

2014**California Exempt Organization
Annual Information Return****199**

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name

California corporation number

Additional information. See instructions.

FEIN

Street address (suite or room)

PMB no.

City

State

Zip code

Foreign country name

Foreign province/state/county

Foreign postal code

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| <p>A First Return. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B Amended Return. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D Final Information Return? <input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input checked="" type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input checked="" type="checkbox"/> ____ / ____ / ____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources. \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>P Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS _____</p> |
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

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|------------------------------|--|-----------|--|----|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input checked="" type="checkbox"/> | 1 | | 00 |
| | 2 Gross dues and assessments from members and affiliates <input checked="" type="checkbox"/> | 2 | | 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received. <input checked="" type="checkbox"/> | 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. <input checked="" type="checkbox"/> | 4 | | 00 |
| | 5 Cost of goods sold <input checked="" type="checkbox"/> | 5 | | 00 |
| Expenses | 6 Cost or other basis, and sales expenses of assets sold <input checked="" type="checkbox"/> | 6 | | 00 |
| | 7 Total costs. Add line 5 and line 6. | 7 | | 00 |
| | 8 Total gross income. Subtract line 7 from line 4. <input checked="" type="checkbox"/> | 8 | | 00 |
| Filing Fee | 9 Total expenses and disbursements. From Side 2, Part II, line 18 <input checked="" type="checkbox"/> | 9 | | 00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 <input checked="" type="checkbox"/> | 10 | | 00 |
| | 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 <input checked="" type="checkbox"/> | 14 | | 00 |
| | 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result <input checked="" type="checkbox"/> | 15 | | 00 |

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| 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 |
| Paid Preparer's Use Only | Preparer's signature ▶ | Date | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours, if self-employed) and address ▶ | | ● Telephone () |
| | | | ● PTIN |
| | | | ● FEIN |
| | | | ● Telephone () |
| May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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| 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 | | Beginning of taxable year | | End of taxable year | |
|---|-----|----------------------------------|------------|----------------------------|------------|
| Assets | | (a) | (b) | (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 principal 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.

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