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 By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

Open to Public Inspection

A For	the 2013 o	calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-3	1-2013	
	ck if applicab	C Name of organization		r identification number
Add:	ress change	Doing Business As	30-010	9876
	ne change			
_	al return	Number and street (or P O box if mail is not delivered to street address) Room/sui P O Box 18351	te E Telephone	number
	nınated		(818) 4	42-1865
_	ended return lication pendii	City or town, state or province, country, and ZIP or foreign postal code Encino, CA 91416		
i Abbi	iication pendi	F Name and address of principal officer		eipts \$ 265,429
		Name and address of principal officer	H(a) Is this a group re subordinates?	Yes V No
			H(h) Are all subardina	ites
			H(b) Are all subordina included?	ites Yes No
I Tax	-exempt stat	us	If "No," attach a	list (see instructions)
J We	ebsite: ► v	www socallinuxexpo org	H(c) Group exemption	n number ►
K Form	n of organizat	on Corporation Trust Association Other ►	L Year of formation	M State of legal domicile
Par	rt I Su	mmary		
	•	describe the organization's mission or most significant activities ovide educational and developmental training about Linux		
ا به	10 PTC	vide educational and developmental training about Linux		
e				
Governance		this box 📭 if the organization discontinued its operations or disposed o	f more than 25% of its no	et assets
8 8				
×5		er of voting members of the governing body (Part VI, line 1a)	<u> </u>	3
l i≩		er of independent voting members of the governing body (Part VI, line 1b)	—	4 (
Activities		number of individuals employed in calendar year 2013 (Part V, line 2a) . number of volunteers (estimate if necessary)	F	6 60
₹		unrelated business revenue from Part VIII, column (C), line 12	F	7a 0
		related business taxable income from Form 990-T, line 34	<u> </u>	7b
			Prior Year	Current Year
_	8 Con	tributions and grants (Part VIII, line 1h)		0
an le		gram service revenue (Part VIII, line 2g)	162,89	
Rayenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)	35	
_		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	<u> </u>	0
\Box		· · · · · · · · · · · · · · · · · · ·	163,24	6 265,429
		nts and similar amounts paid (Part IX, column (A), lines 1–3)		0
		efits paid to or for members (Part IX, column (A), line 4)		0
8	15 Sala 5-1	aries, other compensation, employee benefits (Part IX, column (A), lines 0)		o
Expenses	16a Pro	essional fundraising fees (Part IX, column (A), line 11e)		0
ਡੀ	b Tota	fundraising expenses (Part IX, column (D), line 25) 🕒		
		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-
		al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	160,89	
- g	19 Rev	enue less expenses Subtract line 18 from line 12	. 2,35 Beginning of Current	
စိုင္ဆို			Year	End of Year
Not Assets or Fund Balances		al assets (Part X, line 16)	156,98	2 198,416
# B		al liabilities (Part X, line 26)		0
		assets or fund balances Subtract line 21 from line 20	156,98	2 198,416
my kn	owledge ar	of perjury, I declare that I have examined this return, including accompan ad belief, it is true, correct, and complete Declaration of preparer (other the knowledge		
	D =	gnature of officer	Date	
Sign	Si		Date	
Sign	Si Ila	gnature of officer an Rabinovitch CEO/CFO vpe or print name and title		
Sign Here	Si Ila Ty	gnature of officer an Rabinovitch CEO/CFO vpe or print name and title	ate Check If P	TIN 00061615

San Francisco, CA 94127

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

Firm's address 🟲 32 Ulloa St

Use Only

Phone no (415) 681-0613

✓ Yes 厂No

d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

e Total program service expenses ▶ 200,435

art IV	Checl	clist of	Required	Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part 1</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
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	Yes	
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	11b		No
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	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No				
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III						
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? <i>If "Yes," complete Schedule J</i>	23	No				
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	No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No				
С	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	No				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No				
25a	Section 501(c)(3) and 501(c)(4) 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	No				
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	No				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II						
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		No				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28a					
	complete Schedule L, Part IV	28b	No				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No				
31	Part I	31	No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No				
b	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 section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	No				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	No				

Part V Statements Regarding Other IRS Filings and Tax Complianc

FGI	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	- 1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	-		110
9	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
	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			
а	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)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	†		
	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	13a		No
	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			
C	Enter the amount of reserves on hand	Į Į		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		ı ——

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			No
				No
b	the form?			No No
b 12a	the form?	11a		
b 12a b	the form?	11a 12a		No
b 12a b	the form?	11a 12a 12b		No No
b 12a b c	the form?	11a 12a 12b		No No
b 12a b c	the form?	11a 12a 12b 12c 13		No No No
b 12a b c 13 14	the form?	11a 12a 12b 12c 13		No No No
b 12a b c 13 14 15	the form?	11a 12a 12b 12c 13		No No No No
b 12a b c 13 14 15	the form?	11a 12a 12b 12c 13 14		No No No No
b 12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14		No No No No
b 12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14 15a		No No No No No No No
b 12a b c 13 14 15 a b 16a b	the form?	11a 12a 12b 12c 13 14 15a 15b		No No No No No No No
b 12a b c 13 14 15 a b 16a b	the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b		No No No No No No No
b 12a b c 13 14 15 a b 16a b	the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b		No No No No No No No

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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

√ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	officustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Ilan Rabinovitch	4 00	Х						0	0	0
CEO/CFO	0 00	^						0	0	
(2) Stuart Sheldon Director	1 00	х						0	0	0
(3) Orv Beach	0 00 1 00									
Director	0 00	Х						0	0	0
										_
										Form 990 (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	:han o	ne l both	box, an d	heck unless officer stee)	:	(E Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)) 0	rganizati relate organiza	ed
												+		
1b	Sub-Total	<u> </u>			<u> </u>	<u> </u>		>						
с	Total from continuation sheet				•	•	•	•				_		
2	Total (add lines 1b and 1c) . Total number of individuals (in \$100,000 of reportable compared)	ncluding but not	lımıted	to the	ose	liste		e) w	ho receive	d more th	l nan			
													Yes	No
3	Did the organization list any f on line 1a? If "Yes," complete 5									t compen	sated employee	3		No
4	For any individual listed on lin organization and related organ													
5	Did any person listed on line 1 services rendered to the organ			•					_	anızatıon	or individual for	5		No No
													1	
<u>Se</u> 1	ction B. Independent Co Complete this table for your fi compensation from the organi	ve highest comp											tax vear	
		(A) Name and business									(B) cription of services		(C Comper)
												\dashv		
	Total number of independent co													

\$100,000 of compensation from the organization $\blacktriangleright 0$

81,439 183,871

Part \	/ !!! !	Statement of Revenue Check if Schedule O contains a response or note to any li	ine 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
ω <u>ν</u>	1a	Federated campaigns 1a				
unt	ь	Membership dues 1b				
9 E	С	Fundraising events 1c				
ffs, FA	d	Related organizations 1d				
n <u>:</u>	e	Government grants (contributions)				
Sir	f	All other contributions, gifts, grants, and 1f				
her itt	'	sımılar amounts not ıncluded above				
	g	Noncash contributions included in lines 1a-1f \$				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	0			
		Business Code				
Program Service Revenue	2a	Attendees fees	81,439			81,439
Es Se	ь	Sponsorship	183,871			183,871
93	С					
Ž.	d					
Ē	е					
200	f	All other program service revenue				
Δ	g	Total. Add lines 2a−2f	265,310			
	3	Investment income (including dividends, interest,	119	119		
	4	and other similar amounts)	0			
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	l .	Gross rents	1			
	Ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	0			
	7-	(i) Securities (ii) Other Gross amount	_			
	7a	from sales of assets other				
		than inventory	-			
	b	Less cost or other basis and				
	С	sales expenses Gain or (loss)	-			
	d	Net gain or (loss)	0			
e	8a	Gross income from fundraising events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
Вe		See Part IV, line 18				
<u> </u>	ь	Less direct expenses b	1			
₹	С	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b	1			
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b	1			
		Net income or (loss) from sales of inventory	- 0			
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C					
	d	All other revenue				
	е	Total. Add lines 11a-11d ▶	0			
	12	Total revenue. See Instructions	265,429	119		265,310

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all (

ection 501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must complete column (A)	

<u>Jee en</u>	on 301(c)(3) and 301(c)(4) organizations inust complete an columns. An				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u>Г</u>
	ot include amounts reported on lines 6b, b, 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 governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
•	Accounting	0			
٠	Lobbying	0			
d					
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	290		290	_
14	Information technology	0			_
15	Royalties	0			
16	Occupancy	0			
17	Travel	5,386		5,386	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,307		16,307	
23	Insurance	1,399		1,399	
24	Other expenses Itemize expenses not covered 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 O)	,		·	
а	Program expenses	130,228	130,228		
b	Equipment rental	41,809	41,809		
c	Printing and Publications	17,891	17,891		
d	Bank Service Charges	6,666	6,666		
e	All other expenses	4,019	3,841	178	
25	Total functional expenses. Add lines 1 through 24e	223,995	200,435	23,560	0
26	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)				

Form 990 (2013)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		29,278	1	30,376
	2	Savings and temporary cash investments		106,411	2	124,505
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net			4	0
its	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees Complete Part I Schedule L	tors, trustees, key I of		5	0
	6	Loans and other receivables from other disqualified persons (as de $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contained sponsoring organizations of section $501(c)(9)$ voluntary employerant organizations (see instructions) Complete Part II of Schedule L	tributing employers		6	0
4ssets	7	Notes and loans receivable, net			7	0
ď	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges			9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 83,915		9	
	ь	Less accumulated depreciation	10b 40,380	21,293	10c	43,535
	11	Investments—publicly traded securities		21,200	11	0
	12	Investments—other securities See Part IV, line 11			12	0
	13				13	0
		Investments—program-related See Part IV, line 11				0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		450.000	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		156,982	16	198,416
	17	Accounts payable and accrued expenses			17	_
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ø.	21	Escrow or custodial account liability Complete Part IV of Schedul	e D		21	
ilitie	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified				
Liabili		persons Complete Part II of Schedule L			22	
⊐	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X				
		D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
Š Š		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 a lines 27 through 29, and lines 33 and 34.	nd complete			
ang	27	Unrestricted net assets		156,982	27	198,416
<u></u>	28	Temporarily restricted net assets			28	
=	29	Permanently restricted net assets			29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	► and			
ō	30	Capital stock or trust principal, or current funds			30	
<u>ل</u> ل	31	Paid-in or capital surplus, or land, building or equipment fund			31	
SS	32	Retained earnings, endowment, accumulated income, or other fund			32	
	33	Total net assets or fund balances	-	156,982	33	198,416
Net	33	Total liabilities and net assets/fund halances	• •	156,962		198,416

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

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DLN: 93493321057074

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

2013

Open to Public Inspection

Name	of	the	organ	ization	
ınux E	xpo	of S	outherr	California	a Inc

Employer identification number

30-0109876

Part	7	Reas	on for Pu	blic Charity Sta	tus (All or	nanization	ns must con	nlete this	nart) See		ς	
				e foundation becaus						non actions	<u>. </u>	
1 [_		· ·	on of churches, or as	· ·		= -	•	•			
2	_		-	in section 170(b)(1					(-)(-)(-)			
3 [_			`			•	on 170(b)(1)(A)(iii).			
4 [_		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
. ,				ty, and state			a			(-)()()-		
5	_			erated for the benefi	t of a college	e or univers	ity owned or	operated by	, a governmer	ntal unit des	cribed in	_
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6 [_	A feder	al, state, or	local government or	governmen	tal unit des	cribed in sec	tion 170(b)	(1)(A)(v).			
7 [_	An orga	anization th	at normally receives	a substantia	al part of its	s support from	n a governn	nental unit or	from the ger	neral publ	C
_	_			n 170(b)(1)(A)(vi).	•	•						
8	_		•	described in section			•	•				
9	▼	_		at normally receives					•	-	_	SS
		receipt	s from activ	ities related to its ex	xempt functi	ions—subje	ct to certain	exceptions	, and (2) no m	ore than 33	1/3% of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busin	iess taxable i	ncome (les	s section 511	tax) from b	usinesse	;
		acquire	ed by the org	janızatıon after June	30,1975	See section	509(a)(2).(Complete P	art III)			
lo [An orga	anization or	ganızed and operated	dexclusively	y to test for	public safety	y See secti	on 509(a)(4).			
e 「	_	a Syche	Type I	bes the type of supp Type II c ox, I certify that the on managers and otl	Type II organization	I - Function is not con	nally integrat	ed d F ly or indired	Type III - Noted that the Type III - Note that Type	more disqua	alified per	sons
			1509(a)(2)	on managers and on	ner than one	or more pu	ibliciy suppoi	teu organiz	ations descri	Jeu III Sectio	JII 309(a)	(1)01
f			_	received a written de	etermination	from the I	RS that it is a	a Type I, Ty	pe II, or Type	III suppor	tıng orgar	izatio <u>n,</u>
<i>a</i>			this box	2006, has the organi	zation accei	nted any di	ft or contribu	tion from an	v of the			ı
g			ig persons?	1000, nas the organi	zation acce	pred any gr	it of contribu	cion nom an	ly of the			
				rectly or indirectly o	ontrols, eith	ner alone or	together wit	h persons d	escribed in (ii)	Yes	No
		and (111) below, the	governing body of th	e supported	lorganizatio	on?			11	g(i)	
		(ii) A fa	amily memb	er of a person descri	bed in (i) ab	ove?				119	g(ii)	\top
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)) above?			110	g(iii)	+-
h		Provide	the followi	ng information about	the support	ed organiza	ition(s)					
		_	/m> ====				1				1	
	Nam opor	e of	(ii) EIN	(iii) Type of organization	(iv) Is organızat		(v) Did yo	•	(vi) Is organiza			mount onetary
-	•	ition		(described on	col (i) lis		in col (i)		col (i) or			oport
9-				lines 1 - 9 above	your gove		suppo	•	in the U	_	"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				or IRC section	docume	ent?						
				(see								
				instructions))	Yes	No	Yes	No	Yes	No		
										1		
Total												

1-1	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed to q	ualify under
S	ection A. Public Support	idon idiis to qu	anny ander the	tests listed bel	ow, piedse com	ipiete i dit III.)	
	endar year (or fiscal year beginning in) -	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						
6	(f) Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1				1	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not						
	the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activiti	es, etc (see inst	ructions)		•	12	•
13 ——	First five years. If the Form 990 is this box and stop here		<u> </u>	, , ,	•		· —
	ection C. Computation of Pub			44 1 200		1 1	
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	•	•			15	
	33 1/3% support test—2013. If the and stop here. The organization qua 33 1/3% support test—2012. If the	llifies as a public organization did	ly supported orga not check a box o	inization on line 13 or 16a,			eck this
	box and stop here. The organization 10%-facts-and-circumstances test -is 10% or more, and if the organization part IV how the organization meeorganization	–2013. If the org tion meets the "f ets the "facts-and	anization did not acts-and-circum d-circumstances	check a box on li stances" test, ch ' test The organi	eck this box and s zation qualifies as	stop here. Explairs a publicly suppo	
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private foundation. If the organizat instructions	nization meets th tion meets the "f	e "facts-and-circ acts-and-circum	umstances" test stances" test Th	, check this box a le organization qu	nd stop here. alifies as a public	ly ▶⊏

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Con	nplete only if you checked	the box on line 9 of Part	I or if the organization failed to qua	ılıfy under
Part	II. If the organization fails	s to qualify under the tests	s listed below, please complete Part	· II .)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20)13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not							0
_	include any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	105,979	145,187	242,694	162,892		265,310	922,062
	any activity that is related to the organization's tax-exempt purpose	·	·	·	·			
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to							0
	the organization without charge							
6	Total. Add lines 1 through 5	105,979	145,187	242,694	162,892		265,310	922,062
7a	A mounts included on lines 1, 2, and 3 received from disqualified							0
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							922,062
Se	ction B. Total Support							
	ndar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	1.3	(f) Total
	in) 🏲							
9	A mounts from line 6	105,979	145,187	242,694	162,892		265,310	922,062
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	347	276	435	354		119	1,531
	and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes)							_
	from businesses acquired after June 30, 1975							0
C	Add lines 10a and 10b	347	276	435	354		119	1,531
11	Net income from unrelated business activities not included							
	in line 10b, whether or not the							0
	business is regularly carried on						\longrightarrow	
12	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part							0
13	Total support. (Add lines 9, 10c,	106,326	145,463	243,129	163,246		265,429	923,593
14	11, and 12) First five years. If the Form 990 is	for the organization	n's first, second,	thırd, fourth, or fi	fth tax year as a	501(c)(3) organı	
	check this box and stop here ction C. Computation of Pub	lie Support Do	rcontago					<u>▶</u> □
<u>5e</u> 15	Public support percentage for 2013			13. column (f))		15		99 830 %
16	Public support percentage from 201			, (,,		16		99 730 %
	ction D. Computation of Inv		·			10		99730 70
17	Investment income percentage for				n (f))	17		0 170 %
18	Investment income percentage from					18		0 270 %
	33 1/3% support tests—2013. If the				ine 15 is more th		 % , and I	
	more than 33 1/3%, check this box a	and stop here. The	organization qua	alıfıes as a publıc	ly supported orga	anızatıon		► ▼
b	33 1/3% support tests—2012. If the	organization did r	ot check a box o	n line 14 or line :	19a, and line 16	is more th	1an 33 1,	/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test					
Retu	ırn Reference	Explanation					
		Schodulo A / Form 0	000 er 000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493321057074

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

emai	Revenue Service and its instruct	ions is at <u>www.iis.gov/Torini550</u> .		Tush	cuon
	ne of the organization x Expo of Southern California Inc			oloyer identification nur	nber
Pa	organizations Maintaining Donor Adv			or Accounts. Comp	olete if the
	organization answered Tes to Form 950	(a) Donor advised funds		(b) Funds and other ac	counts
	Total number at end of year				
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advı	rsed Ye	s ┌No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				s ΓNo
ar	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn		
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation in Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	anization (check all that apply) or education)	n histor certifie	ically important land ar d historic structure	
	easement on the last day of the tax year			T	
				Held at the End of t	he Year
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified histo	• •	2c		
Number of conservation easements included in (c) acquired after $8/17/06$, and not on a historic structure listed in the National Register			2d		
	Number of conservation easements modified, transferrenthe tax year •	ed, released, extinguisned, or terminat	ea by tr	ie organization during	
	Number of states where property subject to conservati	ion easement is located ►			
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and Ye	s ∏No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments o	during the year	
	A mount of expenses incurred in monitoring, inspecting \$\blue\$\$, and enforcing conservation easement	ts during	g the year	
	Does each conservation easement reported on line 2 (c and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı) Ye	s ┌No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		•	
T	Complete if the organization answered "Y		or Otl	her Similar Assets	·.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	, or rese	arch in furtherance of p	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balance sheet	ublic
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			► \$	
	If the organization received or held works of art, historic following amounts required to be reported under SFAS			· ·	
	Revenues included in Form 990, Part VIII, line 1			► \$	
•	Assets included in Form 990, Part X			<u></u>	
				· · ·	

Раг	Organizations Maintaining Co	<u>liections of Art</u>	, HIS	tori	<u>cai i</u>	<u>reasur</u>	es, or c	<u>Jtne</u>	<u>r Simila</u>	<u>r Asse</u>	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cł	neck	any of	the follo	wing that	are a	sıgnıfıcan	nt use of	its	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w the	y furth	er the or	ganızatıo	n's ex	cempt purp	ose in		
5	During the year, did the organization solicit o								nılar	_		_
Б-	assets to be sold to raise funds rather than t										Yes	No
Par	Part IV, line 9, or reported an am						answere	ea "Y	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other as	setsı	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	able							
							[Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?				-				Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anati	on has	heen nr	ovided in	Part	XIII			Γ
Pa	rt V Endowment Funds. Complete										• • •	
		(a)Current year) Prior					Three years)Four ye	ars back
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end baland	ce (lır	e 1g	, colun	nn (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment ▶											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses		atıon	that	are he	d and ac	dministere	d for	the			
	organization by	-									Yes	No
	(i) unrelated organizations									3a(i)		
_	(ii) related organizations							•		3a(ii)		
	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•		3b		
4 Date	t VI Land, Buildings, and Equipme					n ancw	orod 'Vo	c' to	Form 00	0 Dart	T\/ lu	
Pal	11a. See Form 990, Part X, line 1		uie o	ıyaı	iizatio	II alisw	ereu re	5 10	רטוווו פפ	u, Part	17, 111	ie
	Description of property					or other estment)	(b)Cost of basis (of		(c) Accur deprec		(d) Bo	ook value
	Land			\top								
	Buildings											
	Leasehold improvements											
	Equipment						8	33,915		40,380		43,535
	O + h = m									,		,
	I. Add lines 1a through 1e (Column (d) must e			ımn (B). line	10(c).)				b -	1	43,535

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with kevenue	per ĸ	eturn Complete i
1		r support per audited financial statements			1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	2a			
b	Donated services and use of f	acılıtıes	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)		2d			
е	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
С	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Complet
		swered 'Yes' to Form 990, Part IV, line			1 .	T
	· ·	raudited financial statements			1	
		t not on Form 990, Part IX, line 25	1 -	I		
3		acilities	2a		_	
b			2b		_	
c			2c			
d	Other (Describe in Part XIII)		2d		4 _	
е	_				2e	
					3	
		0, Part IX, line 25, but not on line 1:	1	I		
a	·	uded on Form 990, Part VIII, line 7b			_	
b			4b		4	
C					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization Linux Expo of Southern California Inc 30-0109876

990 Schedule O. Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	No review was or will be conducted
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public