TAXABLE YEAR **2012**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2012 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

Corporation/Organization Name | California corporation number

Address (suite, room, or PMB no.) | FEIN

City | State | ZIP Code

A First Return . . . . . ☐ Yes ☐ No

B Amended Return . . . . . ● ☐ Yes ☐ No

C IRC Section 4947(a)(1) trust . . . . . ☐ Yes ☐ No

D Final Return? ● ☐ Dissolved ● ☐ Surrendered (Withdrawn)
● ☐ Merged/Reorganized Enter date: ● ____ / _____ / _____

E Check accounting method:
(1) ☐ Cash (2) ☐ Accrual (3) ☐ Other

F Federal return filed?
(1) ● ☐ 990T (2) ● ☐ 990(PF) (3) ● ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? . . . . . ● ☐ Yes ☐ No
If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? . . . . . ☐ Yes ☐ No
If "Yes," what is the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? . . ● ☐ Yes ☐ No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? . . . . . ● ☐ Yes ☐ No
If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☐ No
If "Yes," enter the gross receipts from nonmember sources. . . . . $ _____

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. . . . . ● ☐

M Is the organization a Limited Liability Company? . . . . . ● ☐ Yes ☐ No

N Did the organization file Form 100 or Form 109 to report taxable income? . . . . . ● ☐ Yes ☐ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . . ● ☐ Yes ☐ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	**1** Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . ●			**1**	00
	2 Gross dues and assessments from members and affiliates . . . ●			**2**	00
	3 Gross contributions, gifts, grants, and similar amounts received. . . . ●			**3**	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Instruction B. . . . ●			**4**	00
	5 Cost of goods sold . . . ●	**5**	00		
	6 Cost or other basis, and sales expenses of assets sold . . . ●	**6**	00		
	7 Total costs. Add line 5 and line 6. . . .			**7**	00
	8 Total gross income. Subtract line 7 from line 4. . . . ●			**8**	00
Expenses	**9** Total expenses and disbursements. From Side 2, Part II, line 18 . . . ●			**9**	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . ●			**10**	00
Filing Fee	**11** Filing fee $10 or $25. See General Instruction F . . .			**11**	00
	12 Total payments . . .			**12**	00
	13 Penalties and Interest. See General Instruction J . . .			**13**	00
	14 Use tax. See General Instruction K . . . ●			**14**	00
	15 **Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result . . .			**15**	00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title | Date | ● Telephone ( )

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | ● PTIN

Firm's name (or yours, if self-employed) and address ▶ | ● FEIN | ● Telephone ( )

May the FTB discuss this return with the preparer shown above? See instructions . . . ● ☐ Yes ☐ No

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

Receipts from Other Sources	**1** Gross sales or receipts from all business activities. See instructions	**1**		00
	2 Interest	**2**		00
	3 Dividends	**3**		00
	4 Gross rents	**4**		00
	5 Gross royalties	**5**		00
	6 Gross amount received from sale of assets (See Instructions)	**6**		00
	7 Other income. Attach schedule	**7**		00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	**8**		00
Expenses and Disbursements	**9** Contributions, gifts, grants, and similar amounts paid. Attach schedule	**9**		00
	10 Disbursements to or for members	**10**		00
	11 Compensation of officers, directors, and trustees. Attach schedule	**11**		00
	12 Other salaries and wages	**12**		00
	13 Interest	**13**		00
	14 Taxes	**14**		00
	15 Rents	**15**		00
	16 Depreciation and depletion (See instructions)	**16**		00
	17 Other Expenses and Disbursements. Attach schedule	**17**		00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	**18**		00

Schedule L **Balance Sheets**

Assets	**Beginning of taxable year** (a)	(b)	**End of taxable year** (c)	(d)
1 Cash				
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 **a** Depreciable assets				
b Less accumulated depreciation	( )		( )	
11 Land				
12 Other assets. Attach schedule				
13 Total assets				
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth				

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books		**7** Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains		**8** Deductions in this return not charged against book income this year. Attach schedule	
4 Income not recorded on books this year. Attach schedule			
5 Expenses recorded on books this year not deducted in this return. Attach schedule		**9** Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5		**10** Net income per return. Subtract line 9 from line 6	