

California Exempt Organization Annual Information Return

2008

199

Calendar Year 2008 or fiscal year beginning month day year, and ending month day year.

A First Return Filed? B Type of organization Exempt under Section 23701 IRC Section 4947(a)(1) trust

Corporation/Organization Name FEIN

Address

City State ZIP Code

C Amended Return? D Are you a subordinate/affiliate in a group exemption? E Final return? F Check the box if the organization filed: G 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. H Accounting method used I If exempt under R&TC Section 23701d, has the organization during the year: J 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? K Is the organization exempt under R&TC Section 23701g? L Is the organization under audit by the IRS or has the IRS audited in a prior year? M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income?

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-15).

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.

Paid Preparer's Use Only Preparer's signature Date Check if self-employed

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

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

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	
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. 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	

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				●
2 Net accounts receivable				●
3 Net notes receivable. Attach schedule				●
4 Inventories				●
5 Federal and state government obligations				●
6 Investments in other bonds. Attach schedule				●
7 Investments in stock. Attach schedule				●
8 Mortgage loans (number of 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. Attach schedule				●
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 \$25,000

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			

STATEMENT A
FORM 199, PART II, LINE 7
OTHER INCOME

PROGRAM SERVICE REVENUE	\$	57,925
TOTAL	\$	<u>57,925</u>

STATEMENT B
FORM 199, PART II, LINE 17
OTHER EXPENSES

BANK FEES	\$	204
FEES	\$	35
FIELD RENTAL	\$	2,063
INSURANCE	\$	3,794
OFFICE EXPENSES	\$	100
PICTURES	\$	5,991
PRINTING, PUBLICATIONS, AND POSTAGE	\$	20,716
PROFESSIONAL FEES	\$	3,308
PURCHASED SERVICES	\$	655
REFEREES	\$	12,320
REWARDS AND RECOGNITION	\$	1,338
SPORTS EQUIPMENT	\$	2,254
SUPPLIES	\$	1,832
TELEPHONE	\$	429
TROPHIES	\$	5,273
UNIFORMS	\$	14,442
WEB SITE	\$	2,608
TOTAL	\$	<u>77,362</u>