

2005 TAX RETURN

Preparer Review Copy

Client: 95391227

Prepared for: INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803
818-421-1911

Prepared by: MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202
(818) 242-4888

Date: July 20, 2010

Comments:

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Route to: _____

CLIENT 95391227

MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDAL, CA 91202
(818) 242-4888

July 20, 2010

INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803

Dear Client:

Enclosed is your 2005 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page three. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2006 to:

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2005 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by May 15, 2006. Mail the California return on or before May 15, 2006 and make the check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

Please be sure to call us if you have any questions.

Sincerely,

MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202
(818) 242-4888

Client 95391227
July 20, 2010

**INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803
818-421-1911**

FEDERAL FORMS

**Form 990-EZ
Schedule A**

**2005 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)**

CALIFORNIA FORMS

Form 199

2005 California Exempt Organization Return

FEE SUMMARY

Preparation Fee

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7/20/10

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| | 2005 | 2004 | Diff |
|---|---------|--------|---------|
| FORM 990-EZ REVENUE | | | |
| Contributions, gifts, and grants..... | 2,780 | 2,970 | -190 |
| Total revenue..... | 2,780 | 2,970 | -190 |
| EXPENSES | | | |
| Other expenses..... | 19,773 | 11,649 | 8,124 |
| Total expenses..... | 19,773 | 11,649 | 8,124 |
| NET ASSETS OR FUND BALANCES | | | |
| Excess or (deficit) for the year..... | -16,993 | -8,679 | -8,314 |
| Net assets/fund bal. at beg. of year..... | 26,514 | 35,193 | -8,679 |
| Net assets/fund bal. at end of year..... | 9,521 | 26,514 | -16,993 |

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7/20/10

4:10 PM

| | 2005 | 2004 | Diff |
|---|---------|--------|---------|
| REVENUE | | | |
| Gross contributions, gifts, & grants..... | 2,780 | 2,970 | -190 |
| Total income..... | 2,780 | 2,970 | -190 |
| EXPENSES AND DISBURSEMENTS | | | |
| Other deductions..... | 19,773 | 11,649 | 8,124 |
| Total deductions..... | 19,773 | 11,649 | 8,124 |
| Excess of receipts over disbursements.... | -16,993 | -8,679 | -8,314 |
| FILING FEE | | | |
| Filing fee..... | 10 | 10 | 0 |
| Balance due..... | 10 | 10 | 0 |
| SCHEDULE L | | | |
| Beginning Assets..... | 26,514 | 35,193 | -8,679 |
| Beginning Liabilities & Net Worth..... | 26,514 | 35,193 | -8,679 |
| Ending Assets..... | 9,521 | 26,514 | -16,993 |
| Ending Liabilities & Net Worth..... | 9,521 | 26,514 | -16,993 |

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California Informational Diagnostics**Form RRF-1**

- This organization is a IRC 501(c)(3) or IRC 501(c)(4), and the California charity registration number is missing. The Attorney General Form RRF-1 will not print with this return. For this form to print, either enter a state charity registration number or enter a 3 in 'Form RRF-1: 1=when applicable, 2=suppress, 3=force' (Screen 69).

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04:10PM

California Overrides**Screen 63.011**

- An override entry of 'd' has been made in California "Exempt under section 23701 subsection [0]" (Screen 63.011, Code 21).

Screen 70.011

- An override entry of 1 has been made in California "Form RRF-1: 1=when applicable, 2=suppress, 3=force [0]" (Screen 70.011, Code 89).

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2005

General Information
INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER

Page 1

Client 95391227

953912273

7/20/10

04:10PM

Forms needed for this return

Federal: 990-EZ, Sch A
California: 199

Carryovers to 2006

None

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**Short Form
Return of Organization Exempt From Income Tax**

2005

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning , 2005, and ending ,

| | | |
|--|---|---|
| <p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>C</p> <p>INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER 900 S FREMONT AVENUE 3RD FLOOR ALHAMBRA, CA 91803</p> | <p>D Employer identification number 953912273</p> <p>E Telephone number 818-421-1911</p> <p>F Group Exemption Number</p> |
|--|---|---|

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ N/A

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **2,780.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

| | | | |
|----------|---|----|----------|
| | 1 Contributions, gifts, grants, and similar amounts received | 1 | 2,780. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| REVENUE | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c | |
| | 6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| | b Less: direct expenses other than fundraising expenses | 6b | |
| | c Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | |
| | 7a Gross sales of inventory, less returns and allowances | 7a | |
| | b Less: cost of goods sold | 7b | |
| | c Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | |
| | 8 Other revenue (describe ▶ _____) | 8 | |
| | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 2,780. |
| EXPENSES | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe ▶ See Statement 1) | 16 | 19,773. |
| | 17 Total expenses (add lines 10 through 16) | 17 | 19,773. |
| ASSETS | 18 Excess or (deficit) for the year (line 9 less line 17) | 18 | -16,993. |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 26,514. |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year (combine lines 18 through 20) | 21 | 9,521. |

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Instructions)

| | | (A) Beginning of year | (B) End of year |
|---|----|-----------------------|-----------------|
| 22 Cash, savings, and investments | 22 | 26,514. | 9,521. |
| 23 Land and buildings | 23 | | |
| 24 Other assets (describe ▶ _____) | 24 | | |
| 25 Total assets | 25 | 26,514. | 9,521. |
| 26 Total liabilities (describe ▶ _____) | 26 | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 | 26,514. | 9,521. |

| | | | |
|--|---|-----|--|
| Part III | Statement of Program Service Accomplishments (See Instructions) | N/A | Expenses |
| What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| 28 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 28a |
| 29 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 29a |
| 30 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 30a |
| 31 | Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.) | | | | |
|--|--|--|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-.) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
| VICTOR CUVAS PO BOX 1855 GLENDALE, CA 91209 | President 0 | 0. | 0. | 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President 0 | 0. | 0. | 0. |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |

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| | | | | |
|---------------|---|-----------------|-----|----|
| Part V | Other Information (Note the attachment requirement in the instructions) | See Statement 2 | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 34 | | X |
| 35 | <i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i> | | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| 35b | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35b | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.) | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a | 0. | | |
| 37b | b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | 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 unpaid at the start of the period covered by this return? | 38a | | X |
| 38b | b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved. | 38b | N/A | |
| 39 | 501(c)(7) organizations. Enter: | | | |
| 39a | a Initiation fees and capital contributions included on line 9 | 39a | N/A | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | 39b | N/A | |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0. ; section 4912 <input type="checkbox"/> 0. ; section 4955 <input type="checkbox"/> 0. | | | |
| 40b | b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation. | 40b | | X |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| d | Enter amount of tax on line 40c reimbursed by the organization. | | | 0. |

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ NEVILLE PEREIRA Telephone no. ▶ 818-421-1911
 Located at ▶ PO BOX 1855, GLENDALE, CA, ZIP + 4 ▶ 91209

| | Yes | No |
|---|------------|----|
| b 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)? | 42b | X |
| If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | X |
| If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. . . . ▶ **43** | N/A

Please 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 officer) is based on all information of which preparer has any knowledge.
 ▶ _____ Date _____ Type or print name and title _____

| | | | | |
|---------------------------------|---|------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature ▶ _____ | Date _____ | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction W) ▶ <u>N/A</u> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>MONTECITO FINANCIAL SERVICES, INC</u> <u>300 W GLENOAKS BLVD STE 200</u> <u>GLENDALE, CA 91202</u> | EIN ▶ <u>N/A</u> | Phone no. ▶ <u>(818) 242-4888</u> | |



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005

Name of the organization **INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER** Employer identification number **953912273**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services | 0 | |

Part III Statements About Activities (See instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships... 3b. Do you have a section 403(b) annuity plan... 3c. During the year, did the organization receive a contribution of qualified real property interest... 4a. Did you maintain any separate account for participating donors... 4b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions... and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income...
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [] Type 1 [] Type 2 [] Type 3

Provide the following information about the supported organizations. (See instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple rows for data entry.

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|---|-------------|-------------|-------------|-------------|---------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | | 17,040. | 15,011. | | 32,051. |
| 16 Membership fees received | | | | | 0. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | 0. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0. |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0. |
| 23 Total of lines 15 through 22 | | 17,040. | 15,011. | | 32,051. |
| 24 Line 23 minus line 17 | | 17,040. | 15,011. | | 32,051. |
| 25 Enter 1% of line 23 | | 170. | 150. | | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 ▶ | | | | | 26a 641. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ | | | | | 26c 32,051. |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ | | | | | 26d |
| e Public support (line 26c minus line 26d total) ▶ | | | | | 26e 32,051. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ | | | | | 26f 100.00 % |
| 27 Organizations described on line 12: N/A | | | | | |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c |
| d Add: Line 27a total and line 27b total | | | | | 27d |
| e Public support (line 27c total minus line 27d total) ▶ | | | | | 27e |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ | | | | | 27f |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ | | | | | 27g % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ | | | | | 27h % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | | Yes | No |
|-----|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | | |
| | If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 32 | Does the organization maintain the following: | | |
| | a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| | a Students' rights or privileges? | | |
| | b Admissions policies? | | |
| | c Employment of faculty or administrative staff? | | |
| | d Scholarships or other financial assistance? | | |
| | e Educational policies? | | |
| | f Use of facilities? | | |
| | g Athletic programs? | | |
| | h Other extracurricular activities? | | |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| | b Has the organization's right to such aid ever been revoked or suspended? | | |
| | If you answered 'Yes' to either 34a or b, please explain using an attached statement. | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation | | |

COPY COPY

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|--|---|---|---|
| (The term 'expenditures' means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table — | | |
| | If the amount on line 40 is — | | |
| | The lobbying nontaxable amount is — | | |
| | Not over \$500,000 | 20% of the amount on line 40 | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| | Over \$17,000,000 | \$1,000,000 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |
| Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. | | | |

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|---------------------------|----|--------|
| | a Volunteers | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h .) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (add lines c through h .) | | | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | Yes | No |
|----------|--|-----------------|----|
| a | Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| | (i) Cash | 51 a (i) | X |
| | (ii) Other assets | a (ii) | X |
| b | Other transactions: | | |
| | (i) Sales or exchanges of assets with a noncharitable exempt organization | b (i) | X |
| | (ii) Purchases of assets from a noncharitable exempt organization | b (ii) | X |
| | (iii) Rental of facilities, equipment, or other assets | b (iii) | X |
| | (iv) Reimbursement arrangements | b (iv) | X |
| | (v) Loans or loan guarantees | b (v) | X |
| | (vi) Performance of services or membership or fundraising solicitations | b (vi) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | X |

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-----------------|------------------------|--|---|
| N/A | | | |
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
| N/A | | |
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Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

| | |
|------------------------------|-------------------|
| ADMINISTRATIVE EXPENSES..... | \$ 19,773. |
| Total | <u>\$ 19,773.</u> |

Statement 2
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

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YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

| | |
|--|---|
| For calendar or fiscal year beginning month _____ day _____ year 2005, and ending month _____ day _____ year | |
| IMPORTANT: Your number is required. | |
| California corporation number 1226475 | Federal employer identification number (FEIN) 953912273 |
| Corporation/Organization name INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER | |
| Address 900 S FREMONT AVENUE 3RD FLOOR | PMB no. |
| City ALHAMBRA, CA 91803 | State ZIP Code |
| A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input type="checkbox"/> 990 <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120 C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/> D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No E Accounting method used . <u>Cash</u> F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>d</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust | |

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

| | | | |
|---|--|-----------|----------|
| Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small> | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ● | 1 | |
| | 2 Gross dues and assessments from members and affiliates. ● | 2 | |
| | 3 Gross contributions, gifts, grants, and similar amounts received. See instructions ● | 3 | 2,780. |
| | 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 \$25,000, see General Instruction C. ● | 4 | 2,780. |
| | 5 Cost of goods sold 5 | 5 | |
| | 6 Cost or other basis, and sales expenses of assets sold. 6 | 6 | |
| | 7 Total costs. Add line 5 and line 6 | 7 | |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 2,780. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 19,773. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -16,993. |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F. | 11 | 10. |
| | 12 Penalty for failure to file on time. See General Instruction L. | 12 | |
| | 13 Use tax. See instructions. ● | 13 | |
| | 14 Balance due. Add line 11, line 12, and line 13 | 14 | 10. |

- 15** 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)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16** 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? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If 'Yes,' enter amount of total income reported. . . . \$ _____
- 19** The financial records are in care of. NEVILLE PEREIRA Daytime telephone 818-421-1911
located at PO BOX 1855, GLENDALE, CA 91209

| | | | |
|---------------------------------|--|------------|---|
| Please 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. | | Title _____ |
| | Signature of officer _____ | Date _____ | Daytime telephone 818-421-1911 |
| Paid Preparer's Use Only | Paid Preparer's signature _____ | Date _____ | Check if self-employed <input type="checkbox"/> Paid preparer's SSN or PTIN _____ |
| | Firm's name (or yours, if self-employed) and address <u>MONTECITO FINANCIAL SERVICES, INC</u> <u>300 W GLENOAKS BLVD STE 200</u> <u>GLENDALE, CA 91202</u> | | FEIN <u>95-3981046</u> Daytime telephone <u>(818) 242-4888</u> |

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 | |
| | 2 Interest | 2 | |
| | 3 Dividends | 3 | |
| | 4 Gross rents | 4 | |
| | 5 Gross royalties | 5 | |
| | 6 Gross amount received from sale of assets | 6 | |
| | 7 Other income. Attach schedule | 7 | |
| | 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 | |
| | 10 Disbursements to or for members | 10 | |
| | 11 Compensation of officers, directors, and trustees. Attach schedule See Statement 1 | 11 | 0. |
| | 12 Other salaries and wages | 12 | |
| | 13 Interest | 13 | |
| | 14 Taxes | 14 | |
| | 15 Rents | 15 | |
| | 16 Depreciation and depletion | 16 | |
| | 17 Other. Attach schedule See Statement 2 | 17 | 19,773. |
| | 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 19,773. |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|---|----------------------------------|------------|----------------------------|------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 26,514. | | 9,521. |
| 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 | | | | |
| 10a Depreciable assets | | | | |
| b Less accumulated depreciation | | | | |
| 11 Land | | | | |
| 12 Other assets. Attach schedule | | | | |
| 13 Total assets | | 26,514. | | 9,521. |
| 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 | | 26,514. | | 9,521. |
| 22 Total liabilities and net worth | | 26,514. | | 9,521. |

| 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 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

| Name and Address | Title and Average Hours Per Week Devoted | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|--|--|-------------------|----------------------------------|------------------------------|
| VICTOR CUVAS PO BOX 1855 GLENDALE, CA 91209 | President None | \$ 0. | \$ 0. | \$ 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President None | 0. | 0. | 0. |
| Total | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

Statement 2
Form 199, Part II, Line 17
Other Expenses

| | |
|------------------------------|-------------------|
| ADMINISTRATIVE EXPENSES..... | \$ 19,773. |
| Total | <u>\$ 19,773.</u> |

COPY COPY

2005 TAX RETURN

Client Copy

Client: 95391227

Prepared for: INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803
818-421-1911

Prepared by: MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202
(818) 242-4888

Date: July 20, 2010

Comments:

COPY COPY

Route to: _____

2005 Exempt Org. Return
prepared for:

**INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803**

COPY COPY

**MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202**

MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202
(818) 242-4888

Client 95391227
July 20, 2010

**INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803
818-421-1911**

FEDERAL FORMS

**Form 990-EZ
Schedule A**

**2005 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)**

CALIFORNIA FORMS

Form 199

2005 California Exempt Organization Return

FEE SUMMARY

Preparation Fee

COPY COPY

| | 2005 | 2004 | Diff |
|---|---------|--------|---------|
| FORM 990-EZ REVENUE | | | |
| Contributions, gifts, and grants..... | 2,780 | 2,970 | -190 |
| Total revenue..... | 2,780 | 2,970 | -190 |
| EXPENSES | | | |
| Other expenses..... | 19,773 | 11,649 | 8,124 |
| Total expenses..... | 19,773 | 11,649 | 8,124 |
| NET ASSETS OR FUND BALANCES | | | |
| Excess or (deficit) for the year..... | -16,993 | -8,679 | -8,314 |
| Net assets/fund bal. at beg. of year..... | 26,514 | 35,193 | -8,679 |
| Net assets/fund bal. at end of year..... | 9,521 | 26,514 | -16,993 |

COPY COPY

| | 2005 | 2004 | Diff |
|---|---------|--------|---------|
| REVENUE | | | |
| Gross contributions, gifts, & grants..... | 2,780 | 2,970 | -190 |
| Total income..... | 2,780 | 2,970 | -190 |
| EXPENSES AND DISBURSEMENTS | | | |
| Other deductions..... | 19,773 | 11,649 | 8,124 |
| Total deductions..... | 19,773 | 11,649 | 8,124 |
| Excess of receipts over disbursements.... | -16,993 | -8,679 | -8,314 |
| FILING FEE | | | |
| Filing fee..... | 10 | 10 | 0 |
| Balance due..... | 10 | 10 | 0 |
| SCHEDULE L | | | |
| Beginning Assets..... | 26,514 | 35,193 | -8,679 |
| Beginning Liabilities & Net Worth..... | 26,514 | 35,193 | -8,679 |
| Ending Assets..... | 9,521 | 26,514 | -16,993 |
| Ending Liabilities & Net Worth..... | 9,521 | 26,514 | -16,993 |

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Forms needed for this return

Federal: 990-EZ, Sch A
California: 199

Carryovers to 2006

None

COPY COPY

**Short Form
Return of Organization Exempt From Income Tax**

2005

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning _____, **2005, and ending** _____,

| | | |
|--|---|---|
| <p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>C</p> <p>INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER 900 S FREMONT AVENUE 3RD FLOOR ALHAMBRA, CA 91803</p> | <p>D Employer identification number 953912273</p> <p>E Telephone number 818-421-1911</p> <p>F Group Exemption Number _____ ▶</p> |
|--|---|---|

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ N/A

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 2,780.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

| | | | |
|----------|---|----|----------|
| | 1 Contributions, gifts, grants, and similar amounts received | 1 | 2,780. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| REVENUE | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c | |
| | 6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| | b Less: direct expenses other than fundraising expenses | 6b | |
| | c Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | |
| | 7a Gross sales of inventory, less returns and allowances | 7a | |
| | b Less: cost of goods sold | 7b | |
| | c Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | |
| | 8 Other revenue (describe ▶ _____) | 8 | |
| | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶ | 9 | 2,780. |
| EXPENSES | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe ▶ See Statement 1) | 16 | 19,773. |
| | 17 Total expenses (add lines 10 through 16) ▶ | 17 | 19,773. |
| ASSETS | 18 Excess or (deficit) for the year (line 9 less line 17) | 18 | -16,993. |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 26,514. |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year (combine lines 18 through 20) ▶ | 21 | 9,521. |

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)

| | | (A) Beginning of year | | (B) End of year |
|---|----|-----------------------|----|-----------------|
| 22 Cash, savings, and investments | 22 | 26,514. | 22 | 9,521. |
| 23 Land and buildings | 23 | | 23 | |
| 24 Other assets (describe ▶ _____) | 24 | | 24 | |
| 25 Total assets | 25 | 26,514. | 25 | 9,521. |
| 26 Total liabilities (describe ▶ _____) | 26 | 0. | 26 | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 | 26,514. | 27 | 9,521. |

| | | | |
|--|--|-----|--|
| Part III | Statement of Program Service Accomplishments (See Instructions) | N/A | Expenses |
| What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| 28 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 28a |
| 29 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 29a |
| 30 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 30a |
| 31 | Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.) | | | | |
|--|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
| VICTOR CUVAS PO BOX 1855 GLENDALE, CA 91209 | President 0 | 0. | 0. | 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President 0 | 0. | 0. | 0. |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |

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| | | | | |
|---------------|---|-----------------|-----|----|
| Part V | Other Information (Note the attachment requirement in the instructions) | See Statement 2 | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 34 | | X |
| 35 | <i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i> | | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| 35b | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35b | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.) | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. | |
| 37b | b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | 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 unpaid at the start of the period covered by this return? | 38a | | X |
| 38b | b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved. | 38b | N/A | |
| 39 | 501(c)(7) organizations. Enter: | | | |
| 39a | a Initiation fees and capital contributions included on line 9 | 39a | N/A | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | 39b | N/A | |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. | | | |
| 40b | b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation. | 40b | | X |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| d | Enter amount of tax on line 40c reimbursed by the organization. | | | 0. |

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ NEVILLE PEREIRA Telephone no. ▶ 818-421-1911
 Located at ▶ PO BOX 1855, GLENDALE, CA, ZIP + 4 ▶ 91209

| | Yes | No |
|---|------------|----|
| b 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)? | 42b | X |
| If 'Yes,' enter the name of the foreign country: . . . ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | X |
| If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. . . . ▶ **43** | N/A

Please 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 officer) is based on all information of which preparer has any knowledge.
 ▶ _____ Date _____ Type or print name and title _____

| | | | | |
|---------------------------------|---|------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature ▶ _____ | Date _____ | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction W) ▶ <u>N/A</u> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>MONTECITO FINANCIAL SERVICES, INC</u> <u>300 W GLENOAKS BLVD STE 200</u> <u>GLENDALE, CA 91202</u> | EIN ▶ <u>N/A</u> | Phone no. ▶ <u>(818) 242-4888</u> | |



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005

Name of the organization **INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER** Employer identification number **953912273**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
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| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services | 0 | |

Part III Statements About Activities (See instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a-3c. Do you make grants for scholarships... 4a-4b. Did you maintain any separate account for participating donors...

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions...
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [] Type 1 [] Type 2 [] Type 3

Provide the following information about the supported organizations. (See instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple rows for data entry.

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|--|-----------------|------------------|-----------------|-------------|---------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | | 17,040. | 15,011. | | 32,051. |
| 16 Membership fees received | | | | | 0. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | 0. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0. |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0. |
| 23 Total of lines 15 through 22 | | 17,040. | 15,011. | | 32,051. |
| 24 Line 23 minus line 17 | | 17,040. | 15,011. | | 32,051. |
| 25 Enter 1% of line 23 | | 170. | 150. | | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 | | | | | 26a 641. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 32,051. |
| d Add: Amounts from column (e) for lines: | 18 _____ | 19 _____ | | | 26d |
| | 22 _____ | 26b _____ | | | |
| e Public support (line 26c minus line 26d total) | | | | | 26e 32,051. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 100.00 % |
| 27 Organizations described on line 12: N/A | | | | | |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: | | | | | |
| (2004) _____ (2003) _____ (2002) _____ (2001) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: | | | | | |
| (2004) _____ (2003) _____ (2002) _____ (2001) _____ | | | | | |
| c Add: Amounts from column (e) for lines: | 15 _____ | 16 _____ | | | 27c |
| | 17 _____ | 20 _____ | 21 _____ | | |
| d Add: Line 27a total | | | | 27d | |
| e Public support (line 27c total minus line 27d total) | | | | | 27e |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27f |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | | Yes | No |
|-----|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | | |
| | If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 32 | Does the organization maintain the following: | | |
| | a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| | a Students' rights or privileges? | | |
| | b Admissions policies? | | |
| | c Employment of faculty or administrative staff? | | |
| | d Scholarships or other financial assistance? | | |
| | e Educational policies? | | |
| | f Use of facilities? | | |
| | g Athletic programs? | | |
| | h Other extracurricular activities? | | |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| | b Has the organization's right to such aid ever been revoked or suspended? | | |
| | If you answered 'Yes' to either 34a or b, please explain using an attached statement. | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | | |

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|--|---|---|---|
| (The term 'expenditures' means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table — | | |
| | If the amount on line 40 is — | | |
| | The lobbying nontaxable amount is — | | |
| | Not over \$500,000 | 20% of the amount on line 40 | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| | Over \$17,000,000 | \$1,000,000 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |
| Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. | | | |

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|---------------------------|----|--------|
| | a Volunteers | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h .) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (add lines c through h .) | | | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

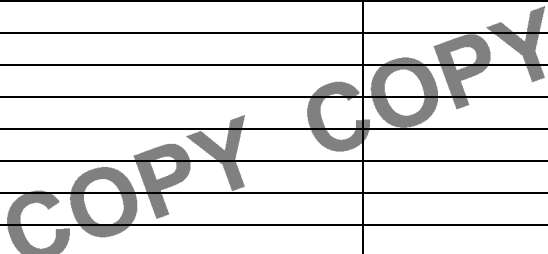
Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | Yes | No |
|----------|--|-----------------|----|
| a | Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| | (i) Cash | 51 a (i) | X |
| | (ii) Other assets | a (ii) | X |
| b | Other transactions: | | |
| | (i) Sales or exchanges of assets with a noncharitable exempt organization | b (i) | X |
| | (ii) Purchases of assets from a noncharitable exempt organization | b (ii) | X |
| | (iii) Rental of facilities, equipment, or other assets | b (iii) | X |
| | (iv) Reimbursement arrangements | b (iv) | X |
| | (v) Loans or loan guarantees | b (v) | X |
| | (vi) Performance of services or membership or fundraising solicitations | b (vi) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | X |

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-----------------|------------------------|--|---|
| N/A | | | |
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
| N/A | | |
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Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|------------------------------|-------|----------------|
| ADMINISTRATIVE EXPENSES..... | \$ | 19,773. |
| | Total | <u>19,773.</u> |

Statement 2
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

COPY COPY

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

| | |
|---|---|
| For calendar or fiscal year beginning month _____ day _____ year 2005, and ending month _____ day _____ year | |
| IMPORTANT: Your number is required. | |
| California corporation number 1226475 | Federal employer identification number (FEIN) 953912273 |
| Corporation/Organization name INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER | |
| Address 900 S FREMONT AVENUE 3RD FLOOR | PMB no. |
| City ALHAMBRA, CA 91803 | State ZIP Code |
| A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date • B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input type="checkbox"/> 990 Fed: <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120 C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/> D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No E Accounting method used . <u>Cash</u> F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>d</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust | |

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

| | | | |
|---|---|-----------|----------|
| Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small> | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 • | 1 | |
| | 2 Gross dues and assessments from members and affiliates. • | 2 | |
| | 3 Gross contributions, gifts, grants, and similar amounts received. See instructions • | 3 | 2,780. |
| | 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 \$25,000, see General Instruction C. • | 4 | 2,780. |
| | 5 Cost of goods sold 5 | 5 | |
| | 6 Cost or other basis, and sales expenses of assets sold. 6 | 6 | |
| | 7 Total costs. Add line 5 and line 6 | 7 | |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 2,780. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 19,773. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -16,993. |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F. | 11 | 10. |
| | 12 Penalty for failure to file on time. See General Instruction L. | 12 | |
| | 13 Use tax. See instructions. • | 13 | |
| | 14 Balance due. Add line 11, line 12, and line 13 • | 14 | 10. |

- 15** 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)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16** 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? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If 'Yes,' enter amount of total income reported. . . . \$ _____
- 19** The financial records are in care of. NEVILLE PEREIRA Daytime telephone 818-421-1911
located at PO BOX 1855, GLENDALE, CA 91209

| | | | |
|---------------------------------|--|---|--|
| Please 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 _____ Date _____ | Title _____ • 818-421-1911 Daytime telephone | |
| Paid Preparer's Use Only | Paid Preparer's signature _____ Date _____ | Check if self-employed <input type="checkbox"/> • | Paid preparer's SSN or PTIN _____ |
| | Firm's name (or yours, if self-employed) and address <u>MONTECITO FINANCIAL SERVICES, INC</u> <u>300 W GLENOAKS BLVD STE 200</u> <u>GLENDALE, CA 91202</u> | FEIN • 95-3981046 | Daytime telephone • (818) 242-4888 |

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 | |
| | 2 Interest | 2 | |
| | 3 Dividends | 3 | |
| | 4 Gross rents | 4 | |
| | 5 Gross royalties | 5 | |
| | 6 Gross amount received from sale of assets | 6 | |
| | 7 Other income. Attach schedule | 7 | |
| | 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 | |
| | 10 Disbursements to or for members | 10 | |
| | 11 Compensation of officers, directors, and trustees. Attach schedule See Statement 1 | 11 | 0. |
| | 12 Other salaries and wages | 12 | |
| | 13 Interest | 13 | |
| | 14 Taxes | 14 | |
| | 15 Rents | 15 | |
| | 16 Depreciation and depletion | 16 | |
| | 17 Other. Attach schedule See Statement 2 | 17 | 19,773. |
| | 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 19,773. |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|---|----------------------------------|------------|----------------------------|------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 26,514. | | 9,521. |
| 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 | | | | |
| 10a Depreciable assets | | | | |
| b Less accumulated depreciation | | | | |
| 11 Land | | | | |
| 12 Other assets. Attach schedule | | | | |
| 13 Total assets | | 26,514. | | 9,521. |
| 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 | | 26,514. | | 9,521. |
| 22 Total liabilities and net worth | | 26,514. | | 9,521. |

| 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 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

| Name and Address | Title and Average Hours Per Week Devoted | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|--|--|-------------------|----------------------------------|------------------------------|
| VICTOR CUVAS PO BOX 1855 GLENDALE, CA 91209 | President None | \$ 0. | \$ 0. | \$ 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President None | 0. | 0. | 0. |
| Total | | \$ 0. | \$ 0. | \$ 0. |

Statement 2
Form 199, Part II, Line 17
Other Expenses

| | |
|------------------------------|-------------------|
| ADMINISTRATIVE EXPENSES..... | \$ 19,773. |
| Total | \$ <u>19,773.</u> |

COPY COPY

2005 TAX RETURN

Government Copy

Client: 95391227

Prepared for: INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803
818-421-1911

Prepared by: MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202
(818) 242-4888

Date: July 20, 2010

Comments:

COPY COPY

Route to: _____

**MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202
(818) 242-4888**

July 20, 2010

INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803

Dear Client:

Enclosed is your 2005 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page three. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2006 to:

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2005 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by May 15, 2006. Mail the California return on or before May 15, 2006 and make the check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

Please be sure to call us if you have any questions.

Sincerely,

MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202
(818) 242-4888

Client 95391227
July 20, 2010

**INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER
900 S FREMONT AVENUE 3RD FLOOR
ALHAMBRA, CA 91803
818-421-1911**

FEDERAL FORMS

**Form 990-EZ
Schedule A**

**2005 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)**

CALIFORNIA FORMS

Form 199

2005 California Exempt Organization Return

FEE SUMMARY

Preparation Fee

COPY COPY

**Short Form
Return of Organization Exempt From Income Tax**

2005

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning , 2005, and ending ,

| | | |
|--|---|---|
| <p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>C</p> <p>INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER 900 S FREMONT AVENUE 3RD FLOOR ALHAMBRA, CA 91803</p> | <p>D Employer identification number 953912273</p> <p>E Telephone number 818-421-1911</p> <p>F Group Exemption Number</p> |
|--|---|---|

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ N/A

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **2,780.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

| | | | |
|----------|---|----|----------|
| | 1 Contributions, gifts, grants, and similar amounts received | 1 | 2,780. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| REVENUE | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c | |
| | 6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ of contributions reported on line 1) | 6a | |
| | b Less: direct expenses other than fundraising expenses | 6b | |
| | c Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | |
| | 7a Gross sales of inventory, less returns and allowances | 7a | |
| | b Less: cost of goods sold | 7b | |
| | c Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | |
| | 8 Other revenue (describe ▶) | 8 | |
| | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶ | 9 | 2,780. |
| EXPENSES | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe ▶ See Statement 1) | 16 | 19,773. |
| | 17 Total expenses (add lines 10 through 16) ▶ | 17 | 19,773. |
| | 18 Excess or (deficit) for the year (line 9 less line 17) | 18 | -16,993. |
| ASSETS | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 26,514. |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year (combine lines 18 through 20) ▶ | 21 | 9,521. |

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Instructions)

| | | (A) Beginning of year | (B) End of year |
|---|----|-----------------------|-----------------|
| 22 Cash, savings, and investments | 22 | 26,514. | 9,521. |
| 23 Land and buildings | 23 | | |
| 24 Other assets (describe ▶) | 24 | | |
| 25 Total assets | 25 | 26,514. | 9,521. |
| 26 Total liabilities (describe ▶) | 26 | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 | 26,514. | 9,521. |

| | | | |
|--|--|-----|--|
| Part III | Statement of Program Service Accomplishments (See Instructions) | N/A | Expenses |
| What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| 28 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 28a |
| 29 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 29a |
| 30 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 30a |
| 31 | Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> | | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.) | | | | |
|--|--|--|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-.) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
| VICTOR CUVAS PO BOX 1855 GLENDALE, CA 91209 | President 0 | 0. | 0. | 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President 0 | 0. | 0. | 0. |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |

COPY COPY

| | | | | |
|---------------|---|-----------------|-----|----|
| Part V | Other Information (Note the attachment requirement in the instructions) | See Statement 2 | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 34 | | X |
| 35 | <i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i> | | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| 35b | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35b | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.) | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. | |
| 37b | b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | 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 unpaid at the start of the period covered by this return? | 38a | | X |
| 38b | b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved. | 38b | N/A | |
| 39 | 501(c)(7) organizations. Enter: | | | |
| 39a | a Initiation fees and capital contributions included on line 9 | 39a | N/A | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | 39b | N/A | |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. | | | |
| 40b | b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation. | 40b | | X |
| | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| | d Enter amount of tax on line 40c reimbursed by the organization. | | | 0. |

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ NEVILLE PEREIRA Telephone no. ▶ 818-421-1911
 Located at ▶ PO BOX 1855, GLENDALE, CA, ZIP + 4 ▶ 91209

| | Yes | No |
|---|------------|----|
| b 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)? | 42b | X |
| If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | X |
| If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. . . . ▶ **43** | N/A

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

Please Sign Here

▶ _____ Date _____ Type or print name and title _____

| | | | | |
|---------------------------------|---|------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature ▶ _____ | Date _____ | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction W) <u>N/A</u> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>MONTECITO FINANCIAL SERVICES, INC</u> <u>300 W GLENOAKS BLVD STE 200</u> <u>GLENDALE, CA 91202</u> | EIN ▶ <u>N/A</u> | Phone no. ▶ <u>(818) 242-4888</u> | |



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005

Name of the organization **INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER** Employer identification number **953912273**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services | 0 | |

Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc? 3b. Do you have a section 403(b) annuity plan for your employees? 3c. During the year, did the organization receive a contribution of qualified real property interest... 4a. Did you maintain any separate account for participating donors... 4b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [] Type 1 [] Type 2 [] Type 3

Provide the following information about the supported organizations. (See instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple rows for data entry.

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|--|-------------|-------------|-------------|-------------|---------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | | 17,040. | 15,011. | | 32,051. |
| 16 Membership fees received | | | | | 0. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | 0. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0. |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0. |
| 23 Total of lines 15 through 22 | | 17,040. | 15,011. | | 32,051. |
| 24 Line 23 minus line 17 | | 17,040. | 15,011. | | 32,051. |
| 25 Enter 1% of line 23 | | 170. | 150. | | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 | | | | | 26a 641. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 32,051. |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ | | | | | 26d |
| e Public support (line 26c minus line 26d total) | | | | | 26e 32,051. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 100.00 % |
| 27 Organizations described on line 12: N/A | | | | | |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c |
| d Add: Line 27a total _____ and line 27b total | | | | | 27d |
| e Public support (line 27c total minus line 27d total) | | | | | 27e |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27f |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | | | | | |

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | | Yes | No |
|-----|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | | |
| | If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 32 | Does the organization maintain the following: | | |
| | a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| | a Students' rights or privileges? | | |
| | b Admissions policies? | | |
| | c Employment of faculty or administrative staff? | | |
| | d Scholarships or other financial assistance? | | |
| | e Educational policies? | | |
| | f Use of facilities? | | |
| | g Athletic programs? | | |
| | h Other extracurricular activities? | | |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| | b Has the organization's right to such aid ever been revoked or suspended? | | |
| | If you answered 'Yes' to either 34a or b, please explain using an attached statement. | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | | |

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|--|---|---|---|
| (The term 'expenditures' means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table — | | |
| | If the amount on line 40 is — | | |
| | The lobbying nontaxable amount is — | | |
| | Not over \$500,000 | 20% of the amount on line 40 | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| | Over \$17,000,000 | \$1,000,000 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |
| Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. | | | |

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h .) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (add lines c through h .) | | | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

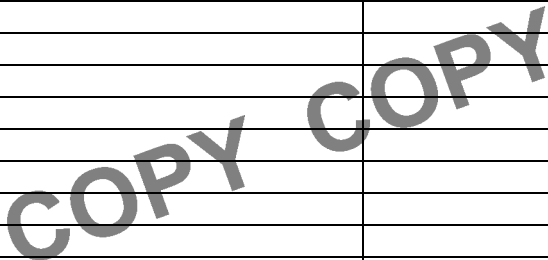
Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | Yes | No |
|----------|--|-----|----|
| a | Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| | (i) Cash | | X |
| | (ii) Other assets | | X |
| b | Other transactions: | | |
| | (i) Sales or exchanges of assets with a noncharitable exempt organization | | X |
| | (ii) Purchases of assets from a noncharitable exempt organization | | X |
| | (iii) Rental of facilities, equipment, or other assets | | X |
| | (iv) Reimbursement arrangements | | X |
| | (v) Loans or loan guarantees | | X |
| | (vi) Performance of services or membership or fundraising solicitations | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | X |

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-----------------|------------------------|--|---|
| N/A | | | |
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
| N/A | | |
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Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|------------------------------|-------|----------------|
| ADMINISTRATIVE EXPENSES..... | \$ | 19,773. |
| | Total | <u>19,773.</u> |

Statement 2
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

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YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

| | |
|--|---|
| For calendar or fiscal year beginning month _____ day _____ year 2005, and ending month _____ day _____ year | |
| IMPORTANT: Your number is required. | |
| California corporation number 1226475 | Federal employer identification number (FEIN) 953912273 |
| Corporation/Organization name INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER | |
| Address 900 S FREMONT AVENUE 3RD FLOOR | PMB no. |
| City ALHAMBRA, CA 91803 | State ZIP Code |

A Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date ●

B Check forms filed this year: State: 109 100 100S 100W Fed: 990
 Fed: 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** ●

D Is this a group filing? See General Instruction N Yes No

E Accounting method used . Cash

F Type of organization Exempt under Section 23701 d (insert letter)
 IRC Section 4947(a)(1) trust

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

| | | | |
|---|--|-----------|----------|
| Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small> | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ● | 1 | |
| | 2 Gross dues and assessments from members and affiliates. ● | 2 | |
| | 3 Gross contributions, gifts, grants, and similar amounts received. See instructions ● | 3 | 2,780. |
| | 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 \$25,000, see General Instruction C. ● | 4 | 2,780. |
| | 5 Cost of goods sold 5 | 5 | |
| | 6 Cost or other basis, and sales expenses of assets sold. 6 | 6 | |
| | 7 Total costs. Add line 5 and line 6 | 7 | |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 2,780. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 19,773. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -16,993. |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F | 11 | 10. |
| | 12 Penalty for failure to file on time. See General Instruction L | 12 | |
| | 13 Use tax. See instructions ● | 13 | |
| | 14 Balance due. Add line 11, line 12, and line 13 ● | 14 | 10. |

- 15** 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)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16** 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? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
 If 'Yes,' enter amount of total income reported. . . . \$ _____
- 19** The financial records are in care of. NEVILLE PEREIRA Daytime telephone 818-421-1911
 located at PO BOX 1855, GLENDALE, CA 91209

| | | | |
|---------------------------------|--|---------------------------|---|
| Please 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. | | Title _____ |
| | Signature of officer _____ | Date _____ | ● 818-421-1911 Daytime telephone |
| Paid Preparer's Use Only | Paid Preparer's signature _____ | Date _____ | Check if self-employed <input type="checkbox"/> ● |
| | Firm's name (or yours, if self-employed) and address <u>MONTECITO FINANCIAL SERVICES, INC</u> <u>300 W GLENOAKS BLVD STE 200</u> <u>GLENDALE, CA 91202</u> | FEIN <u>95-3981046</u> | Daytime telephone ● <u>(818) 242-4888</u> |

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 | |
| | 2 Interest | 2 | |
| | 3 Dividends | 3 | |
| | 4 Gross rents | 4 | |
| | 5 Gross royalties | 5 | |
| | 6 Gross amount received from sale of assets | 6 | |
| | 7 Other income. Attach schedule | 7 | |
| | 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 | |
| | 10 Disbursements to or for members | 10 | |
| | 11 Compensation of officers, directors, and trustees. Attach schedule See Statement 1 | 11 | 0. |
| | 12 Other salaries and wages | 12 | |
| | 13 Interest | 13 | |
| | 14 Taxes | 14 | |
| | 15 Rents | 15 | |
| | 16 Depreciation and depletion | 16 | |
| | 17 Other. Attach schedule See Statement 2 | 17 | 19,773. |
| | 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 19,773. |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|---|----------------------------------|------------|----------------------------|------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 26,514. | | 9,521. |
| 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 | | | | |
| 10a Depreciable assets | | | | |
| b Less accumulated depreciation | | | | |
| 11 Land | | | | |
| 12 Other assets. Attach schedule | | | | |
| 13 Total assets | | 26,514. | | 9,521. |
| 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 | | 26,514. | | 9,521. |
| 22 Total liabilities and net worth | | 26,514. | | 9,521. |

| 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 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

| Name and Address | Title and Average Hours Per Week Devoted | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|--|--|-------------------|----------------------------------|------------------------------|
| VICTOR CUVAS PO BOX 1855 GLENDALE, CA 91209 | President None | \$ 0. | \$ 0. | \$ 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President None | 0. | 0. | 0. |
| Total | | \$ 0. | \$ 0. | \$ 0. |

Statement 2
Form 199, Part II, Line 17
Other Expenses

| | |
|------------------------------|-------------------|
| ADMINISTRATIVE EXPENSES..... | \$ 19,773. |
| Total | \$ <u>19,773.</u> |

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