Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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Non-the-line Non			City or town state or province country and ZID or favoire postel and					
Mebale: Meb								
Website: WWW.AIRHEADS.ORG	G			Room/suite E Telephone number 619-258-9503 F Group Exemption Number ► H Check ► X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Other or more, or if total assets (Part II,				
Tax-exempt elatus (check only one)			- Charles (charles)			- Comment		
Name								
Land times 5th, 6c, and 7 to to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ	K	Form (Y	(1 01	111 330	, 550-LZ, 01 550-FF).		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part)				1				
Part		colum	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	',	\$	81 650		
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1		2	Program service revenue including government fees and contracts		_			
Page Threstment Income 4		3	Membership dues and assessments			64.602.		
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b Less: cost or other basis and sales expenses c Gain or (loss) from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from sales of inventory, less returns and allowances 7a 14,757, b Less: cost of goods sold SEE SCHEDULE O 7b 8,780. 7c 5,977. 8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 2,291. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 12 Corporatory, rent, utilities, and maintenance 14 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SEE SCHEDULE O 16 14,809. 17 Total expenses. Add lines 10 through 16 SE		5a	Gross amount from sale of assets other than inventory 5a		100 E			
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	LH4	-			21			

	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re	spond to any question	n in this Deut II			37
	The state of garmacher about contradic of to re-	sportd to arry questio	(A) Beginning of year	1	/D\	X End of year
22	2 Cash, savings, and investments		6,141	00		End of year
23	B Land and buildings		0,141	_		14,071
24	Other assets (describe in Schedule 0) SEE SCHEDULE	0	8,004	23		0 240
25	Total assets	×	14,145	_		9,349
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE	0				23,420
27	Net assets or fund balances (line 27 of column (B) must agree with line 21	· · · · · · · · · · · · · · · · · · ·	14,145			4,576
P	art III Statement of Program Service Accomplishme	ents (see the instruct	ions for Dort III	• 27		18,844
	Check if the organization used Schedule O to re-	chand to any guestic	ions for Part III)	v		xpenses d for section
Wh	at is the organization's primary exempt purpose?SEE SCHEDULE	Spond to any question	n in this Part III	X	501(c)(3)	and 501(c)(4)
					organizat	ions; optional for
man	cribe the organization's program service accomplishments for each of its three largest prograr ner, describe the services provided, the number of persons benefited, and other relevant infor	n services, as measured by expens mation for each program title	es. In a clear and concise		others.)	
	ENLISTED APPROXIMATELY 2,800 MEMBER		D TN			
	COMMUNITY EVENTS AND MEMBER SHARING	TO ORGANIZ.	E IN	_		
	THE ORGANIZATIONS COMMON BELIEF IN	THE CLUB CAN	N PROMOTING	<u>-</u>		
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29	(Grants \$) If this amount includes foreign	grants, check here			28a	
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				_		
	(Cranta A					
30	(Grants \$) If this amount includes foreign	grants, check here	>		29a	
30						
	(O					
21	(Grants \$) If this amount includes foreign	grants, check here			30a	
01	Other program services (describe in Schedule O)					
20	(Grants \$) If this amount includes foreign	grants, check here	>		31a	
32 D	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I			▶	32	
Г	art IV List of Officers, Directors, Trustees, and Key I	mployees (list each one e	even if not compensated	oo the i		
	Chook if the augustication and the control of		veri ii not compensated - s	ee the i	nstructions	for Part IV)
	Check if the organization used Schedule O to res	pond to any question	in this Part IV	ee the i	nstructions	for Part IV)
	Check if the organization used Schedule O to res	pond to any question (b) Average hours	in this Part IV	(d) Hea	Ith benefits,	
	Check if the organization used Schedule O to res	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea	Ith benefits, putions to yee benefit	(e) Estimated amount of other
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	Check if the organization used Schedule O to res (a) Name and title CHAEL FRIEDLE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contrib employ plans, a	Ith benefits, butions to ree benefit nd deferred rensation	(e) Estimated amount of other compensation
DI	Check if the organization used Schedule O to res (a) Name and title CHAEL FRIEDLE RECTOR	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contrib employ plans, a	Ith benefits, outions to ree benefit nd deferred	(e) Estimated amount of other
DI CH	Check if the organization used Schedule O to res (a) Name and title CHAEL FRIEDLE RECTOR ARLIE SMITH	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contrib employ plans, a	Ith benefits, outions to vee benefit nd deferred ensation	(e) Estimated amount of other compensation
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DI CH DI DO DI GA CH	Check if the organization used Schedule O to res (a) Name and title CHAEL FRIEDLE RECTOR ARLIE SMITH RECTOR UGLAS MCGEE RECTOR RRY NEWBY AIRMAN VID RANKINE	pond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contrib employ plans, a	Ith benefits, butions to ree benefit nd deferred rensation O . O .	(e) Estimated amount of other compensation 0 . 0 .
DI CH DI DO DI GA CH CH	Check if the organization used Schedule O to res (a) Name and title CHAEL FRIEDLE RECTOR ARLIE SMITH RECTOR UGLAS MCGEE RECTOR RRY NEWBY AIRMAN VID RANKINE IEF FINANCIAL OFFICER	(b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contrib employ plans, a	Ith benefits, putions to ree benefit nd deferred ensation 0 •	(e) Estimated amount of other compensation 0 . 0 .
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P	Other Information (Note the Schedule A and personal benefit contract statement requiremen instructions for Part V) Check if the organization used Sch. O to respond to any question in the	te in t	he t V	Page				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		Yes	No				
	activity in Cohodula O	33		X				
34								
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)							
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported							
	on lines 2, 6a, and 7a, among others)?							
t	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	N/	X				
C	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax							
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	-		-				
	complete applicable parts of Schedule N	36		X				
	Enter amount of political expenditures, direct or indirect, as described in the instructions	-						
	Did the organization file Form 1120-POL for this year?	37b	- Care No. Care Care Care	X				
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made							
	in a prior year and still outstanding at the end of the tax year covered by this return?		X					
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 4,576	•						
39	Section 501(c)(7) organizations. Enter:	- Salah						
a	Initiation fees and capital contributions included on line 9 39a 0							
40 a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	•						
70 a	37/3							
b	Section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit							
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any							
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	7				
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400	14/	Α				
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed							
	by the organization N/A							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
	transaction? If "Yes," complete Form 8886-T	40e		X				
	List the states with which a copy of this return is filed CA							
42 a	The organization's books are in care of DAVID RANKINE Telephone no. 775-3							
	Located at ► C/O P.O. BOX 178913, SAN DIEGO, CA ZIP+4 ►	9217	7					
D	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)?		Yes					
	account)? If "Yes," enter the name of the foreign country:	42b		X				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			18.7				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	40-		v				
	If "Yes," enter the name of the foreign country:	42c		X				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here							
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A						
		11/11						
			Yes	No				
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of							
	Form 990-EZ	44a		X				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		OI TO COM					
	of Form 990-EZ	44b		X				
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X				
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation							
	in Schedule O	44d	0.000					
45 a	bid the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X				
D	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b						
		Form 9	90-F7 (2015)				

532174 12-02-15

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization **Employer identification number** AIRHEADS BEEMER CLUB, INC. 33-0689040 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (a) Name of disqualified person (d) Corrected? person and organization (c) Description of transaction Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) Purpose (h) Approved by board or (e) Original (f) Balance due (i) Written (g) In from the interested person with organization of loan principal amount organization? default? agreement? committee? To From Yes No Yes No Yes No DAVID RANKINE FITO PURCH CHIEF X 4,576 4,576 X X Total 4,576. **\$** Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of interested person and assistance assistance assistance the organization

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

Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 2			1 (-1 0)	
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
Part V Supplemental Information Provide additional information for response	onses to questions on Schedule L (see	instructions)			
SCHEDULE L, PART II, LOANS			S:		
(A) NAME OF PERSON: DAVID					
(B) RELATIONSHIP WITH ORGA	NIZATION: CHIEF FIN	ANCIAL OFFI	CER		
(C) PURPOSE OF LOAN: TO PU	RCHASE T-SHIRTS FOR		ONOR OF 25T	н	
ANNIVERSARY					
(D) LOAN TO OR FROM ORGANI	ZATION? = TO				
(E) ORIGINAL PRINCIPAL AMO	UNT \$ 4,576. (F) B	ALANCE DUE	\$ 4,576.		
(G) LOAN IN DEFAULT? = NO					
(H) APPROVED BY BOARD OR C	OMMITTEE? = YES				
(I) WRITTEN AGREEMENT? = N	0				
		a a			

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ 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

Inspection

Name of the organization

AIRHEADS BEEMER CLUB, INC.

Employer identification number 33-0689040

AIRHEADS BEEMER CLUB, INC.	33-0689040
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES	OF INVENTORY:
INCOME:	
1. GROSS RECEIPTS	14,757.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	14,757.
4. COST OF GOODS SOLD (LINE 13)	8,780.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	5,977.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	8,004.
7. MERCHANDISE PURCHASED	10,125.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	18,129.
12. INVENTORY AT END OF YEAR	9,349.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	8,780.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MEMBERS ADS & RELATED	1,676.
OTHER INCOME	615.
TOTAL TO FORM 990-EZ, LINE 8	2,291.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUPPLIES	316.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Information about So	Attochedule O (Form	tach to Forn	n 990 or 990-E Z) and its instru	Z. ctions is at WWW	.irs.gov/	form990.		en to F	
Name of the organization	AIRHEADS						Employe	er identifi 06890	cation	
CREDIT AND BA	ANK CHARGES									427.
CONTRACT LABO	DR								11,	,000.
REFUNDS										341.
SUBSCRIPTIONS	3									44.
PHONE/CABLE M	ODEM/INTERNI	ET							1,	,243.
BOX RENT										180.
ADVERTISING/F	PROMOTION								1,	,258.
TOTAL TO FORM	1 990-EZ, LIN	NE 16							14,	,809.
FORM 990-EZ,	PART II, LIN	NE 24, O	THER A	SSETS:						
DESCRIPTION					BEG.	OF	YEAR	END	OF	YEAR
INVENTORY						8,	004.		9,	349.
FORM 990-EZ,	PART II, LIN	NE 26, O	THER L	IABILITI	ES:					
DESCRIPTION					BEG.	OF	YEAR	END	OF	YEAR
INVENTORY LOA	N PAYABLE						0.		4,	576.
FORM 990-EZ,										
FOR OWNERS AN					TO ENG	AGE :	IN SHA	ARING	AND)
SOCIAL RECREA	TIONAL PURPO	SES FOR	ITS M	EMBERS.						
FORM 990-EZ,	PART V, INFO	RMATION	REGAR	DING PER	SONAL BI	ENEF	IT CON	ITRACI	'S:	
THE ORGANIZAT	ION DID NOT,	DURING	THE Y	EAR, REC	EIVE AN	Y FUI	NDS, I	IRECT	LY,	
OR INDIRECTLY	, TO PAY PRE	MIUMS O	N A PE	RSONAL B	ENEFIT (CONT	RACT.			
THE ORGANIZAT	ION, DID NOT	, DURING	G THE	YEAR, PA	Y ANY PI	REMIT	JMS, D	IRECT	LY,	

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)