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**Part V**

Check if the organization used Schedule O to respond to any question in this Part V

|  |   | Yes | No                       |
|--|---|-----|--------------------------|
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O   |     | ✓                        |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  |     | ✓                        |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.  |     |                          |
| 35a  | a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice reporting, and proxy tax requirements?   |     | ✓                        |
| 35b  | b If "Yes," has it filed a tax return on Form 990-T for the year (see instructions)?  |     | ✓                        |
| 36   | 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  |     | ✓                        |
| 37a  | 37a Enter amount of political expenditures, direct or indirect, as described in the instructions  |     |                          |
| 37b  | b Did the organization file Form 1120-POL for this year?  |     | ✓                        |
| 38a  | 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 outstanding at the end of the tax year covered by this return?   |     | ✓                        |
| 38b  | b If "Yes," complete Schedule L, Part II and enter the total amount involved  |     |                          |
| 39a  | 39a Section 501(c)(7) organizations. Enter:   |     |                          |
| 39b  | a Initiation fees and capital contributions included on line 9  |     |                          |
| 39b  | b Gross receipts, included on line 9, for public use of club facilities   |     |                          |
| 40a  | 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:   |     |                          |
| 40b  | a section 4911; section 4912; section 4955  |     |                          |
| 40b  | b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. |     | ✓                        |
| 40c  | c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4958, and 4959   |     |                          |
| 40c  | d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization   |     |                          |
| 40e  | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 990-T   |     | ✓                        |
| 41   | 41 List the states with which a copy of this return is filed. California  |     |                          |
| The organization's books are in care of Charles Sooman Telephone no 714-488-0812   |   |     |                          |
| Located at 1319 Hale Street, Vallejo, CA ZIP + 4 94591   |   |     |                          |
| 42b  | 42b 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:   |   |     |                          |
| See the instructions for exceptions to the filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. |   |     |                          |
| 42c  | 42c 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   | 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  |     | <input type="checkbox"/> |
| 44a  | 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | ✓                        |
| 44b  | 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | ✓                        |
| 44c  | 44c Did the organization receive any payments for indoor tanning services during the year?  |     | ✓                        |
| 44d  | 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |     | ✓                        |

|   | Yes        | No                                  |
|---|------------|-------------------------------------|
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?   | <b>45</b>  | <input checked="" type="checkbox"/> |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | <b>45a</b> | <input checked="" type="checkbox"/> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | <b>46</b>  | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b

Check if the organization used Schedule O to respond to any question in this Part VI

|  | Yes        | No                                  |
|--|------------|-------------------------------------|
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II           | <b>47</b>  | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <b>48</b>  | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?           | <b>49a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization?                                    | <b>49b</b> | <input type="checkbox"/>            |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**f** Total number of other employees paid over \$100,000

\$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000

nonexempt charitable trusts must attach a completed Schedule A  Yes  No

**Sign Here**

*Charles Sooman* Signature of officer 05/14/11 Date

**Charles Sooman** Type or print name and title

**Paid Preparer Use Only**

|                            |                         |      |   |      |
|----------------------------|-------------------------|------|---|------|
| Print type preparer's name | Preparer's signature    | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name                | Firm's EIN              |      |   |      |
| Firm's address             | Preparer's phone number |      |   |      |

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