

2017

# California Exempt Organization Annual Information Return

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 01/01/2017, and ending (mm/dd/yyyy) 12/31/2017

Corporation/Organization name COMITE AMIGOS DE SANTA ELENA California corporation number 1 8 5 9 6 4 1 C A 2 D S

Additional information. See instructions. FEIN 94-3120229

Street address (suite or room) 1415 SOUTH VAN NESS AVENUE APT # 2 PMB no.

City SAN FRANCISCO State CA Zip code 9 4 1 1 0

Foreign country name Foreign province/state/county Foreign postal code

- A** First Return  Yes  No
- B** Amended Return  Yes  No
- C** IRC Section 4947(a)(1) trust  Yes  No
- D** Final Information Return?
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date: (mm/dd/yyyy)  /  /
- E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series
- G** Is this a group filing? See instructions.  Yes  No
- 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 to its guidelines not reported to the FTB? See instructions.  Yes  No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No
- 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 meets the filing fee exception, 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
- P** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

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

|   |  |           |       |    |
|---|--|-----------|-------|----|
| <b>Receipts and Revenues</b>  | <b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input type="checkbox"/>                  | <b>1</b>  | 3,628 | 00 |
|   | <b>2</b> Gross dues and assessments from members and affiliates <input type="checkbox"/>                                     | <b>2</b>  |       | 00 |
|   | <b>3</b> Gross contributions, gifts, grants, and similar amounts received. <input type="checkbox"/>                          | <b>3</b>  | 3,000 | 00 |
|   | <b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <input type="checkbox"/>               |           |       |    |
|   | <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B. <input type="checkbox"/> | <b>4</b>  | 6,628 | 00 |
|   | <b>5</b> Cost of goods sold <input type="checkbox"/>   | <b>5</b>  |       | 00 |
|   | <b>6</b> Cost or other basis, and sales expenses of assets sold <input type="checkbox"/>                                     | <b>6</b>  |       | 00 |
|   | <b>7</b> Total costs. Add line 5 and line 6. <input type="checkbox"/>  | <b>7</b>  |       | 00 |
| <b>8</b> Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>  | <b>8</b>   | 6,628     | 00    |    |
| <b>Expenses</b>   | <b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18 <input type="checkbox"/>                            | <b>9</b>  | 3,301 | 00 |
|   | <b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>          | <b>10</b> | 3,327 | 00 |
| <b>Filing Fee</b>   | <b>11</b> Total payments <input type="checkbox"/>  | <b>11</b> |       | 00 |
|   | <b>12</b> Use tax. See General Information K <input type="checkbox"/>  | <b>12</b> |       | 00 |
|   | <b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 <input type="checkbox"/>          | <b>13</b> |       | 00 |
|   | <b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 <input type="checkbox"/>           | <b>14</b> |       | 00 |
|   | <b>15</b> Filing fee \$10 or \$25. See General Information F. <input type="checkbox"/>                                       | <b>15</b> |       | 00 |
| <b>16</b> Penalties and Interest. See General Information J. <input type="checkbox"/>   | <b>16</b>  |           | 00    |    |
| <b>17</b> Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result <input checked="" type="checkbox"/> | <b>17</b>  |           | 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 Treasurer Date 04/17/2018 Telephone (415)699-0684

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

|                                    |    |  |   |    |       |    |
|------------------------------------|----|--|---|----|-------|----|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions . . . . .   | ● | 1  | 3,628 | 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  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . . |   | 8  | 3,628 | 00 |
| <b>Expenses and Disbursements</b>  | 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 | 3,301 | 00 |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .                |   | 18 | 3,301 | 00 |

**Schedule L Balance Sheet**

|  | Beginning of taxable year |     | End of taxable year |       |
|--|---------------------------|-----|---------------------|-------|
|  | (a)                       | (b) | (c)                 | (d)   |
| <b>Assets</b>  |                           |     |                     |       |
| 1 Cash . . . . .   |                           | 0   | ●                   | 3,327 |
| 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 <b>Total assets</b> . . . . .                               |                           | 0   |                     | 3,327 |
| <b>Liabilities and net worth</b>                               |                           |     |                     |       |
| 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 <b>Total liabilities and net worth</b> . . . . .            |                           |     |                     |       |

**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 . . . . .  | ● | 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 . . . . .  |   |    |  |   |