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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 private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Ā	For	the 2013 calendar year, or tax year beginning , 2013, and ending		
B	Check	if applicable [C	Employer	identification number
<u>^</u>	1	ss change CALLEODNIA ACCOCTATION OF DUCTNESS		68768
X	1	IRDOKEDS F	Telephone	
	Initial   Termii	4747 N FIRST ST #140		
<u> </u>	1	[FRESNO, CA 93726		
X	1	ation pending	Group E Number	xemption ►
G				organization is not
Ī		. — — — — — — — — — — — — — — — — — — —		Schedule B (Form
J	Tax-e		)-EZ, or 9	
<del>к</del>	Form	of organization X Corporation Trust Association Other		····
		lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	total	
_	asse	ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	totai ► \$	99,439.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions f	
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	14,315.
	2	Program service revenue including government fees and contracts	2	19,770.
	3	Membership dues and assessments	3	65,353.
	4	Investment income	4	1.
	5 a	Gross amount from sale of assets other than inventory 5 a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events		
R E V	l	Gross income from gaming (attach Schedule G if greater than \$15,000)  6a		
E N	Ь	Gross income from fundraising events (not including \$ of contributions		
Ü		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
-	c	Less direct expenses from gaming and fundraising events  6c	- !	
		-	$\dashv$ 1	
	۵	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and 6b and 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances 7 a		
	b	Less cost of goods sold 7b		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Grants and similar amounts paid (list in Schedule)  Benefits paid to or for members	▶ 9	99,439.
	10	Grants and similar amounts paid (list in Schedure)	10	
	11	Salaries, other compensation, and employee benefits  MAY 2 is 2014  Professional fees and other payments to independent contrastors	11	
Ĕ X	12	Salaries, other compensation, and employee benefits 23 2014	12	4,000.
X P E N	13	Professional fees and other payments to independent contractors	13	33,790.
	14	Benefits paid to or for members  Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping	14	
<b>2014</b>			15	2,654.
	16	Other expenses (describe in Schedule O)  SEE SCHEDULE O	16	64,221.
<b>&amp;</b>	17	Total expenses. Add lines 10 through 16	<b>17</b>	104,665.
<b>™</b> ^	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,226.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye figure reported on prior year's return)		58 018
اً بِي	20	Other changes in net assets or fund balances (explain in Schedule O) .	19	57,917.
Щ,	21	Net assets or fund balances at end of year Combine lines 18 through 20.	20	FO CO:
	A Fo	Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20.  r Paperwork Reduction Act Notice, see the separate instructions.	▶ 21	52, 691. Form <b>990-EZ</b> (2013)
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			S	77	7-01	58768 Page <b>2</b>
Par	t.ii Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II) dule 0 to respond to any que	estion in this Part II	1		Π
					ear	(B) End of year
22	•			57,917		52,691.
23 24	<del>-</del>					
25	•			57 917		52 691
26						0.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	57,917	27	52,691.
Par	Cash, savings, and investments   Cash, savings, and savin		Expenses			
What	Balance Sheets (see the instructions for Part III)   Check if the organization used Schedule O to respond to any question in this Part II   Cash, savings, and investments   Cash, savings, savin		) and 501(c)(4)			
Desc	Balance Sheets (see the instructions for Part II)   Check if the organization used Schedule O to respond to any question in this Part II   (A) Beginning of year   (B) End of year   23   24   24   25   25   26   20   24   24   25   25   26   20   20   20   20   20   20   20					
mea bene	sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service ach program title	ces provided, the nu	umber of persons		
28						
	707-27-5 E 7 If th	is amount includes foreign or	rants check here	<b></b> -	202	
29	(Grants \$	is amount includes loreign gi	ants, check here	· · · · · · · · · · · · · · · · · · ·	20 a	
					1	
20	(Grants \$ ) If th	is amount includes foreign gi	rants, check here	<u> </u>	29 a	
30					-	
					1	
			rants, check here		30 a	
31	. 5				1	
22	· · · · · · · · · · · · · · · · · · ·	<u> </u>	rants, check here	<u>}                                </u>	1	
			lovees (list each one	even if not compensated —		Instructions for Part IV)
<u>ı aı</u>	<del></del>		-			
	(a) Name and Title	week devoted to	(Forms W 2/1099 MIS	contributions to employed benefit plans, and do	oloyee eferred	
		0		0	0.	0
					<u> </u>	
VIC	E PRESIDENT	0	2,00	00.	0.	0.
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ROI	N HOTTES					
DII	R/PST PRES	0	2,00	00.	0.	0.
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BAA	· · · · · · · · · · · · · · · · · · ·	TEEA0812L 1	1/27/13			Form 990-EZ (2013)

Pai	the instructions for 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 significant activity not previously reported to the IRS?  If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34				
25.	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
307	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
1	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		<u> </u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III			
		35 c		X
30	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	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37 b		Χ
38	Ind 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 outstanding at the end of the tax year covered by this return?	38 a		J
ı	a If 'Yes,' complete Schedule L, Part II and enter the total	30 a		_X
	amount involved 38b N/A			1
	Section 501(c)(7) organizations Enter			,
	a Initiation fees and capital contributions included on line 9  a Gross receipts, included on line 9, for public use of club facilities  39a N/A 39b N/A			;
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A			i
40	section 4911 N/A, section 4912 N/A, section 4955 N/A			i
١	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	40 b		
	s Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	700		
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			İ
(	d Section 501(c)(3) and 501(c)(4) organizations 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			
		40 e		Х
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
41	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE	400		
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	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  NONE  The organization's books are in care of PROFESSIONAL EXCHANGE SERVICE  Telephone no (559)		614	
42	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of PROFESSIONAL EXCHANGE SERVICE  Located at 4747 N FIRST ST, STE 140 FRESNO CA  ZIP + 4 93726			10
42	Shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of PROFESSIONAL EXCHANGE SERVICE  Located at 4747 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	228	-614 Yes	10
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42	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts to At any time during the calendar year, did the organization maintain an office outside of the U S?	228		10
42	List the states with which a copy of this return is filed NONE  The organization's books are in care of PROFESSIONAL EXCHANGE SERVICE  Located at 747 N FIRST ST, STE 140 FRESNO CA  ZIP + 4 93726  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 and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	228  42b		No X
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42:	Itst the states with which a copy of this return is filed NONE  Telephone no Spokes are in care of PROFESSIONAL EXCHANGE SERVICE  Located at 4747 N FIRST ST, STE 140 FRESNO CA  Telephone no Spokes are in care of PROFESSIONAL EXCHANGE SERVICE  Located at 4747 N FIRST ST, STE 140 FRESNO CA  Telephone no Spokes are in care of PROFESSIONAL EXCHANGE SERVICE  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 and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts at 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 If 'Yes,' enter the name	228  42b	Yes	No X X X N/A N/A
42	Shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE  The organization's books are in care of PROFESSIONAL EXCHANGE SERVICE Telephone no (559) Located at 4747 N FIRST ST, STE 140 FRESNO CA ZIP+4 933726  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 and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts at 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 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	228  42b		No X X
42	Shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE  Telephone no (559)  Located at PROFESSIONAL EXCHANGE SERVICE  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Lip 44 93726  Stephone no (559)  Telephone no (559)  Located at 7474 N FIRST ST, STE 140 FRESNO CA  Lip 44 93726  Stephone no (559)  Telephone	228  42b	Yes	No X X N/A N/A
42:	shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > NONE  a The organization's books are in care of PROFESSIONAL EXCHANGE SERVICE Located at A747 N FIRST ST, STE 140 FRESNO CA  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 >  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts at 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 >  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  a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	228 42b	Yes	No X X X N/A N/A
43	shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > NONE  Telephone no > (559) Located at > 4747 N FIRST ST, STE 140 FRESNO CA	228 42b 42c	Yes	No X  N/A N/A No X
43	Sheller transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled  NONE  Telephone no  (559) Located at  4747 N FIRST ST, STE 140 FRESNO CA  List the 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 and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts at A1 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   Section 4947(a)(1) nonexempt charitable trusts filling 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  Section 4947(a)(1) nonexempt charitable trusts filling 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  A23 Light the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Back the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Back the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	228 42b 42c	Yes	No X  X  N/A  N/A  NO  X
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43	shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > NONE  Telephone no > (559) Located at > 4747 N FIRST ST, STE 140 FRESNO CA	228 42b 42c 44a 44b	Yes	No X  N/A N/A No X
43 44 45	Sheller transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filled  NONE  Telephone no (559)  Telephone no (59)  Telephone no (559)  Telephone	228 42b 42c 44a 44b 44c	Yes	No X  N/A N/A N/A No X

rorm 990	-EZ (2013) CALIFORNIA ASSOCIA	TION OF BUSINES	SS	77-01	<u>68768</u>	F	age <b>4</b>
<b>46</b> Did	the organization engage, directly or indire	ectly, in political campa	ign activities on behalf	of or in opposition to	2.80	Yes	E-Bar
	didates for public office? If 'Yes,' complet  Section 501(c)(3) organization: All section 501(c)(3) organization	s only	uestions 47-49b an	d 52, and complete	e the table	s	<u>  X</u>
	for lines 50 and 51.  Check if the organization used Schedu			·			
	oneck is the organization used conteau	o to respond to any	question in this rait vi		<del></del> 1	Yes	No
47 Did to	the organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47	163	10
<b>48</b> is th	ie organization a school as described in s	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		
	the organization make any transfers to an		related organization?		49 a		
	es,' was the related organization a section		/sibar than afficers	discontant discontant and to	49 b		<u> </u>
empl	plete this table for the organization's five high loyees) who each received more than \$100,0	nest compensated emplo 00 of compensation from	yees (other than officers, the organization of there	is none, enter 'None '	ey		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	l amoun ensatio	it of
	number of other employees paid over \$1						
51 Comp	olete this table for the organization's five high pensation from the organization. If there is	iest compensated indepe s none, enter 'None'	ndent contractors who ea	ch received more than \$	100,000 of		
	(a) Name and business address of each independent co		<b>(b)</b> Type o	of service	(c) Compe	nsation	<del></del>
<del>.</del>					<del></del>	·	
			····				
			100.000				
<b>52</b> Did tl	number of other independent contractors he organization complete Schedule A? No table trusts must attach a completed Sche	ote. All section 501(c)(3			► ∐Yes		No_
Joder penaltie	s of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer	including accompanying sched	ules and statements, and to the	best of my knowledge and be	lief, it is		
100, 00,120, 0	N/ XX/8/C	, 13 54555 517 517 1110 1110 1110 117	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5/9/	14		
Sign Here	Signature of dyficer  AMY COLE			Date PRESIDENT			
.,,,,	Type or print name and title						
		Preparer's signature	Date	Check Lif	rin 		
Paid		WILLIAM E. ROE		self-employed   P	00022001		
Preparer Use Only	Firm's name > ROESER ACCOUNTAN			Firm's EIN	77-04127	84	
osc omy	FRESNO, CA 93704			Phone no (55)			
May the IR	S discuss this return with the preparer shi		ctions .		► X Yes	$\overline{}$	Vo.
		· · · ·		<del></del>	Form 990-	<b>EZ</b> (2	013)

### SCHEDULE, O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545 0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CALIFORNIA ASSOCIATION OF BUSINESS BROKERS

Employer identification number

77-0168768

BROKERS	_
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
THE CALIFORNIA ASSOCIATION OF BUSINESS BROKERS IS AN ASSOCIATION OF BUSINESS	
BROKERS AND MERGER AND ACQUISITION SPECIALISTS WHOSE GOAL IS TO PROMOTE THE GROWTH	
AND PROFESSIONALISM OF THE BUSINESS BROKERAGE COMMUNITY WITHIN OUR STATE.	
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
1. PROVIDED THE FOLLOWING EDUCATIONAL COURSES:	
A. CABB 101 (2-DAY COURSE, REQUIRED OF MEMBERS) - INTRODUCTION TO CALIFORNIA	
BUSINESS BROKERAGE	
B. CABB 201 - (1 DAY COURSE, REQUIRED OF MEMBERS) ADVANCED RECASTING AND	
VALUATIONS	
C. CABB 130 - ( 1 DAY COURSE) FINANCE FOR BUSINESS BROKERS	
D. IBBA 210 (2-DAY COURSE) - ANALYZING AND RECASTING FINANCIAL STATEMENTS	
E. IBBA 220 - INTRODUCTION TO PRICING SMALL BUSINESSES	
F. IBBA 301 - INTRODUCTION TO MERGERS AND ACQUISITIONS PROCESS	
G. CABB 501 (1 DAY COURSE) - CBB RENEWAL	
2. PROVIDED MEMBERS THE OPPORTUNITY TO OBTAIN THE DESIGNATION OF CERTIFIED	
BUSINESS BROKER, CBB. THIS DESIGNATION IS AWARDED UPON COMPLETION OF REQUIRED	
COURSES, A PERIOD OF EXPERIENCE IN THE INDUSTRY AND COMPLETION OF THE REQUIRED	
NUMBER AND/OR SIZE OF TRANSACTIONS. IT SIGNIFIES A LEVEL OF COMPETENCE AND	
ACCOMPLISHMENT TO PROSPECTIVE CLIENTS AND MEMBERS OF THE BUSINESS BROKERAGE	
COMMUNITY.	
3. PROVIDED MONTHLY "CABBINARS" (WEB SEMINARS) ABOUT HOT TOPICS AND NEW WAYS TO	
IMPROVE YOUR PRACTICE AND SELL MORE. AND, WEEKLY EMAILS INCLUDING TIPS & RELEVANT	

Name of the organization CALIFORNIA ASSOCIATION OF BUSINESS	Employer identification number
BROKERS	77-0168768
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE	ACCOMPLISHMENTS
STORIES.	
	·
4 CARD DROUTED THE MEMBERS WITH A COURTED COT OF	CANDADA DONG DEGRAVES
4. CABB PROVIDED ITS MEMBERS WITH A COMPLETE SET OF ST	TANDARD FORMS DESIGNED
JOINTLY BY ATTORNEYS AND BUSINESS BROKERS EXCLUSIVELY	FOR THE BUSINESS BROKERAGE
PROFESSION. THE FORMS INCLUDE A REPRESENTATION AGREEM	ENT (LISTING FORM), PURCHASE
AGREEMENT FOR BUSINESS ASSETS, STOCK PURCHASE AGREEMENT	NT, DISCLOSURE FORMS FOR BOTH
BUYERS AND SELLERS AND MANY MORE. THE FORMS ARE COPYR	IGHT PROTECTED AND ARE
AVAILABLE ONLY TO INDIVIDUAL MEMBERS OF CABB.	
5. HELD 2-DAY ANNUAL STATEWIDE CONFERENCE OFFERING TO	P SPEAKERS, PRESENTATIONS.
ROUNDTABLE DISCUSSIONS AND OPPORTUNITY TO MEET WITH I	
TOOMPIADED PISCOSSIONS AND OFFCRIONILL TO MEET WILL II	NOOTH OF ONDORO.
C DROWING DECIONAL NEWWORKING OPPORTUNITIES THOSE TRANSPORT	NC OHAPTEDIA MEMBER MERTINGS
6. PROVIDED REGIONAL NETWORKING OPPORTUNITIES INCLUDIN	
TO EXCHANGE LISTINGS, NETWORK WITH OTHER BUSINESS BROW	KERS AND LISTEN TO
PROFESSIONAL SPEAKERS ON TOPICS RELATING TO BUSINESS I	BROKERAGE.

2013 SCHEDULE O - SUPPLEMENTAL INFORMATION CALIFORNIA ASSOCIATION OF BUSINESS		PAGE 1
BROKERS	SINE 33	77-0168768
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  ADVERTISING AND PROMOTION BANK AND MERCHANT FEES CONFERENCES, CONVENTIONS, AND MEETINGS INSURANCE MEMBER MEETING EXPENSE MISCELLANEOUS OFFICE EXPENSES STORAGE TAX AND LICENSING TELEPHONE TRAVEL WEBSITE HOSTING & MAINTENANCE	TOTAL \$	433. 2,873. 37,869. 446. 2,672. 4,998. 1,359. 1,550. 1,670. 57. 456. 9,838. 64,221.