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<b>Part III Statement of Program Service Accomplishments</b> (See page 60 of the instructions )	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? <u>networking</u>	
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	
<b>28</b> _____ _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses.</b> Add lines 28a through 31a _____	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 of the 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 & deferred compensation	(E) Expense account and other allowances
Ilse Beck 2207 Constitutio San Jose CA 95124	treasurer 2	0	0	0

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)	Yes	No
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change _____	<b>33</b>	
<b>34</b> 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 _____	<b>34</b>	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? _____	<b>35a</b>	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? _____	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement _____	<b>36</b>	
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? _____	<b>37b</b>	
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? _____	<b>38a</b>	
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved _____	<b>38b</b>	
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 _____	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities _____	<b>39b</b>	

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ; section 4912 , section 4955

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

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

Table with columns Yes, No and rows 40b, 40e

41 List the states with which a copy of this return is filed

42 a The books are in care of Telephone no Located at ZIP + 4

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)?

Table with columns Yes, No and rows 42b, 42c

If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S? 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 and enter the amount of tax-exempt interest received or accrued during the tax year

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Ilse Beck Date: 7/31/15 Type or print name and title: Ilse Beck Treasurer

Paid Preparer's Use Only Preparer's signature: Ilse Beck Date: 07-30-2015 Check if self-employed: [X] Preparer's SSN or PTIN (See Gen Inst X): P0107462 Firm's name (or yours if self-employed), address, and ZIP + 4: Beck Business Service, 2207 Constitution Dr, San Jose, CA 95124 EIN: Phone no: 4082678234

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

Power Networking Group

91-2001774

FORM 990EZ, PART I, LINE 16  
OTHER EXPENSES SCHEDULE 2

Statement #130

<u>Description</u>	<u>Amount</u>
Bank service charges	154
Meeting expenses	1,353
Accounting	40
Taxes	10
TOTAL	<u>1,557</u>

FORM 990EZ, PART I, LINE 8  
OTHER REVENUES SCHEDULE 2

PG 02  
Statement #166

<u>Description</u>	<u>Amount</u>
Dues	<u>1,600</u>
TOTAL	<u>1,600</u>