current Year
a)	8			butions and grants (Part VIII, lin			2.42	2 - 2	
enne	9	9 F	rogra	ım service revenue (Part VIII, lir	ne 2 g)	—	242,		239,849
Revenue	9 10	9 F 9 I	Progra Invest	im service revenue (Part VIII, lir ment income (Part VIII, column	ne 2g)	—		853 002	239,849 7,766
Revenue	9 10 11) I	Progra Invest Other	im service revenue (Part VIII, lir ment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)		3,0	002	239,849 7,766 0
Revenue	9 10	9 F 0 I L (2	Progra Invest Other	im service revenue (Part VIII, lir ment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)			002	239,849 7,766 0
Revenue	9 10 11) I L (2]	Progra Invest Other Fotal r 12)	om service revenue (Part VIII, lin tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	ne	3,0	002	0 239,849 7,766 0 247,615
Revenue	9 10 11 12	F F F F F F F F F F F F F F F F F F F	Progra Invest Other Fotal r 12) Grants Benefit	im service revenue (Part VIII, ling tment income (Part VIII, column revenue (Part VIII, column (A), l revenue—add lines 8 through 11 s and similar amounts paid (Part 1) ts paid to or for members (Part 1)	ne 2g)	ne	3,0	002	239,849 7,766 0 247,615
_	9 10 11 12	F F F F F F F F F F F F F F F F F F F	Progra Invest Other Fotal r L2) Grants Balarie	im service revenue (Part VIII, lingument income (Part VIII, column revenue (Part VIII, column (A), larvenue—add lines 8 through 11 and similar amounts paid (Part 1) ts paid to or for members (Part 1) ts, other compensation, employe	ne 2g)	ne	3,0	855	239,849 7,766 0 247,615 0
_	9 10 11 12 13 14	P F F F F F F F F F F F F F F F F F F F	Progra Invest Other Fotal r 12) Grants Benefit Salarie	im service revenue (Part VIII, lingument income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part 1) ts paid to or for members (Part 1) es, other compensation, employed	(A), lines 3, 4, and 7d)	ne .	245,8	855	239,849 7,766 0 247,615 0 0
_	10 11 12 13 14 15	P F D I I C C D D D D D D D D D D D D D D D	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes	im service revenue (Part VIII, lingument income (Part VIII, column revenue (Part VIII, column (A), lingument income (Part VIII, column (A), lingument income—add lines 8 through 11 and similar amounts paid (Part I) ts paid to or for members (Part I) ts, other compensation, employed similar fees (Part IX,	ne 2g)	ne .	245,8	855	239,849 7,766 0 247,615 0 0
Expenses Revenue	13 14 15	F F F F F F F F F F F F F F F F F F F	Progra Invest Other Fotal r 12) Grants Benefit Salarie 5-10) Profes	im service revenue (Part VIII, lingument income (Part VIII, column revenue (Part VIII, column (A), prevenue—add lines 8 through 11 and similar amounts paid (Part I) ts paid to or for members (Part I) tes, other compensation, employed sisional fundraising fees (Part IX, indraising expenses (Part IX, column (D))	ne 2g)		245,8	855	239,849 7,766 0 247,615 0 0
_	13 14 15	F F F F F F F F F F F F F F F F F F F	Progra Invest Other Fotal r L2) Grants Benefit Salarie 5-10) Profes Fotal fur	im service revenue (Part VIII, linement income (Part VIII, column revenue (Part VIII, column (A), frevenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I) es, other compensation, employe ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), linemembers (Part IX, column (A), linemember	(A), lines 3, 4, and 7d)		245,8 172,	855 115 006	239,849 7,766 0 247,615 0 0 117,389 0
_	9 10 11 12 13 14 15 16 E	F F F F F F F F F F F F F F F F F F F	Progra Invest Other Fotal r 12) Grants Balarie 5-10) Profes Fotal fui Other	im service revenue (Part VIII, line tement income (Part VIII, column revenue (Part VIII, column (A), line tevenue—add lines 8 through 11 and similar amounts paid (Part IX es, other compensation, employe essional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), line expenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses and lines and l	(A), lines 3, 4, and 7d)		245,i 172,i	002 855 115 006 121	239,849 7,766 0 247,615 0 0 117,389 0 113,616 231,005
Expenses	99 100 111 122 133 144 155 166 th 177 188 199	F F F F F F F F F F F F F F F F F F F	Progra Invest Other Fotal r 12) Grants Balarie 5-10) Profes Fotal fui Other	im service revenue (Part VIII, line tement income (Part VIII, column revenue (Part VIII, column (A), line tevenue—add lines 8 through 11 and similar amounts paid (Part IX es, other compensation, employe essional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), line expenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses Add lines 13–17 (musexpenses and lines and l	ne 2g)		245,i 172,i 117,i 289,i	002 855 115 006 121 266	239,849 7,766 0 247,615 0 0 117,389 0 113,616 231,005
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Be Be Band Balances Expenses	9 10 11 12 13 14 15 16 b 17 18 19 20 21 22 21 22 21 1 1	Final Control of the	Progra Invest Other Total r Salaries Salaries Salaries Total fui Other Total e Reveni Total I Net as Sign e and b any kn ***** Signa NANC Type Pi	im service revenue (Part VIII, line imment income (Part VIII, column revenue (Part VIII, column (A), line imment income (Part VIII, column (A), line imment income (Part VIII, column (A), line imment income (Part IX) and similar amounts paid (Part IX) as and similar amounts paid (Part IX) as, other compensation, employe is sional fundraising fees (Part IX, indicating expenses (Part IX, column (D) expenses (Part IX, column (A), line impenses (Part IX, column (A), line impenses Add lines 13–17 (must impense impenses Subtract line impenses (Part X, line 16)	(A), lines 3, 4, and 7d)	Beginni In print the second of the second o	172,: 117,: 289,: -43,: ng of Current * 583,: 150,: 432,: dules and sta) is based on 2016-08-17 Date Check f	002 855 115 006 121 266 Year 060 957 103	239,849 7,766 0 247,615 0 0 117,389 0 113,616 231,005 16,610 End of Year 569,948 117,451 452,497

May the IRS discuss this return with the preparer shown above? (see instructions)