

TAXABLE YEAR **2014** **California Exempt Organization** **FORM 199**  
**Annual Information Return**

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 01/01/2014, and ending (mm/dd/yyyy) 12/31/2014

Corporation/Organization name Bay Area Association of Disabled Sailors California corporation number 9764314

Additional information. See instructions. FEIN 9 4 3 0 6 7 4 0 9

Street address (suite or room) Pier 40, The Embarcadero Box 16 PMB no.

City San Francisco State CA Zip code 94107

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

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  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  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

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	0	00
	2	Gross dues and assessments from members and affiliates	2	7,562	00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	70,095	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B.	4	77,603	00
<b>Expenses</b>	5	Cost of goods sold	5	200	00
	6	Cost or other basis, and sales expenses of assets sold	6	0	00
	7	Total costs. Add line 5 and line 6.	7	200	00
	8	Total gross income. Subtract line 7 from line 4.	8	77,403	00
<b>Filing Fee</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	71,778	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	6,596	00
<b>Sign Here</b>	11	Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12	Total payments	12	10	00
	13	Penalties and Interest. See General Instruction J	13	0	00
	14	Use tax. See General Instruction K	14	0	00
<b>Paid Preparer's Use Only</b>	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10	00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Treasurer Title Treasurer Date 05/14/2015 Telephone (415) 381-8366

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  PTIN \_\_\_\_\_

Firm's name (or yours, if self-employed) and address \_\_\_\_\_ FEIN \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

May the FTB discuss this return with the preparer shown above? See instructions.  Yes  No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	1	78,375	00
	2	Interest	2	0	00
	3	Dividends	3	0	00
	4	Gross rents	4	0	00
	5	Gross royalties	5	0	00
	6	Gross amount received from sale of assets (See Instructions)	6	0	00
	7	Other income. Attach schedule.	7	0	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	78,375	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	0	00
	10	Disbursements to or for members	10	0	00
	11	Compensation of officers, directors, and trustees. Attach schedule.	11	0	00
	12	Other salaries and wages	12	0	00
	13	Interest	13	0	00
	14	Taxes	14	0	00
	15	Rents	15	0	00
	16	Depreciation and depletion (See instructions)	16	0	00
	17	Other Expenses and Disbursements. Attach schedule.	17	71,778	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	71,778	00

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		62,797		67,129
2	Net accounts receivable		0		0
3	Net notes receivable		0		0
4	Inventories		0		200
5	Federal and state government obligations		0		0
6	Investments in other bonds		0		0
7	Investments in stock		0		0
8	Mortgage loans		0		0
9	Other investments. Attach schedule		0		0
10 a	Depreciable assets	0		0	
b	Less accumulated depreciation	0	0	0	0
11	Land		0		0
12	Other assets. Attach schedule		198,597		230,163
13	<b>Total assets</b>		262,751		296,722
<b>Liabilities and net worth</b>					
14	Accounts payable		1,828		3,143
15	Contributions, gifts, or grants payable		0		0
16	Bonds and notes payable		0		0
17	Mortgages payable		0		0
18	Other liabilities. Attach schedule		0		0
19	Capital stock or principal fund		0		0
20	Paid-in or capital surplus. Attach reconciliation		0		0
21	Retained earnings or income fund		0		0
22	<b>Total liabilities and net worth</b>		1,828		3,143

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	6,596	7	Income recorded on books this year not included in this return. Attach schedule.	0
2	Federal income tax	0	8	Deductions in this return not charged against book income this year. Attach schedule	0
3	Excess of capital losses over capital gains	0	9	<b>Total.</b> Add line 7 and line 8.	0
4	Income not recorded on books this year. Attach schedule	0	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	0		Subtract line 9 from line 6	6,596
6	<b>Total.</b> Add line 1 through line 5.	6,596			