

2007 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: STEPHEN HALL, EA 71351
MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202-2987
(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
GLENDALE, CA 91202-2987
(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 2007 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, 2008 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2007 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, 2008. Mail the California return on or before May 15, 2008 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,

STEPHEN HALL, EA 71351

MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202-2987
(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

2007 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)

CALIFORNIA FORMS

Form 199

2007 California Exempt Organization Return

FEE SUMMARY

Preparation Fee

\$ 295.00

Amount Due

\$ 295.00

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7/20/10

4:14 PM

| | 2007 | 2006 | Diff |
|---|--------|-------|--------|
| FORM 990-EZ REVENUE | | | |
| Contributions, gifts, and grants..... | 57,540 | 0 | 57,540 |
| Total revenue..... | 57,540 | 0 | 57,540 |
| EXPENSES | | | |
| Other expenses..... | 59,014 | 0 | 59,014 |
| Total expenses..... | 59,014 | 0 | 59,014 |
| NET ASSETS OR FUND BALANCES | | | |
| Excess or (deficit) for the year..... | -1,474 | 0 | -1,474 |
| Net assets/fund bal. at beg. of year..... | 20,456 | 9,521 | 10,935 |
| Net assets/fund bal. at end of year..... | 18,982 | 9,521 | 9,461 |

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2007

California 199 Tax Summary
INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER

Page 1

Client 95391227

953912273

7/20/10

4:14 PM

| | 2007 | 2006 | Diff |
|---|--------|-------|--------|
| REVENUE | | | |
| Gross contributions, gifts, & grants..... | 57,540 | 0 | 57,540 |
| Total income..... | 57,540 | 0 | 57,540 |
| EXPENSES AND DISBURSEMENTS | | | |
| Other deductions..... | 59,014 | 0 | 59,014 |
| Total deductions..... | 59,014 | 0 | 59,014 |
| Excess of receipts over disbursements.... | -1,474 | 0 | -1,474 |
| FILING FEE | | | |
| Filing fee..... | 10 | 10 | 0 |
| Balance due..... | 10 | 10 | 0 |
| SCHEDULE L | | | |
| Beginning Assets..... | 20,456 | 9,521 | 10,935 |
| Beginning Liabilities & Net Worth..... | 20,456 | 9,521 | 10,935 |
| Ending Assets..... | 18,982 | 0 | 18,982 |
| Ending Liabilities & Net Worth..... | 18,982 | 0 | 18,982 |

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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 70).

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Federal Overrides**Screen 3.1**

- An override entry of 295 has been made in Federal "Preparation fee (-1=suppress) [0]" (Screen 3.1, Code 501).

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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2007

General Information
INTERNATIONAL CODE COUNSEL
LOS ANGELES BASIN CHAPTER

Page 1

Client 95391227

953912273

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Forms needed for this return

Federal: 990-EZ, Sch A
California: 199

Carryovers to 2008

None

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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2007

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning, 2007, and ending

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

• 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 Website: ▶ 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 is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. ▶ \$ 57,540.

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

| | | | |
|---|--|-----------|---------|
| REVENUE | 1 Contributions, gifts, and similar amounts received | 1 | 57,540. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 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. Subtract ln 5b from ln 5a (attach schd) | 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. Subtract line 6b from line 6a | 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. Subtract line 7b from line 7a | 7c | | |
| 8 Other revenue (describe ▶ _____) | 8 | | |
| 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 57,540. | |
| 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 | 59,014. |
| 17 Total expenses (add lines 10 through 16) | 17 | 59,014. | |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | -1,474. | |
| 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 | 20,456. |
| | 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 | 18,982. |

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 | 20,456. | 18,982. |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶ _____) | | |
| 25 Total assets | 20,456. | 18,982. |
| 26 Total liabilities (describe ▶ _____) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 20,456. | 18,982. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 08/06/07

Form **990-EZ** (2007)

| Part III Statement of Program Service Accomplishments (See the instructions.) | 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 statement requirement in the instructions.) | See Statement 2 | Yes | No |
|--|-----------------|-----|----|
| 33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change _____ | 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 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. | | | |
| 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 |
| 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,' attach a statement. _____ | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions _____ 37a 0. | | | |
| b Did the organization file Form 1120-POL for this year? _____ | 37b | | X |
| 38a 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 |
| b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved _____ | 38b | N/A | |
| 39 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on line 9 _____ | 39a | N/A | |
| b Gross receipts, included on line 9, for public use of club facilities _____ | 39b | N/A | |

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

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.

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

| | Yes | No |
|------------|-----|----|
| 40b | | X |
| 40c | | |
| 40d | | |
| 40e | | 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.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ▶

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

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)?
 If 'Yes,' enter the name of the foreign country: ▶

| | Yes | No |
|------------|-----|----|
| 42b | | X |
| 42c | | X |

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.?
 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

Signature of officer _____ Date _____
 Type or print name and title. _____

Paid Preparer's Use Only

| | | | |
|--|------------------|---|---|
| Preparer's signature ▶ <u>STEPHEN HALL, EA 71351</u> | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction X) <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 91202-2987</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

2007

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 |
|---|-----------|-----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | 1 | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e Transfer of any part of its income or assets? | 2e | X |
| 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) | 3a | X |
| b Did the organization have a section 403(b) annuity plan for its employees? | 3b | X |
| c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement | 3c | X |
| d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | X |
| 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. | 4a | X |
| b Did the organization make any taxable distributions under section 4966? | 4b | N/A |
| c Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | N/A |
| d Enter the total number of donor advised funds owned at the end of the tax year ▶ | | N/A |
| e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ | | N/A |
| f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ | | 0 |
| g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . ▶ | | 0. |

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

I certify that 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.)
- 11 a 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.)
- 11 b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | 0. |

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

BAA

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 | |
| | 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) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (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.

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|---|----------|----------------|
| Conferences, Conventions, And Meetings..... | \$ | 1,343. |
| MEALS/BANQUET COSTS..... | | 15,318. |
| Supplies..... | | 42,353. |
| | Total \$ | <u>59,014.</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

California Exempt Organization Annual Information Return

| | |
|--|---|
| For calendar year 2007 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____ | |
| IMPORTANT: Your number is required. | |
| California corporation number 1226475000 | Federal employer identification number (FEIN) 953912273 |
| Corporation/Organization name INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER | |
| Address (including suite, room, or PMB no.) 900 S FREMONT AVENUE 3RD FLOOR | |
| City ALHAMBRA, CA | State ZIP Code 91803 |
| 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 <input checked="" type="checkbox"/> | 1 | |
| | 2 Gross dues and assessments from members and affiliates. <input checked="" type="checkbox"/> | 2 | |
| | 3 Gross contributions, gifts, grants, and similar amounts received. See instructions <input checked="" type="checkbox"/> | 3 | 57,540. |
| | 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. <input checked="" type="checkbox"/> | 4 | 57,540. |
| | 5 Cost of goods sold <input type="checkbox"/> | 5 | |
| | 6 Cost or other basis, and sales expenses of assets sold. <input type="checkbox"/> | 6 | |
| | 7 Total costs. Add line 5 and line 6 | 7 | |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 57,540. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 59,014. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -1,474. |
| 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 'General Instruction M'. <input checked="" type="checkbox"/> | 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, Form 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 • <u>818-421-1911</u> |
| Paid Preparer's Use Only | Paid Preparer's signature ▶ <u>STEPHEN HALL, EA 71351</u> | Date _____ | Check if self-employed <input type="checkbox"/> • Paid preparer's SSN or PTIN <u>P00070703</u> |
| | 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 91202-2987</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 | 59,014. |
| | 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 59,014. |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|---|----------------------------------|------------|----------------------------|------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 20,456. | | 18,982. |
| 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 | | 20,456. | | 18,982. |
| 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 | | 20,456. | | 18,982. |
| 22 Total liabilities and net worth | | 20,456. | | 18,982. |

| 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 | | | |

Client 95391227

953912273

7/20/10

04:14PM

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

Current Officers:

| 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 0 | \$ 0. | \$ 0. | 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President 0 | | 0. | 0. |
| Total | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>0.</u> |

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

| | |
|---|-------------------|
| Conferences, Conventions, and Meetings..... | \$ 1,343. |
| MEALS/BANQUET COSTS..... | 15,318. |
| Supplies..... | 42,353. |
| Total | <u>\$ 59,014.</u> |

COPY COPY

2007 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: STEPHEN HALL, EA 71351
MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202-2987
(818) 242-4888

Date: July 20, 2010

Comments:

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Route to: _____

2007 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 91202-2987**

MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202-2987
(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

2007 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)

CALIFORNIA FORMS

Form 199

2007 California Exempt Organization Return

FEE SUMMARY

Preparation Fee

\$ 295.00

Amount Due

\$ 295.00

COPY COPY

| | 2007 | 2006 | Diff |
|---|--------|-------|--------|
| FORM 990-EZ REVENUE | | | |
| Contributions, gifts, and grants..... | 57,540 | 0 | 57,540 |
| Total revenue..... | 57,540 | 0 | 57,540 |
| EXPENSES | | | |
| Other expenses..... | 59,014 | 0 | 59,014 |
| Total expenses..... | 59,014 | 0 | 59,014 |
| NET ASSETS OR FUND BALANCES | | | |
| Excess or (deficit) for the year..... | -1,474 | 0 | -1,474 |
| Net assets/fund bal. at beg. of year..... | 20,456 | 9,521 | 10,935 |
| Net assets/fund bal. at end of year..... | 18,982 | 9,521 | 9,461 |

COPY COPY

| | 2007 | 2006 | Diff |
|---|--------|-------|--------|
| REVENUE | | | |
| Gross contributions, gifts, & grants..... | 57,540 | 0 | 57,540 |
| Total income..... | 57,540 | 0 | 57,540 |
| EXPENSES AND DISBURSEMENTS | | | |
| Other deductions..... | 59,014 | 0 | 59,014 |
| Total deductions..... | 59,014 | 0 | 59,014 |
| Excess of receipts over disbursements.... | -1,474 | 0 | -1,474 |
| FILING FEE | | | |
| Filing fee..... | 10 | 10 | 0 |
| Balance due..... | 10 | 10 | 0 |
| SCHEDULE L | | | |
| Beginning Assets..... | 20,456 | 9,521 | 10,935 |
| Beginning Liabilities & Net Worth..... | 20,456 | 9,521 | 10,935 |
| Ending Assets..... | 18,982 | 0 | 18,982 |
| Ending Liabilities & Net Worth..... | 18,982 | 0 | 18,982 |

COPY COPY

Forms needed for this return

Federal: 990-EZ, Sch A
California: 199

Carryovers to 2008

None

COPY COPY

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2007

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning, 2007, and ending

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

• 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 Website: ▶ 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 is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. ▶ \$ 57,540.

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

| | | | |
|---|--|-----------|---------|
| REVENUE | 1 Contributions, gifts, and similar amounts received | 1 | 57,540. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 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. Subtract ln 5b from ln 5a (attach schd) | 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. Subtract line 6b from line 6a | 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. Subtract line 7b from line 7a | 7c | | |
| 8 Other revenue (describe ▶ _____) | 8 | | |
| 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 57,540. | |
| 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 | 59,014. |
| 17 Total expenses (add lines 10 through 16) | 17 | 59,014. | |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | -1,474. | |
| 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 | 20,456. |
| | 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 | 18,982. |

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 | 20,456. | 18,982. |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶ _____) | | |
| 25 Total assets | 20,456. | 18,982. |
| 26 Total liabilities (describe ▶ _____) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 20,456. | 18,982. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 08/06/07

Form **990-EZ** (2007)

| Part III Statement of Program Service Accomplishments (See the instructions.) | 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 statement requirement in the instructions.) | See Statement 2 | Yes | No |
|--|-----------------|-----|-----|
| 33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change | 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 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. | | | |
| 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 |
| 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,' attach a statement. | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. | |
| b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a 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 |
| b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | | N/A |
| 39 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on line 9 | 39a | | N/A |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | | N/A |

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

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.

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

| | Yes | No |
|------------|-----|----|
| 40b | | X |
| 40c | | |
| 40d | | |
| 40e | | 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.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ▶

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

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)?
 If 'Yes,' enter the name of the foreign country: ▶

| | Yes | No |
|------------|-----|----|
| 42b | | X |
| 42c | | X |

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.?
 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

Signature of officer _____ Date _____
 Type or print name and title. _____

Paid Preparer's Use Only

| | | | |
|---|-----------|---|--|
| Preparer's signature ▶ STEPHEN HALL, EA 71351 | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction X) N/A |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MONTECITO FINANCIAL SERVICES, INC 300 W GLENOAKS BLVD STE 200 GLENDALE, CA 91202-2987 | EIN ▶ N/A | Phone no. ▶ (818) 242-4888 | |

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

2007

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 | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services | | 0 |

Part III Statements About Activities (See instructions.)

| | Yes | No |
|---|-----------|-----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | 1 | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e Transfer of any part of its income or assets? | 2e | X |
| 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) | 3a | X |
| b Did the organization have a section 403(b) annuity plan for its employees? | 3b | X |
| c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement | 3c | X |
| d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | X |
| 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g | 4a | X |
| b Did the organization make any taxable distributions under section 4966? | 4b | N/A |
| c Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | N/A |
| d Enter the total number of donor advised funds owned at the end of the tax year ▶ | | N/A |
| e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ | | N/A |
| f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ | | 0 |
| g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶ | | 0. |

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

I certify that 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 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
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| | | | | | |
| Total | | | | | 0. |

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

BAA

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) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (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

| | | |
|---|----------|----------------|
| Conferences, Conventions, And Meetings..... | \$ | 1,343. |
| MEALS/BANQUET COSTS..... | | 15,318. |
| Supplies..... | | 42,353. |
| | Total \$ | <u>59,014.</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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California Exempt Organization Annual Information Return

| | | | |
|---|--|--|--|
| For calendar year 2007 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____ | | IMPORTANT: Your number is required. | |
| California corporation number 1226475000 | Federal employer identification number (FEIN) 953912273 | 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 • | |
| Corporation/Organization name INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER | | 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 | |
| Address (including suite, room, or PMB no.) 900 S FREMONT AVENUE 3RD FLOOR | | 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"/> | |
| City ALHAMBRA, CA 91803 | State ZIP Code | 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 | 57,540. |
| | 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 | 57,540. |
| | 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 | 57,540. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 59,014. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -1,474. |
| 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 'General Instruction M'. • | 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, Form 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 _____ Daytime telephone • <u>818-421-1911</u> |
| | Signature of officer _____ | Date _____ | |
| Paid Preparer's Use Only | Paid Preparer's signature • <u>STEPHEN HALL, EA 71351</u> | Date _____ | Check if self-employed <input type="checkbox"/> • Paid preparer's SSN or PTIN <u>P00070703</u> |
| | 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 91202-2987</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 | 59,014. |
| | 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 59,014. |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|---|----------------------------------|------------|----------------------------|------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 20,456. | | 18,982. |
| 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 | | 20,456. | | 18,982. |
| 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 | | 20,456. | | 18,982. |
| 22 Total liabilities and net worth | | 20,456. | | 18,982. |

| 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

Current Officers:

| 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 0 | \$ 0. | \$ 0. | \$ 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President 0 | | 0. | 0. |
| Total | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

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

| | |
|---|-------------------|
| Conferences, Conventions, and Meetings..... | \$ 1,343. |
| MEALS/BANQUET COSTS..... | 15,318. |
| Supplies..... | 42,353. |
| Total | <u>\$ 59,014.</u> |

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2007 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: STEPHEN HALL, EA 71351
MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202-2987
(818) 242-4888

Date: July 20, 2010

Comments:

COPY COPY

Route to: _____

**MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202-2987
(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 2007 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, 2008 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2007 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, 2008. Mail the California return on or before May 15, 2008 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,

STEPHEN HALL, EA 71351

MONTECITO FINANCIAL SERVICES, INC
300 W GLENOAKS BLVD STE 200
GLENDALE, CA 91202-2987
(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

2007 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)

CALIFORNIA FORMS

Form 199

2007 California Exempt Organization Return

FEE SUMMARY

Preparation Fee

\$ 295.00

Amount Due

\$ 295.00

COPY COPY

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2007

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending ,

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

• 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 Website: ▶ 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 is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. ▶ \$ 57,540.

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

| | | | |
|---|--|-----------|---------|
| REVENUE | 1 Contributions, gifts, and similar amounts received | 1 | 57,540. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 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. Subtract ln 5b from ln 5a (attach schd) | 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. Subtract line 6b from line 6a | 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. Subtract line 7b from line 7a | 7c | | |
| 8 Other revenue (describe ▶ _____) | 8 | | |
| 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 57,540. | |
| 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 | 59,014. |
| 17 Total expenses (add lines 10 through 16) | 17 | 59,014. | |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | -1,474. | |
| 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 | 20,456. |
| | 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 | 18,982. |

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.

| | | (A) Beginning of year | (B) End of year |
|---|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | | 20,456. | 18,982. |
| 23 Land and buildings | | | |
| 24 Other assets (describe ▶ _____) | | | |
| 25 Total assets | | 20,456. | 18,982. |
| 26 Total liabilities (describe ▶ _____) | | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 20,456. | 18,982. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| Part III Statement of Program Service Accomplishments (See the instructions.) | 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 statement requirement in the instructions.) | See Statement 2 | Yes | No |
|--|-----------------|-----|----|
| 33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change _____ | 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 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. | | | |
| 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 |
| 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,' attach a statement. _____ | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions _____ 37a 0. | | | |
| b Did the organization file Form 1120-POL for this year? _____ | 37b | | X |
| 38a 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 |
| b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved _____ | 38b | N/A | |
| 39 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on line 9 _____ | 39a | N/A | |
| b Gross receipts, included on line 9, for public use of club facilities _____ | 39b | N/A | |

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

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.

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

| | Yes | No |
|------------|-----|----|
| 40b | | X |
| 40c | | |
| 40d | | |
| 40e | | 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.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ▶

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

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)?
 If 'Yes,' enter the name of the foreign country: ▶

| | Yes | No |
|------------|-----|----|
| 42b | | X |
| 42c | | X |

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.?
 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

Signature of officer _____ Date _____
 Type or print name and title. _____

Paid Preparer's Use Only

| | | | |
|--|------------------|---|---|
| Preparer's signature ▶ <u>STEPHEN HALL, EA 71351</u> | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction X) <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 91202-2987</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

2007

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 |
|---|-----|-----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | X |
| e Transfer of any part of its income or assets? | | X |
| 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) | | X |
| b Did the organization have a section 403(b) annuity plan for its employees? | | X |
| c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement | | X |
| d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |
| 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. | | X |
| b Did the organization make any taxable distributions under section 4966? | | N/A |
| c Did the organization make a distribution to a donor, donor advisor, or related person? | | N/A |
| d Enter the total number of donor advised funds owned at the end of the tax year ▶ | | N/A |
| e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ | | N/A |
| f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ | | 0 |
| g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . ▶ | | 0. |

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

I certify that 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 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | 0. |

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

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) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (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: | | Amount |
|--|---|----|--------|
| | Yes | No | |
| 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.

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|---|----------|----------------|
| Conferences, Conventions, And Meetings..... | \$ | 1,343. |
| MEALS/BANQUET COSTS..... | | 15,318. |
| Supplies..... | | 42,353. |
| | Total \$ | <u>59,014.</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

California Exempt Organization Annual Information Return

| | |
|--|---|
| For calendar year 2007 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____ | |
| IMPORTANT: Your number is required. | |
| California corporation number 1226475000 | Federal employer identification number (FEIN) 953912273 |
| Corporation/Organization name INTERNATIONAL CODE COUNSEL LOS ANGELES BASIN CHAPTER | |
| Address (including suite, room, or PMB no.) 900 S FREMONT AVENUE 3RD FLOOR | |
| City ALHAMBRA, CA | State ZIP Code 91803 |
| 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 | 57,540. |
| | 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 | 57,540. |
| | 5 Cost of goods sold 5 | | |
| | 6 Cost or other basis, and sales expenses of assets sold. 6 | | |
| | 7 Total costs. Add line 5 and line 6 | 7 | |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 57,540. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 59,014. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | -1,474. |
| 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 'General Instruction M'. • | 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, Form 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 ▶ STEPHEN HALL, EA 71351 | Date _____ | Check if self-employed <input type="checkbox"/> • P00070703 |
| | Firm's name (or yours, if self-employed) and address ▶ MONTECITO FINANCIAL SERVICES, INC 300 W GLENOAKS BLVD STE 200 GLENDALE, CA 91202-2987 | | 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 | 59,014. |
| | 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 59,014. |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|---|----------------------------------|------------|----------------------------|------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 20,456. | | 18,982. |
| 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 | | 20,456. | | 18,982. |
| 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 | | 20,456. | | 18,982. |
| 22 Total liabilities and net worth | | 20,456. | | 18,982. |

| 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

Current Officers:

| 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 0 | \$ 0. | \$ 0. | \$ 0. |
| NEVILLE PEREIRA PO BOX 1855 GLENDALE, CA 91209 | Vice President 0 | | 0. | 0. |
| Total | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

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

| | |
|---|-------------------|
| Conferences, Conventions, and Meetings..... | \$ 1,343. |
| MEALS/BANQUET COSTS..... | 15,318. |
| Supplies..... | 42,353. |
| Total | <u>\$ 59,014.</u> |

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