



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

▶ 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.

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 Computer Technologies Program Asset Holding Affiliate Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 3075 Adeline Street

City or town, state or province, country, and ZIP or foreign postal code
 Berkeley, CA 94703

D Employer identification number
 45-2126385

E Telephone number
 (510) 849-2911

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.ctpberk.org

J Tax-exempt status (check only one) 501(c)(3) 501(c)(2) (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 Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 4,639

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
Revenue	1 Contributions, gifts, grants, and similar amounts received																																			
	2 Program service revenue including government fees and contracts																																			
	3 Membership dues and assessments																																			
	4 Investment income				4,639																															
	5a Gross amount from sale of assets other than inventory																																			
	b Less cost or other basis and sales expenses						0																													
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																			
	6 Gaming and fundraising events																																			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																			
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)							0																												
c Less direct expenses from gaming and fundraising events							0																													
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																				
7a Gross sales of inventory, less returns and allowances																																				
b Less cost of goods sold							0																													
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																				
8 Other revenue (describe in Schedule O)																																				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																				
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																			
	11 Benefits paid to or for members																																			
	12 Salaries, other compensation, and employee benefits																																			
	13 Professional fees and other payments to independent contractors																																			
	14 Occupancy, rent, utilities, and maintenance																																			
	15 Printing, publications, postage, and shipping																																			
	16 Other expenses (describe in Schedule O)																																			
17 Total expenses. Add lines 10 through 16																																				
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																			
	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)																																			
	20 Other changes in net assets or fund balances (explain in Schedule O)																																			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																																			

Part II 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
22 Cash, savings, and investments	178,547	22	183,395
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	178,547	25	183,395
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	178,547	27	183,395

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

The entity was formed for the sole purpose of being a subordinate corporation of Computer Technologies Program

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Computer Technologies Program Asset Holding Affiliate was created as a subordinate corporation of Computer Technologies Program to hold certain assets of and title to property, collect income from that property, and turn over income from that property (Grants \$ 4,366) 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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	4,366

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Alex Tabony Exec Director	0 50	0		
Tali Bray President	0 50	0		
Philip La Barbera Vice President	0 50	0		
Susan Schapiro Secretary	0 50	0		
Sean Kenmore CFP Treasurer	0 50	0		
Heather Ovenden Board Member	0 50	0		
Perry Silver Board Member	0 50	0		
Ligia Vilela Board Member	0 50	0		
Theresa Woo Board Member	0 50	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 33 through 40e regarding significant activities, document changes, income, and tax shelter transactions.

41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of Christine Tabony Finance Mgr Telephone no (510) 849-2911
Located at 3075 Adeline Street 240 Berkeley, CA ZIP + 4 94703

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

Yes No

46 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

46 Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

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

Table with 5 columns: (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 amount of other compensation.

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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.

Sign Here: Signature of officer (Alex Tabony, Exec Director) and Date (2016-10-06)

Paid Preparer Use Only: Preparer's name (Douglas W Regalia), signature, date, firm's name (Regalia & Associates CPAs), address (103 Town Country Dr Ste K, Danville, CA 94526), PTIN (P00186389), and phone no ((925) 314-0390)

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

**Open to Public
Inspection**

Name of the organization
Computer Technologies Program Asset
Holding Affiliate Inc

Employer identification number

45-2126385

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Service charges and fees \$4366