Law Office Report #42

7/25/78

from June

page 1

R-1-C-J

- 1. Cora Elliott, 2327 Broadway, Indianapolis see report #32, item 6 for background. The information that came back from overseas was sent on to Mrs. Eliott and her attorney by me. In the mail this weekend came the attached Affidavit of Survivorship and Warranty Deed, whih need to be signed by Marceline & Jim. The Affidavit is signed by Marceline; the Deed by both Marceline and Jim. Both documents have to be notarized. Mail them back to me when they are done.
- 2. Serena Hunt - first, her property was recorded in PT name and then sold by PT in September 1976 with a net to us of \$20,734. Her savings accounts were closed and cashiers shecks sent to her c/o Jack Beam in August 1976 totalling \$3,062. Kris Kice visited her this week, with Dorren Greaves. The woman has been moved out of San Francisco, to a hospital in Burlingame, where she is an Medi-Cal - they are sending monthly letters to Rheavina see attached. Serena is confined to bed, uses wheel chair to get around, uses bed pan, has some control over bladder; physically is stronger than used to be; has gained some weight, no longer looks emaciated. Senile, doesnt recognize people as having seen them before but did say church people visit her all the time. We have no record of passport for her in James files. At this point, the property has been dealt with so that is not in question. If we were to take her on, it would cost us over \$1,000 a month. I think we should continue visits, maybe on a weekly basis, and if questions come up, just say Mrs Beam is out of the state and unable to take care of Mrs. Hunts affairs at this time.
- 3, Eddie Washington Mac is winding up the sale of her property on Towne Avenue in LA, for \$27,000. She had homesteaded this property years ago, which means that we cannot process papers for her with a power of attorney. Mac suggests we have her sign an abandonment of homestead, which is attached. This will have to be notarized. Please send back as soon as possible as the sale is completed and we will need this to wind it up. We already have power of attorney for her but can't use it til we get the abandonment of homstead recorded. (on original set only)
- 4. Carol Ann Young/Smith Mac is selling the Note on her property in IA; we have a power of attorney for her but it is signed Carol Ann Young and all the papers on the property are Carol Ann Smith. So please have her sign the attached financial power of attorney in the name Carol Ann Smith aka Carol Ann Young. Return this right away in the mail. DO NT DATE IT AND DO NOT NOTARIZE IT.
- 5. Peoples Forum, Inc. enclosed is the letter from Franchise Tax Board re nonfiling of income tax return for 1977. If anyone is going to file a return on this, I would assume it would be done over there, so here it is.
- 6. Ronald and Sue Grimm had a time deposit account with Wells Fargo in San Rafael; their 6/23 notice ways that they had a balance of \$378. Somebody there should ask them if theis still exists and if anything should be done to withdraw it, or was it taken care of before they left.

- 7/ Vivian Anderson she left behind her a bank account in LA with insufficient funds in it she's overdrawn \$784.
- 8. San Francisco Action Equality request for past due return. If any tax return is to be sent in to Franchise Tax Board, it would come from there, so here is what we've received. We are not sending them an information return, as directed by Chet and Evelyn's mother, as we are to let the corporation lapse. That also goes for Peoples Forum, Inc.

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#### RICHARD KOMISARS

ATTORNEY AT LAW

2244 BROADWAY - INDIANAPOLIS, INDIANA 46205 Telephone: 926-9518 K1.C.J.L

July 19,1978.

Eugene Chaikin Attorney at Law P.O.B. 15156 San Francisco, Calif. 94115.

Re: Cora Elliott .

Dear Colleague:

First I thank you for your letter of 7.8.78 on the above subject. It, the letter, contains all information we needed.

Un the basis of supplied information I prepared Two papers: Survivorship Affidavit, and warranty Deed.

Mrs.Marceline M.Jones has to signe the first One. The warranty Deed should be signed by both: by Mr.James W. Jones and Ars.Jones.

Signatures should be acknowledged by American Counsel in Guyana, or rather should be signed before Counsel.

The papers so signed please return them to me.

Respectfully yours:

Richard Komisars San



#### OF SURVIVORSHIP

K.1.C.3C

- (1) her Name is Marceline m.Jones and her adress is 1.0.B.893 Georgetown Guyana, South America;
- (2) February 5,1957 she, the Affiant Marceline Jones bought jointly with her husband James w.Jones, and mother of her husband Lynette r.Jones real property with legal description:

"Lot Twenty Seven(27) in James A. Margaret Bruces addition to the City of Indianapolis as per Plat Book 11 page 11 in the Office of Recorder of Marion Count, Indiana"

The warranty beed was duly recorded February 5,1957.

(3) One of the co-owners of the property, namely Lynette P. Jones died December 9,1977 at Jonestown, Fort Kaitume, Northwest District, State of Guyana.

Her age was 76; she wash born December 9,1901.

The affiant herein marceline M.Jones, her husband James w. Jones, son of decedent, and other persons attended the funerals.

(4, since the Warranty Deed described in paragraph(2, of this Affidavit expressly provides that the grantees take with right of survivorship, there is a good gause to strike Lynette r.Jones name from record and affint petitions so.

| Marceline M.Jones (Seal)   |
|--|
| Subscribed and sworn to before me, the undersigned, a Notary Public in |
| and for said county, thisday of  |
| 19   |
| Notary Public.   |
| My Commission Expires19  |

đ .

THIS INDENTURE WITNESSETH, That JAMES W.JONES and MARCELINE M.JONES, Husband and Wife

of MORTHWEST DISTRICT &XXXY, in the State of GUYANA

Convey and Warrant to CORA ELLIOTT and MARY G.LACY, with rights of Survivorship

of MARION County, in the State of INDIANA for and in consideration of UNE DOLLAR and other valuable considerations Dollars the receipt whereof is hereby acknowledged, the following described Real Estate in Marion County in the State of Indiana, to-wit:

Lot Twenty Seven(27) in James A. & Margaret Bruce's addition to the City of Indianapolis as per Plat Book 11, Page 11 in the Office of the Recorder of Marion County, Indiana.

| IN WITNESS WHER    | EOF, the said grantor(s)  |  |                                  |
|--------------------|---|--|----------------------------------|
| ha hereunto affixe | d name and seal, , this  James W.Jones (Seal)  Marceline M.Jones (Seal) |  | 19<br>  Seal<br>  Seal<br>  Seal |
| Notary Seal        | thisday of  | County, ss: y Public in and for said County and State,,19, | Corporate Seal                   |
|                    | and acknowledged the execution of a                                     | the foregoing deed. Notary Public                          |                                  |
| Auditor Stamp      |   | Recorder Stamp   |                                  |

Sign in BLACK INK for better Micro copies

NÀ

2777

# STATE OF CALIFORNIA FRANCHISE TAX BOARD SACRAMENTO CA 95857



# REQUEST FOR PAST DUE RETURN

R.1.C.3.e

Date: 07/21/78

SAN FRANCISCO ACTION EQUALITY, INC.

Corporate No.:7627450 SF 5AE

P 0 B0X 15023

SN FRANCISCO CA 94115

Income Year Ended:

12/31/77

Due Date of Return:

05/15/78

We have not received your Information Return or Statement for the income year ended 12/31/77. As required by law, we are making a formal legal demand that the return or statement be filed.

Every organization exempt from tax, even though inactive or operating at a loss, is required to file a return or statement for each income period and pay the applicable fee until dissolved or withdrawn. (See reverse side for filing requirement and payment required.)

You should resolve this matter now by filing the return or statement, properly signed and dated, together with the payment of the applicable fee and penalty.

Please contact us if you have any questions regarding this request.

# PLEASE TYPE OR PRINT | DO NOT USE THIS SPACE | | Change year | | Change address | | Chan

EXEMPT SECTION
TELEPHONE (916) 355-0392

Date

SFF REVERSE SIDE FOR DETAILS

# Alcho

#### I. Escrows open now:

- a. Ernest Jones was approved this week, a one-day submission, figures a week and a half, at least, to close: \$15,000
- b. Roosevelt Turner still waiting on overseas mail of signed deed
- c. Eddie Washington second deal went through, sold for \$27,000. This place was homesteaded by Eddie that means we can't use a power of attorney to transact documents for her. So we are sending an abandonment of homstead form over with the latest law office report, which she will have to sign and it will have to be notarized and returned to us in the mail in order for us to close the sale. Mac thinks the deal will close in about a month and a half that depends on how quickly we can get the form over there, signed and mailed back.
- d. Carol Ann Young 2 problems. The first is that the original Note has never been found so Mac has to have it bonded by a title company, which will cost around \$200. The second is that in all the powers of attorney we have here for her, she signed her name Carol Ann Young but all the papers on her property are in the name Carol Ann Smith. So we have to send out with the latest law office report another power of attorney form for her to sign as Carol Ann Smith. That will hold up the sale til we get the paper back in the mail. \$2000 Note.
  - e. RWV Notes Bogue, sold, \$2,072.12 net, closes any day.
    Swinney, sold, \$17,236. net.
    Pugh, sold, \$4,346.80 net.
    All of these are on 24% discount. Total to us \$23,654

All of these are on 24% discount. Total to us \$23,654 But - on all of these properties, we cannot locate the original Notes, so we will have to bond them, which will cost around \$200 each.

#### II. Unsold:

#### A. RWV:

1. Parsonage/RWV Temple - nothing new

Ranch - nothing new that hasnt been conveyed over the radio.
 This one changes day by day

3. Godshalk Note - no offer yet. At 24% discount, we would get \$7,776.33 net. We have the original Note on this one, so we don't have to worry about getting it bonded.

R-1-c-3-fi

#### II. Unsold, continued:

#### B. LA:

- Santa Barbara nothing new, still waiting for FHA approval
- 2. Ernestine Blair no takers yet
- 3. Odenia Robinson no takers yet
- 4. Berda Johnson's acreage recorded in Garry's name. Showed it this week; very difficult place to show well, mountain terrain, have to travel long way on mountain road, by the time reach the place, buyer's enthusiasm gone. Chaikin and Mac went there together once so Chaikin should be able to relate to this one.

#### C. SF:

- Edwards place on McKinnon listed last week with broker; no word yet.
- 2. S.F. Temple Mac will schedule another showing with another broker when he gets the word from us here; this would be another company other than Coldwell Banker.
- 3. Pets Unlimited no word. Told us last month they would pay something in 2 weeks; it's now been 3 weeks and nothing; Mac will call them.

James Simpson's place in Bakersfield - Mac has to drive up to Bakersfield next week and try to find the guy who has not paid anything on the Note.

Alvarado Terrace: we got Garry to sign the property back from his firm to Peoples Temple, in the event that we have a buyer for the apartments.

At the same time we spoke to him about putting the RWV ranch in the name of the Giarry firm; he no longer wants to have the deeds put in the name of the firm but rather just wants a promissory note drawn up stating that P.T. owes the firm such and such an amount as security for property held by the firm. As I understand it, this is not what we want - because our intent is to get the property out of the name of PT and free from attachment. A promissory note wouldnt protect us from that. He says if our property was attached and there was such a promissory note, they couldnt get anything becaus there was do no equity left. That's not the point--we couldnt sell it if they attached it or put a lis pendens on it. We will talk to him about again.

Note- This set has reginal A-1- C-4

papers for segnature

and return.

Ho





R.1-C-4-W

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7/25/78

from June

page 1

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A. A.

R-1-C-4.6

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from June

page 2

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R.1.0.4.0

#### RICHARD KOMISARS

ATTORNEY AT LAW

2244 BROADWAY - INDIANAPOLIS, INDIANA 46205 Telephone: 926-9518

July 19,1978.

Eugene Chaikin Attorney at Law P.O.B. 15156 San Francisco, Calif. 94115.

Re: Cora Elliott .

Dear Colleague:

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Un the basis of supplied information I prepared Two papers: Survivorship Affidavit, and warranty Deed.

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The papers so signed please return them to me.

Respectfully yours:

Richard Komisars San

Ric. 4. d.

#### GENERAL AFFIDAVIT

| GENERAL ATTIDAVII   |
|---|
| OF S <u>URVIVOR</u> SHIP  |
| GUYANA<br>STATE OF XNDIANA, NORTHWEST DISTRICT 液水液水水水,Xs:   |
| MADORITHE M TOWER NORTH MODERNING TOWN OF THE PROPERTY OF THE |
| Guyana of MORTHWEST DISTRICT County,  |
| State of IXAAXa, being duly sworn upon oath deposes and says  |
| (1) her Name is Marceline m.Jones and her adress is 1.0.B.893 Georgetown Guyana, South America;   |
| (2) February 5,1957 she, the affiant Marceline Jones bought jointly with her husband James w.Jones, and mother of her husband Lynette r.Jones real property with legal description:   |
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| The warranty beed was duly recorded February 5,1957.  |
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| The affiant herein marceline M.Jones, her husband James w. Jones, son of decedent, and other persons attended the funerals  |
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|   |
|   |
| THIS MUST BE NUTARIZED BY GUMANESE NOTARY.  |
|   |
|   |
|   |
|   |
| Marceline M. Jones (Seal)   |
| Subscribed and sworn to before me, the undersigned, a Notary Public in  |
| and for said county, thisday of   |
| Notary Public.  |
|   |

THIS DOCUMENT PREPARED BY AGUAR Komsay, asky

My Commission Expires.....

|   | (3) |
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| • | R-1 |
|   |     |

#### **GENERAL AFFIDAVIT**

OF SURVIVORSHIP

By:

MARCELINE M.JONES

Mail to:

Cora Elliott 2327 Broadawy Indianapolis, Ind.

46205

nichard Komisars
2244 Broadway
Indianapolis, Ind. 462.5
Attorney for Cora ELLIOTT

R-1-C-4-e

#### WARRANTY DEED

THIS INDENTURE WITNESSETH, That JAMES W.JONES and MARCELINE M.JONES, Husband and Wife

of NORTHWEST DISTRICT & STARY, in the State of GUYANA

Convey and Warrant to CORA ELLIOTT and MARY G.LACY, with rights of Survivorship

of MARION County, in the State of INDIANA for and in consideration of UNE DOLLAR and other valuable considerations Dollars the receipt whereof is hereby acknowledged, the following described Real Estate in Marion County in the State of Indiana, to-wit:

Lot Twenty Seven(27) in James A. & Margaret Bruce's addition to the City of Indianapolis as per Plat Book 11, Page 11 in the Office of the Recorder of Marion County, Indiana.

|                   | and acknowledged the execution of the foregoing  My Commission expires | deed.<br>Notary Public     |                |
|-------------------|--|----------------------------|----------------|
|                   | and acknowledged the execution of the foregoing                        |                            |                |
|                   |  |                            |                |
| OTE: THIS MUS     | T BE NOWARIZED BY GUYANESE NOTAR                                       | Y.                         |                |
|                   | Before me, the undersigned, a Notary Public in and                     | for said County and State, |                |
| Notary Seal       | STATE OF INDIANA.  | County, ss:                | Corporate Seal |
|                   | Marceline W.Jones  |                            | (Sea           |
| }                 | haceled in me (Seal)   |                            | (Sea           |
| - C)              | James M. Jones (Sed)   | •                          | (Sea           |
|                   | nes W' Enes (Seal)   | lay of                     | (Sea           |
| ha hereunto affix | ed name and seal, , this d   |                            |                |

This Document Mary Mary Light Light Scars, auxuncy

#### (Do not record this side unless affidavits are used)

| Notary Seal | ٠. | STATE OF INDIANA.—<br>Before me, the undersign                                      | ned, a Notary Public in and for said C         | County, ss:       |         |   |
|-------------|----|---|--|-------------------|---------|---|
|             |    | this  | day of   | ,19,              |         |   |
| ٠           | •  | personally appeared   |  |                   |         | <u>∑</u>                                  |
|             |    | * **, **  | execution of the annexed deed.                 | •                 |         | Sign in BLACK INK for better Micro copies |
|             |    | My Commission expires   |  | •                 |         | Ξ   |
| ١.          | •  |   |  | , .               |         | K for bette                               |
|             |    | STATE OF INDIANA,_  | •  | County, ss:       |         | ¥<br>*                                    |
| Notary Seal |    |   | ned, a Notary Public in and for said (         | County and State, |         | icro                                      |
|             |    |   | day of   |                   |         | င်စု                                      |
|             |    | personally appeared   |  |                   |         | Ğ.  |
|             |    | porsonally appeared   |  |                   |         |   |
|             |    |   |  |                   |         |   |
|             |    | and acknowledged the  | execution of the annexed deed.                 |                   |         |   |
|             |    |   |  | Notary Public     |         |   |
|             |    | My Commission expires   |  |                   |         |   |
|             |    | ,   |  |                   |         |   |
|             |    | , OE  | TO:  | CORA              | JONES   | 1 1                                       |
|             |    | H 2 C   | -, 1   | RA                | JONES   |   |
|             |    | RETURN THIS<br>TO: Gora ]<br>2327<br>India  | TAX SI<br>Cora<br>2327<br>Indi                 | EE                |         |   |
|             |    | THIS DEED<br>ora Ellliott<br>327 B <sub>r</sub> oadway<br>ndianaporis, Ind<br>46205 | STAI   | FLLIOTT           | W.JONES | Ĭ<br>Ž                                    |
|             |    | DEED Elliott Broadway naporis,  | ATEMENT LILIO tt Broadway anapolis, 46205      | 1 1 1             | SEN     | 8   |
|             |    | EED<br>lliott<br>loadway<br>polis,  | TEMENT<br>11iott<br>10adwa<br>apolis<br>46205  | TO<br>and         | g       | 7 Z                                       |
|             |    | 162<br>18, I  | TATEMENT Liliott Broadway anapolis, Ind. 46205 |                   | ā       | ž   Ţ                                     |
|             |    | ond<br>of   | [nd  | MARY              | "AI     | D   |
|             |    | -   | •  |                   | CE      | WARRANTY DEED                             |
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|             |    |   |  | le ¥              |         |   |
| (           |    |   |  | 1 1               | :       |   |

LEGAL FORMS
BY
STATIONERS INC.
36 N. PENNSYLVANIA ST.
INDIANAPOLIS



# County of San Mateo

Department of Public Health and Welfare

Social Service Division 274 WEST 20TH AVENUE SAN MATEO, CALIFORNIA 94403 (415) 573-2222 BOARD OF SUPERVISORS
WILLIAM H. ROYER, Chairma
EDWARD J. BACCIOCCO, JF
JEAN FASSLER
JAMES V. FITZGERALD
JOHN M. WARD

George Pickett, M.D., M.P.H. DIRECTOR OF HEALTH AND WELFARE

June 30, 1978

Mrs. Bean 2231 Sutter San Francisco, CA.

Dear Mrs. Bean:

We are contacting the relatives and friends of patients who were recently transferred from the San Franciscan Center to Bayview Convalescent Hospital in Burlingame.

We are aware of the stress the patient and you are experiencing as a result of this transfer. We feel it would be helpful to the adjustment of the patient if plans for providing social supports for the patients could be developed.

Perhaps by coming together and discussing mutual problems we can find some answers. For example, we may be able to come up with some ideas to meet transportation and language barrier problems.

We have arranged a meeting on Wednesday, July 12, 1978 at Bayview Convalescent Hospital. We would like you, or another family member or friend to attend. If you need further information, please call me at 573-2661

Very truly yours,

Mrs. Sylvea hewport

Sylvia Newport Social Worker

SN:bh

Please direct reply to:





#### OFFICIAL NOTICE

Date: 12/09/77

Income Year Ended: 03/31/77

PEOPLE'S FORUM, INC.

Corporate No.: 7676740 PF91\*

EUGENE CHAIKIN PO BX 192

:

REDWOOD VLY CA 95470

WE SENT YOU A NOTICE REQUESTING THAT A RETURN BE FILED FOR THE INCOME YEAR SHOWN ABOVE. OUR RECORDS INDICATE THAT THE RETURN HAS NOT BEEN FILED. THE RETURN SHOULD BE FILED AND THE TOTAL AMOUNT OF TAX, PENALTIES, AND INTEREST PAID IMMEDIATELY. OTHERWISE, A REPRESENTATIVE OF THE CORPORATION MUST APPEAR AT THIS OFFICE BY 12/21/77, SO WE MAY DETERMINE AN APPROPRIATE COURSE OF ACTION.

IF YOU DO NOT COMPLY, A NOTICE OF PROPOSED ASSESSMENT MAY BE ISSUED AND INVOLUNTARY ENFORCEMENT ACTION TAKEN. ENFORCEMENT ACTION MAY INCLUDE FILING OF TAX LIENS, SEIZURE AND SALE OF PROPERTY, AND OTHER ACTION AVAILABLE TO US IN ACCORDANCE WITH THE LAW. IN ADDITION, THE CORPORATION'S POWERS, RIGHTS, AND PRIVILEGES MAY BE SUSPENDED OR FORFEITED.

return for '77 estomets for '78

must file mame En return

Mrs. Lew 12/15/77

COLLECTION SECTION TELEPHONE (707) 544-0543

send this letty with return





# GALIFORNE

|                | EXEMPI  | URGANIZATIUN A   |                              |            |                    |          |               |   |  |
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|                |   | ~  | •                            |            | AMOUNT<br>REMITTAL |          |               |   |  |
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|                |   | •  |                              |            | CORPORA            | TE OR C  | DRGANIZ       | ATION NO                                    | <del>,                                    </del> |
|                | , -   |  | •                            |            |                    |          |               |   | •  |
|                | <u> </u>  |  |                              |            | FEDERAL            | EMPLOYE  | R IDENT       | IFICATION                                   | NO.  |
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| RT I           |   | plete Part I (Unless per<br>oundation and line 8 is \$10,0   |                              |            |                    |          |               |   |  |
|                |   | Receipts (Revenues)  |                              |            |                    |          |               |   | İ  |
|                | <ul> <li>Gross sales and receipts from</li> </ul>                           |  | =                            |            | Part II).          | ; •      | Kaharan an    | 00001   1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |  |
|                | Cost of goods sold  |  |                              |            |                    |          | 25022         |   |  |
|                | Cost or other basis and sale  |  |                              |            |                    |          |               |   |  |
|                | Gross Income—line 1 less su   |  |                              |            |                    |          |               |   | _  |
|                | • Gross dues and assessments  |  |                              |            |                    |          | -             |   |  |
|                | Gross contributions, gifts, gr  |  |                              |            |                    |          |               |   |  |
|                | . Total—add lines 4, 5 and 6  |  |                              |            |                    | i ·      | 2000000       | 78.688.854.3                                | **************************************           |
| 8              | Gross receipts for filing requ  |  |                              | •          |                    |          |               |   |  |
| _              |   | nses and Disbursements                                       |                              | 1          |                    | i        |               |   |  |
|                | Expenses attributable to gro  |  |                              |            |                    | -        | <u> </u>      |   | <u> </u>   |
|                | Disbursements for purposes  |  |                              |            | <u> </u>           | !        | +             |   | +  |
| • • •          | • Excess of receipts over exp   | ienses and alsbursements—ii<br>ispets and Liabilities        | ine / less sum of lines      |            | ginning of         |          | +             | End of yea                                  | <u></u>  |
| 12             | · Total assets  | •  |                              |            | giiiiiig Oi        | 1        | <del> </del>  | 2.10 01 700                                 |  |
|                | • Total liabilities   |  |                              | ·          |                    |          | <del>- </del> |   |  |
|                | Net worth   |  |                              |            |                    |          |               |   |  |
| -              | . Have any changes not prev   |  |                              |            |                    |          | in etuum      | ent. Yes                                    | s N  |
| 15             |   | viously reported to the Fran<br>bylaws, or other instruments |                              |            |                    |          |               |   | 1  |
| 16             |   |  |                              |            |                    |          |               |   |  |
|                | . If exempt under Section 237   | in any political campaign,                                   |                              |            |                    |          |               |   |  |
| •              |   | complete and attach Form F                                   |                              |            |                    |          |               |   |  |
| 17             | <ul> <li>Is this a group return filed of</li> </ul>                         | <u>.</u>   |                              | •          |                    |          |               |   | $\top$   |
|                | <ul> <li>If exempt under Sec. 23701.</li> </ul>                             |  | •                            |            |                    |          |               |   | $\dashv$   |
|                | The books are in care of ►  |  |                              |            |                    |          |               |   |  |
|                |   |  |                              |            |                    |          |               |   |  |
| 20             | • Check form(s) filed: Fede   |  |                              |            |                    |          |               |   |  |
|                | . FILING FEE—\$5.00 (See  |  |                              | ٠٠ ا       | •                  |          |               |   |  |
| •              |   | 3701d and fee not required,                                  |                              | x: (see in | structions         | )        |               |   |  |
|                |   | ol 🗌 Public charity 🗍  |                              |            |                    |          | [             |   |  |
| 22             | PENALTY FOR FAILURE   |  | •                            |            |                    |          |               |   |  |
|                | BALANCE DUE: (Add lines   |  |                              |            |                    |          | t             |   |  |
| 23             |   |  |                              |            | ements, and        | to the   | best of       | my knowle                                   | edge o   |
| r pen          | alties of perjury, I declare that I.<br>true, correct and complete. Declare | tion of preparer (other than tax                             | payer) is based on all info  | rmation of | which prepa        | arer has | any kno       | wledge.                                     |  |
| r pen          | alfies of perjury, I declare that I true, correct and complete. Declare     | signature of officer   | (payer) is based on all info | rmation of | which prep         | arer has |               | wledge.                                     | -3   |

Signature of individual or firm preparing this return

Address

## PART II. Organizations with Gross Receipts of More than \$10,000 and Private Foundations Regardless of Amount of Gross Receipts—Complete Part II or furnish substitute information. See Specific Instructions.

|  | oss sales or receipts from all business activities (state nature).   | Attach a stateme              | nt explaining how                | each business                          | 7/2/////                |
|--|--|-------------------------------|----------------------------------|--|-------------------------|
| ac   | tivity not reported on Form 109 contributed importantly to you   | exempt purpose.               | See General Inst                 | ruction K)                             |                         |
|  |  | ************                  |                                  |  |                         |
|  |  |                               |                                  |  |                         |
|  | erest  |                               |                                  |  |                         |
|  | idends   |                               |                                  |  |                         |
| . Gr   | oss rents  |                               |                                  |  |                         |
|  | oss amount received from sale of assets, excluding inventory i   |                               |                                  |  | *                       |
|  | her income (attach schedule—Do not include contributions, gif  |                               |                                  |  |                         |
|  | Total gross sales or receipts from other sources. Enter here of  |                               |                                  |  |                         |
| pen  | ses and Disbursements (lines 9 and 10, Part I)   |                               |                                  | (A) Attributable to gross income       | (B) For exempt purposes |
| . Co   | ntributions, gifts, grants, and similar amounts paid (attach ite   | mized statement)              |                                  |  |                         |
| . Dis  | sbursements to or for members  |                               |                                  |  |                         |
|  | impensation of officers, directors, and trustees (attach schedule)   |                               |                                  |  |                         |
| . Ot   | her salaries and wages   |                               |                                  |  |                         |
| . Int  | erest  |                               |                                  |  |                         |
| . Ta   | xes  |                               |                                  |  |                         |
| . Re   | nt   |                               |                                  |  | <b> </b>                |
|  | preciation (and depletion)   |                               |                                  |  |                         |
| • Ot   | her (attach schedule)  |                               |                                  |  |                         |
|  | Totals. Enter here and on lines 9 and 10, page 1   |                               |                                  |  |                         |
|  | BALANCE SHEETS   | Beginning of                  | Taxable Year                     | End of Ta                              | xable Year              |
| _  | Assets   | (A) Amount                    | (B) Total                        | (C) Amount                             | (D) Total               |
|  | ish: (a) Savings and interest-bearing accounts   |                               |                                  |  |                         |
| (b)  | Other  |                               |                                  |  |                         |
|  | mananta na astrontito na t   | R00000000 > 1000 > 1000 > 000 | 3                                | Burn 600, 5000 (25000 000 000 000 120) |                         |
|  | counts receivable net  |                               |                                  |  |                         |
| . No   | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| <ul><li>No</li><li>Inv</li></ul>   | otes receivable net (attach schedule)  |                               | ******************************** |  |                         |
| No. Inv  | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| . No<br>. Inv<br>. Go<br>(b)   | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| No. Inv. Go. (b)   | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| No. Inv. (b)   | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| No. Inv. (b)   | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| . No<br>. Inv<br>. Go<br>(b)<br>. Inv<br>. Inv   | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| . No<br>(b)<br>. Inv<br>. Inv<br>. Mo  | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| . No<br>. Inv<br>. (b)<br>. Inv<br>. Mo  | otes receivable net (attach schedule)  |                               |                                  |  |                         |
| . No<br>. Inv<br>. Inv<br>. Inv<br>. Ot<br>. De<br>. (a)   | ortes receivable net (attach schedule)  ventories  ov't obligations: (a) U.S. and instrumentalities  State, subdivisions thereof, etc.  vestments in nongovernmental bonds, etc. (attach schedule)  vestments in corporate stocks (attach schedule)  ortgage loans (number of loans)  ther investments (attach schedule)  cepreciable (depletable) assets (attach schedule)  Less accumulated depreciation (depletion)   |                               |                                  |  |                         |
| . No<br>. Inv<br>. Inv<br>. Inv<br>. Mo<br>. Ot<br>. De<br>(a)   | ortes receivable net (attach schedule)  ventories  ov't obligations: (a) U.S. and instrumentalities  State, subdivisions thereof, etc.  vestments in nongovernmental bonds, etc. (attach schedule)  vestments in corporate stocks (attach schedule)  ortgage loans (number of loans)  ther investments (attach schedule)  cher investments (attach schedule)  cher investments (attach schedule)  cher investments (attach schedule)   |                               |                                  |  |                         |
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| . No<br>(b)<br>. Inv<br>. Inv<br>. Mo<br>. Ot<br>. De<br>(a)   | ortes receivable net (attach schedule)  ventories  ov't obligations: (a) U.S. and instrumentalities  State, subdivisions thereof, etc.  vestments in nongovernmental bonds, etc. (attach schedule)  vestments in corporate stocks (attach schedule)  ortgage loans (number of loans)  ther investments (attach schedule)  cepreciable (depletable) assets (attach schedule)  Less accumulated depreciation (depletion)   |                               |                                  |  |                         |
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| No. No. Inv. Go. (b) Inv. Mod. Ot. De (a) La. Ot. Ac. Co. (a)  | overtories   |                               |                                  |  |                         |
| No. No. Inv. Go. (b) Inv. Mod. Ot. De (a) La. Ot. Ac. Co. (a)  | overtories   |                               |                                  |  |                         |
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| . No. Inv. S. Go. (b) Inv. S. Inv. S. Mod. Inv. S. Mod. Dec. (a) Dec. (b) Co. (c) (b) Go. (c) (b) Go. (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d   | ore receivable net (attach schedule)  rentories  ov't obligations: (a) U.S. and instrumentalities  overstate, subdivisions thereof, etc.  restments in nongovernmental bonds, etc. (attach schedule)  restments in corporate stocks (attach schedule)  ortgage loans (number of loans)  ther investments (attach schedule)  be preciable (depletable) assets (attach schedule)  cher investments (attach schedule)  be preciable (depletable) assets (attach schedule)  cher assets (attach schedule)  Total assets (line 12, Part I)  Liabilities  counts payable  ontributions, gifts, grants, etc., payable  be Mortgages payable  ther liabilities (attach schedule)   |                               |                                  |  |                         |
| No. No. Inv. Go. (b) Inv. Inv. Mo. Mo. Ot  | overtories   |                               |                                  |  |                         |
| . No. Inv. Go. (b) Inv. Mo. Ott. De (a) . La: . Ott. Co. (a) (b) . To  | ortes receivable net (attach schedule)  ventories  ov't obligations: (a) U.S. and instrumentalities  overstments in nongovernmental bonds, etc. (attach schedule)  vestments in corporate stocks (attach schedule)  ortgage loans (number of loans)  ther investments (attach schedule)  preciable (depletable) assets (attach schedule)  ther assets (attach schedule)  Total assets (line 12, Part I)  Liabilities  counts payable  ontributions, gifts, grants, etc., payable  ontributions, gifts, grants, etc., payable  ther liabilities (attach schedule)  ther liabilities (attach schedule)  tal liabilities (line 13, Part I).   |                               |                                  |  |                         |
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| No. No. Inva. Inva | ortes receivable net (attach schedule)  ventories  ov't obligations: (a) U.S. and instrumentalities  overstments in nongovernmental bonds, etc. (attach schedule)  vestments in corporate stocks (attach schedule)  ortgage loans (number of loans)  ther investments (attach schedule)  preciable (depletable) assets (attach schedule)  ther assets (attach schedule)  Total assets (line 12, Part I)  Liabilities  counts payable  ontributions, gifts, grants, etc., payable  ther liabilities (attach schedule)  Mortgages payable  ther liabilities (attach schedule)  tal liabilities (line 13, Part I).  Net Worth  spital stock or principal fund   |                               |                                  |  |                         |

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#### STATEMENT BY DOMESTIC CORPORATION

THIS STATEMENT MUST BE FILED WITH CALIFORNIA SECRETARY OF STATE (SECT. 3301, CORPORATIONS CODE) PLEASE READ THE INSTRUCTIONS ON THE BACK OF THE FORM BEFORE COMPLETING.

THE CORPORATION NAMED HEREIN, ORGANIZED UNDER THE LAWS OF THE STATE OF CALIFORNIA, MAKES THE FOLLOWING STATEMENT:

| 1. ADDRESS & LOCATION OF ITS PRINCIPAL OFFICE                                  | SUITE OF ROOM | 1A           |  | 18                |
|--|---------------|--------------|--|-------------------|
| 998 Divisadero Street  |               | San Francis  | CALIF.                                 | 94115             |
| NUMBER AND STREET (DO NOT USE PO BOX NO )                                      | 1             | CITY         |  | ZIP CODE          |
| 2 MAILING ADDRESS IF DIFFERENT THAN 1-18                                       | SUITE OR ROOM | 2A .         | ······································ | 2B                |
| P.O. Box 15156   |               | San Franciso | co                                     | 94115<br>ZIP CODE |
| THE NAMES OF THE FOLLOWING OFFICERS ARE:                                       |               |              |  |                   |
| PRESIDENT: CAROLYN LOOMAN  |               |              |  |                   |
| -855 Fillmore Street  Business or residence Address (DO NOT USE P.O. BOX NO.)  | San Fi        | rancisco CA  | 4B 941                                 | 15                |
| VICE-PRESIDENT: Johnny Brown   |               |              |  | -                 |
| 6.  1415 Scott Street BUSINESS OR RESIDENCE ADDRESS (DO NOT USE P.O. BOX NO.)  | San Fr        | rancisco CA  | 6B 941]                                | 15                |
| SECRETARY: Andrew M. Silver  |               |              |  |                   |
| 8.  1828 Steiner Street BUSINESS OR RESIDENCE ADDRESS (DO NOT USE P.O BOX NO.) | San Fr        | ancisco CA   | 8B 9411                                | 5                 |
| s.<br>TREASURER: Andrew M. Silver  |               |              |  |                   |
| 10. 1828 Steiner Street BUSINESS OR RESIDENCE ADDRESS (DO NOT USE P.O BOX NO.) | San Fr        | ancisco CA   | 10B<br>94]]<br>2IP CODE                | 5                 |
| DO NOT WRITE IN THIS SPACE 11.   |               | 0 4          | $\mathcal{L}$                          |                   |

DATE: July 4 10 77 TITLE President
FEE 1901: 7627450 05/22 25483-A

SAW FRANCISCO ACTION EQUALITY, INC. P. J. 1915; C. 54115

FORM 5/0 100

PLEASE DO NOT ALTER THE PREPRINTED CORPORATE NAME AND ADDRESS

| 515 Hayes Street  | San           | Francisco CALIF.                     | 94102                    |
|---|---------------|--------------------------------------|--------------------------|
| · 🛕   |               | San Francisco                        |                          |
| NUMBER AND STREET ( TUSE P.O. BOX NO.)                              | ĊIT           | COUNTY                               | ZIP CODE                 |
| , 2. MAILING ADDRESS IF DIFFERENT THAN 1-18                         | 2A            |                                      | 28                       |
| P.O. Box 15156  | San           | Francisco, California                | 94115 !                  |
| THE NAMES OF THE FOLLOWING OFFICERS ARE                             | :             |                                      |                          |
| PRESIDENT: CAROLYN LOOM   | AN            |                                      |                          |
| 855 Fillmore Street BUSINESS OR RESIDENCE ADDRESS (DO NOT USE P.O   | . BOX NO.)    | San Francisco CA                     | 94117<br>ZIP CODE        |
| 5. VICE-PRESIDENT: JOHNNY BRO                                       |               | •                                    | 16B                      |
| 6. 1415 Scott Street BUSINESS OR RESIDENCE ADDRESS (DO NOT USE P.O  | . BOX NO.)    | San Francisco CA                     | 94115<br>ZP CODE         |
| SECRETARY: ANDREW M. SI   |               |                                      | 188                      |
| 8.  1664 Page Street BUSINESS OR RESIDENCE ADDRESS (DO NOT USE P.O. | ), BOX NO.)   | San Françisço                        | 94115<br>ZIP CODE        |
| 9. TREASURER: ANDREW M. SI  |               |                                      |                          |
| 10. 1664 Page Street BUSINESS OR RESIDENCE ADDRESS (DO NOT USE P.O. |               | San Francisco                        | 10B<br>94115<br>ZIP CODE |
| DO NOT WRITE IN THIS SPACE 11.                                      |               |                                      |                          |
| ·   |               | BY Carolyn doos                      | nan                      |
| •   |               | SIGNATURE OF CORPORA                 | TE OFFICER               |
| 2/9   | /76           | 76 nue President                     |                          |
| FEE SAN   | NONE<br>FRANC |                                      | 8<br>Inc.                |
|   |               |                                      |                          |
| ÷   |               | •                                    |                          |
| FORM CI-112 PLEASE DO NOT   | ALTER THE P   | REPRINTED CORPORATE NAME AND ADDRESS |                          |



R.1.C.4-K

Please remove the preaddressed label below and attach it to the return filed. If someone other than the taxpayer prepares the return, please use the label. Correct the address if necessary.

D-7627450 SF5AE

L 12 01/28/76

SAN FRANCISCO ACTION EQUALITY, I

P O BOX 15023 SN FRANCISCO CA 94115

FTB 1120 (8-75)

OSP







#### 1977 — INSTRUCTIONS FOR FILING FORM 199

**Exempt Organization Annual Information Return** 

R.1.C.4.

All forms referred to in these instructions are available at any of the Franchise Tax Board offices.

#### **GENERAL INSTRUCTIONS**

A. WHO MUST FILE A RETURN—All exempt organizations and some nonexempt charitable trusts must file an annual information return (Form 199) and pay a \$5.00 filing fee (some exceptions), unless these instructions excuse them from filing the form. The requirement to file a Form 199 is the same as the filing requirements for the Federal Form 990, except that charitable remainder trusts which are private foundations must file Form 199 rather than a trust return, and some branches of groups may not be permitted to be included in a group return. Also, some mutual and cooperative organizations which are exempt under federal law are not exempt under California law. Organizations that are not required to file a Form 199 are required to file the simplified Form 199B, which does not require the payment of a filing fee. Private foundations have additional filing requirements; see below.

An annual return on Form 199 is required of all organizations exempt from tax under Section 23701 except:

- A church, an interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church such as men's or women's organization, religious school, mission society, or youth group.
- (2) An exclusively religious activity of any religious order.
- (3) An organization (other than a private foundation, as defined in Section 23709 and the regulations thereunder), the gross receipts of which in each taxable year are normally (see definitions) not more than \$5,000.
- (4) A mission society sponsored by or affiliated with one or more churches or church denominations, more than onehalf of the activities of which society are conducted in, or directed at persons in, foreign countries.
- (5) Nonprofit exempt organizations formed to carry out a function of the State, or a public body that is carrying out that function and is controlled by the State or a public body.
- (6) A religious or apostolic organization described in Section 23701k. These organizations must attach a completed Form 565, Partnership Return of Income, to Form 199B.

Note: A stock bonus, pension or profit-sharing trust exempt under Section 17631 is not required to file any report with the Franchise Tax Board, unless it has unrelated business income of \$1,000 or more which requires the filing of Form 109, Exempt Organization Business Income Tax Return. See Section 18405.

NONEXEMPT CHARITABLE TRUST—A nonexempt charitable trust described in Section 4947(a)(1) of the Internal Revenue Code which is treated as a private foundation under Section 509(a) of the Internal Revenue Code is required to file Form 199 (not Form 541) and to comply with the reporting requirements of a private foundation. Other charitable remainder trusts and split-interest trusts file Form 541.

PRIVATE FOUNDATIONS—A private foundation must complete Part I of Form 199 and pay the \$5.00 filing fee. It must also complete Part II and furnish other information or it may furnish substitute information as follows:

(1) Furnish a completed copy of the current Registry of Charitable Trusts Report, Form CT-2, or

(2) Furnish a completed copy of Federal Form 990-PF, with appropriate schedules.

Failure to file these documents on or before the due date will subject the organization to penalties as provided in the law. The simplest way to satisfy the Franchise Tax Board filing requirements is to complete Part I of Form 199 and attach a complete copy of the current Registry of Charitable Trusts Report, Form CT-2.

- B. WHO MUST FILE FORM 1998—All exempt organzations excepted from filing Form 199 (see above) are required to file an Annual Information Statement on Form 1998.
- C. WHERE AND WHEN TO FILE—Form 199 or 199B must be filed with the Franchise Tax Board, Sacramento, CA 95857, on or before the 15th day of the fifth month (within 4½ months) following the close of the accounting period. An automatic extension of time to file, for a period not to exceed six months, will be granted upon timely application. Submit Form FTB 3504 to the Franchise Tax Board before the due date, if an extension of time to file is needed.
- D. PAYMENT OF FILING FEE—All organizations required to file Form 199, except those described below, must pay a \$5.00 filing fee with Form 199. If payment is not made on or before the due date (or extended due date) the fee is \$10.00 unless there is reasonable cause for late payment. Organizations permitted to file Form 199B are not required to pay the \$5.00 filing fee. Organizations required to file Form 199 but not required to pay the filing fee should check the appropriate box on line 21 of Form 199. Organizations exempt under Section 23701d which are not required to pay a filing fee are described as follows:
- . (1) Exclusively religious organizations.
  - (2) An exclusively educational organization exempt under Section 23701d, if such organization normally maintains a regular faculty and curriculum and normally has a regularly organized body of pupils or students in attendance at the place where its educational activities are regularly carried on.
  - (3) An exclusively charitable organization, or an organization for the prevention of cruelty to children or animals, exempt under Section 23701d, if such organization is supported, in whole or in part, by funds contributed by the United States or any state or political subdivision thereof, or is primarily supported by contributions of the general public.
  - (4) An organization exempt under Section 23701d, if such organization is operated, supervised, or controlled by or in connection with an exclusively religious organization.

NOTE: An organization which conducts a substantial charitable program in conjunction with a substantial educational, scientific or literary program does **not** meet the requirements of any of the exceptions set out above.

E. PENALTY FOR FAILURE TO FILE ON TIME—If an organization or trust required to file a Form 199 fails to file the return on or before the due date, it will have to pay \$5.00 for each month (or part thereof) after the due date, not to exceed \$40.00, unless it can be shown that the failure was due

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to reasonable cause. Also in the case of a private foundation, the Franchise Tax Board may make written demand that such delinquent return or foundation report be filed within a reasonable time after notice of mailing such demand. The person failing to file (unless it can be shown to be due to reasonable cause) will have to pay \$5.00 for each month (or part thereof), not to exceed \$25.00, after the period expires.

#### NOTE: Failure to file Form 199 or 1998.

The corporate rights, powers and privileges may be suspended, or the exemption from tax may be revoked, for failure to file a return or statement or pay the filing fee, or penalties, within one year after the close of the organization's accounting period.

#### F. GROUP RETURNS:

General—Large organizations with a central, parent, state or district office and with numerous branches or local units, may qualify to file a group return. Group returns greatly simplify the reporting process and it is urged that serious consideration be given to this method of reporting. It relieves the individual units or branches of the requirement to file annual returns, and, in most cases, does not increase the burden of the parent organization.

Inquiries regarding group reporting may be directed to any of the Franchise Tax Board district offices, or to the attention of the Exempt Organization Section, Franchise Tax Board, Sacramento, CA 95857.

- G. SIGNATURE AND VERIFICATION—The form must be signed by the president, vice president, treasurer, assistant treasurer, chief accounting officer, or other corporate officer (such as tax officer) who is authorized to sign. A receiver, trustee, or assignee must sign the form if he is required to file on behalf of the organization. If the form is filed on behalf of a trust, it must be signed by the duly authorized trustee or trustees. The form must also be signed by any person, firm or corporation who prepared the form. If the form is prepared by a firm or corporation, it should be signed in the name of the firm or corporation. The verification is not required if the form is prepared by a regular full-time employee.
- H. LABEL—If you received a form from the Franchise Tax Board with a preaddressed label, please affix the label to the name and address area of the form you file. If the name or address on the label is wrong, draw a single line through the incorrect portion and enter the correct information. The organization's permanent address or the address of the treasurer, who should receive next year's form, should be used.
- I. FINAL REPORT—If the organization becomes inactive and this is the last report to be filed, write "FINAL REPORT" at the top of the form.
- J. FORM 109—Every organization exempt from tax under Section 17631 or 23701, except organizations controlled by the State, must file a return on Form 109 (Exempt Organization Business Income Tax Return) if the gross income derived from an unrelated business is \$1,000 or more. There are special rules, including rules for organizations described in Section 23701g and 23701i, for unrelated debt financed income, rents, advertising income and income from controlled subsidiaries. The rules for exempt California organizations, except churches, are the same as the rules for the federal government. Churches were made subject to the tax on unrelated business income in 1970. All provisions of the tax on unrelated business income are applicable to churches and other organizations for income years beginning on or after January 1, 1972. The return is normally due on or

before the 15th day of the third month (within 2½ months) following the close or the organization's income year. Form 109 may be obtained from any Franchise Tax Board office. See Form 109 for detailed instructions.

K. Form 100—HOMEOWNERS ASSOCIATIONS—A homeowners association exempt under Section 23701t must file the taxable corporation return Form 100 if it received "Homeowners Association taxable income" in excess of \$100.00.

"Homeowners Association taxable income" means all income received during the taxable year other than amounts received from membership fees, dues or assessments.

L. FORMS 596 AND 599—Every organization engaged in a trade or business (which includes for this purpose all exempt functions) shall file information returns on Forms 596 and 599 to report payments of compensation (not subject to income tax withholding), dividends, interest, rents, royalties, annuities, pensions, etc. See Form 596 for additional instructions and filing requirements.

The reporting of salaries, wages or other compensation for personal services subject to income tax withholding is made on the State copies (part 2) of Federal Form W-2 and State Form DE 43, Reconciliation of Income Tax Withheld and Transmittal of Forms W-2. These are to be filed with the Department of Benefit Payments, P.O. Box 105, Sacramento, CA 95801.

#### M. DEFINITIONS:

Gross Receipts for Purposes of this Return—Gross receipts means the gross amount received by the organization during its annual accounting period from all sources without reduction for any costs or expenses; including for example—cost of goods or assets sold, cost of operations, or expenses of earning, raising or collecting such amounts. Thus, gross receipts include but are not limited to (1) the gross amount received as contributions, gifts, grants and similar amounts without reduction for the expenses of raising and collecting such amounts; (2) the gross amount received as dues or assessments from members or affiliated organizations without reduction for expenses attributable to the receipt of such amounts; (3) gross sales or receipts from business activities, including business activities unrelated to the purpose for which the organization received an exemption, the net income or loss of which may be required to be reported on Form 109; (4) the gross amount received from the sale of assets without reduction for the cost or other basis of the property and expense of sale; and (5) the gross amount received as investment income such as interest, dividends, rents and royalties.

**Normally not More Than \$5,000**—For the purpose of organizations described in paragraph A-3, or paragraphs D-1, 2, 3 or 4 above, gross receipts of an organization are normally not more than \$5,000 if:

- in the case of an organization which has been in existence for one year or less, the organization has received, or donors have pledged to give, gross receipts of \$7,500 or less during the first year of the organization.
- (2) in the case of an organization which has been in existence for more than one, but less than three years, the average gross receipts received by the organization in each of its first two years are \$6,000 or less, and
- (3) in the case of an organization which has been in existence for three years or more, the average gross receipts received by the organization in each of its immediately preceding three years, including the year for which the return is filed, are \$5,000 or less.

#### FORM 199-PART I

Line 6. Gross contributions, gifts, grants, and similar amounts received.—Private foundations, regardless of amount of gross receipts, and other organizations with gross receipts of more than \$10,000 must attach an itemized schedule where money, securities, or other property aggregating \$5,000 or more is received directly or indirectly from one person in one or more transactions during the year, showing the name, address, date received, and the total amount received from each such person.

An organization described in Section 501(c)(3) of the Internal Revenue Code which meets the 33½ percent support test under the Federal regulations under Section 170(b)(1)(A)(vi) of the Internal Revenue Code, without regard to whether such organization qualifies as an organization described in Section 170(b)(1)(A) of the Internal Revenue Code, need only furnish the above information for a person contributing \$5,000 if the contribution also exceeds 2 percent of total contributions and bequests received during the year.

Organizations, in determining whether a person has contributed \$5,000 or more, need only aggregate gifts of \$1,000 or more from such person. Separate and independent gifts need not be aggregated if less than \$1,000. Also, if a contribution is in the form of property (other than securities), the organization need only furnish a description of such property. If the property consists of securities for which market quotations are readily available, the description and fair market value of the securities must be submitted.

The term "person" includes individuals, fiduciaries, partnerships, corporations, associations, trusts and exempt organizations.

An organization, other than a private foundation, need only report the name and address of the contributor where it has actual knowledge of the contributor. For instance, an organization need not require an employer which withholds contributions from the compensation of employees and pays over to the organization periodically the total amounts withheld, to specify the amounts paid over with respect to a particular employee. In such case, unless the organization has actual knowledge that a particular employee gave more than \$5,000 (and in excess of the 2 percent requirement mentioned above), the organization need report only the name and address of the employee and the total amount paid over by him.

Organizations described in Sections 23701b, 23701g, and 23701l that receive contributions or gifts to be used exclusively for the purposes described in Section 17214, must attach a statement with respect to all gifts which aggregate \$1,000 from any one person showing (a) the name of the donor, (b) the amount of such contribution, (c) the specific purpose for which such contribution was given, and (d) the specific use to which such contribution was put. If the contribution or gift is transferred to another organization, the statement must include (a) the name of the transferee organization, (b) a description of the nature of such organization, and (c) a description of the relationship between the transferee and transferor organizations. Such organizations must also attach a statement showing the total dollar amount of contributions and gifts received.

Line 8. Total gross receipts.—See General Instruction "M" for definition of gross receipts.

#### FORM 199-PART II

Election to complete first page of Form 199 only—Organizations (other than private foundations) with gross receipts of \$10,000 or less only need to complete Part I. Organizations (other than private foundations) whose gross receipts are more

than \$10,000 must complete Part II of Form 199, or attach a completed copy of Registry of Charitable Trusts Report, Form CT-2 (current revision), or a completed copy of Federal Form 990 including Schedule A, if appropriate, or Labor Department Form LM-3. Private foundations must furnish information for Part II plus additional information. Reporting requirements for Private Foundations can best be satisfied by following the instructions set out in the paragraph entitled "Private Foundations" on page 1.

Line 6. Sale of assets.—Attach a schedule showing with respect to each asset (whether or not depreciable) sold or exchanged: (a) date acquired, manner of acquisition, date sold, and to whom sold; (b) gross sales price; (c) cost, other basis, or value at time of acquisition if donated (state which); (d) expense of sale and cost of improvements subsequent to acquisition; and (e), if depreciable property, depreciation since acquisition.

The gross sale price should be entered on Line 6 of Part II and the cost or other basis, expenses, etc. (less depreciation if applicable), should be totaled and entered on Line 3 of Part I.

Line 9. Contributions, gifts, grants, etc., paid.—
Private foundations, regardless of gross receipts, and other organizations with gross receipts of more than \$10,000, attach a schedule to support contributions, gifts, grants, scholarships, etc., showing: (a) each class of activity; (b) separate total for each activity; (c) name and address of donee and amount of distribution to donee; and (d) relationship of donee, if related by blood, marriage, adoption, or employment (including children of employees) to any person or corporation having an interest in the organization such as creator, donor, director, trustee, officer, etc. Activities should be classified according to purpose in greater detail than merely charitable, educational, religious, or scientific. For example, payments for nursing service, or laboratory construction, for fellowships, or for assistance to indigent families should be so identified.

In the case of a contribution, etc., to a trust, association or corporation, private foundations shall also indicate the organizational status of each donee; such as private foundation, operating private foundation or other public charity, etc.

Where the fair market value of the property at the time of disbursement is the measure of a contribution, the schedule must also show: (a) description of the contributed property; (b) book value of the contributed property; (c) the method used to determine the book value; and (d) the date of the gift. In such case the difference between fair market value and book value should be reflected in the books of account.

- Line 11. Compensation of officers, directors and trustees.—All organizations must attach a schedule of officers, directors, trustees, or individuals having similar responsibilities, showing, for each, their name, address, social security number, position, compensation, and time devoted to position.
- Line 16. Depreciation and Depletion.—For depreciation, attach a schedule (or use Federal Form 4562, Depreciation) showing: (a) description of property; (b) date acquired; (c) cost or other basis (exclude land); (d) depreciation allowed or allowable in prior years; (e) method of computation; (f) rate (%) or life (years); and (g) depreciation this year (total additional first-year depreciation claimed must be shown on a separate line of the depreciation schedule).

Attach Federal Form T if a deduction is claimed for depletion of timber.

**Balance Sheets.**—The balance sheets should agree with the books of account or any differences should be reconciled.

| LOCATIO   | ON OF FRANCHISE TAX BOARD O    | FFICES         | ,              |
|---|--------------------------------|----------------|----------------|
| ·   |                                |                | Toll Free      |
| •   | Address                        | •              | Telephone      |
|   | 1300 Seventeenth Street        |                | (800) 852-5711 |
| El Monte  | 9660 Flair Drive               | 91731          | (800) 852-5711 |
|   | 2550 Mariposa Street           |                | (800) 852-7050 |
| Long Beach  | 3530 Atlantic Avenue           | 90807          | (800) 852-5711 |
| Los Angeles   | 3200 Wilshire Boulevard        | 90010          | (800) 852-5711 |
| Oakland   | 1916 Broadway                  | 94612          | (800) 852-7050 |
| Sacramento  | 1912 I Street                  | 95814 <u>.</u> | (916) 355-0370 |
| Outside Sacramento Metropolitan, see white pages of your local telephone directory. |                                |                |                |
| San Bernardino  | 330 North D Street             | 92401          | (800) 852-5711 |
| San Diego   | 1350 Front Street              | 92101          | (800) 852-5711 |
|   | 345 Larkin Street              |                | (800) 852-7050 |
| San Jose  | 1570 The Alameda               | 95126          | (800) 852-7050 |
| Santa Ana   | 28 Civic Center Plaza          | 92701          | (800) 852-5711 |
| Santa Barbara   | 41 Hitchcock Way               | 93105          | (800) 852-5711 |
|   | 447 College Avenue             |                | (800) 852-7050 |
| Stockton  | 31 East Channel Street         | 95202          | (800) 852-7050 |
| •   | 8155 Van Nuys Boulevard        | 91402          | (800) 852-5711 |
| OUT OF STATE OFFICES:   | ,                              |                |                |
| Chicago, IL   | 150 North Wacker Drive         | 60606          | (312) 332-4025 |
| New York, NY  | 1271 Avenue of the Americas    | 10020          | (212) 581-0100 |
|   | TAX FORMS REQUEST              |                |                |
|   | lifornia`call                  |                |                |
| From all other areas within the State of  | of California call (Toll Free) | ,              | (800) 852-7700 |

R. 1-640

| INSTRUMENT<br>CERTIFICATE     | ACCOUNT NO. <b>004563-000</b> | BALANCE ON DEPOSIT . \$378.68 | interest rate 5.0000     | INTEREST PAID — YEAR TO DATE \$9.22 |
|-------------------------------|-------------------------------|-------------------------------|--------------------------|-------------------------------------|
| NEXT INTEREST PAYMENT 9-30-78 | DATE OF DEPOSIT 3-31-69       | INTEREST DUE TO MATURITY      | MATURITY DATE<br>1-03-84 | TAXPAYER'S I.D. NO. 562-56-8 953    |

RONALD W GRIMM SUSAN L GRIMM 15 HARTE AVE SAN RAFAEL CA 94901 6-23-78

#### CUSTOMER NOTICE/TIME DEPOSIT ACCOUNT

ON 6-30-78, INTEREST IN THE AMOUNT OF WAS REINVESTED IN THIS ACCOUNT.

\$4.66

THANK YOU FOR LETTING US SERVE YOU.

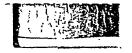
### SINCE 1852 WELLS FARGO BANK

530 SAN RAFAEL OFFICE THIRD & A STREETS SAN RAFAEL CA 94901

PAYOR'S I. D. NO. 94-0262125

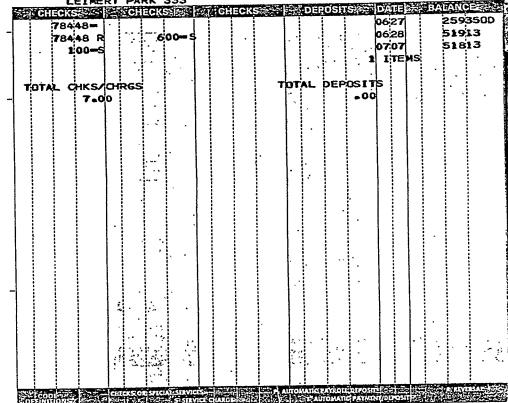
DT 707A (11/76)

OLD



FOLE

|                |  |                  |                   | _ <b>:</b> . | A · [           | C-Y- <b>R</b><br>Itional Bank |
|----------------|--|------------------|-------------------|--------------|-----------------|-------------------------------|
| Checking       |  |                  |                   |              |                 |                               |
| ACCOUNT NUMBER | 1  | DEPOSITS CHECKS  | SERVICE/OHECK CHG | BEGINNING E  | BALANCE<br>2513 | ENDING BALANCE<br>51813       |
| 333 141580     | 07=07=78                                 |                  | 1.00              |              |                 | 201012                        |
| 1731           | AN I ANDERS<br>W 53RD STR<br>ANGELES CAL | EET              | 333               |              |                 | 0001                          |
|                |  |                  |                   |              |                 | H                             |
| 1 = 1 W        | ERT PARK 33                              |                  |                   |              | •               |                               |
|                | CHECKS                                   |                  | (See Page         | DEPOSITS     | DATE            | BAPANCER                      |
| 78448-         |  | _                |                   |              | 0627<br>0628    | 2593500<br>51913              |
| 78448          |  | <b>~</b> }     ` |                   |              | 07.07           | 51813                         |
|                |  |                  |                   | . ,          | 1 ITEM          | s                             |



ADVICE OF CHARGES FOR SPECIAL SERVICES-CHECKING ACCOUNT STATEMENT COPY

| CROCKER NAT | 10NAL | BANK |
|-------------|-------|------|
|-------------|-------|------|

LEIMERT PARK 333

| We are charging your account the amount shown below", for the reason indicated. Please adjust<br>ITEMS RETURNED UNPAID RECAUSE OF INSUFFICIENT FUNDS | NO OF   | AMOUNT CHARGED |
|--|---------|----------------|
| 784-48   | 1       | 6-0            |
| 105 PAD AGAINST INSUFFICIENT FUNDS  CA-27-74  259-35 EDWOR RETURNED OR OVERDANT FAID   | • TOTAL | 6.93           |

VIVIAN I ANDERSON 1731 W 53RD STREET LOS ANGELES CAL 90062 333

| TROH2     | 141520  |
|-----------|---------|
| DEPOSIT   | 2-18-78 |
| AMOUNT OF | 21600   |

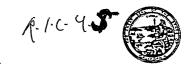
6=28=78

Please deposit money to cover your overdraft and service charges. If you have questions, contact the Operations Officer at this branch.





STATE OF CALIFORNIA
FRANCHISE TAX BOARD
SACRAMENTO CA 95857



# REQUEST FOR PAST DUE RETURN

Date: 07/21/78

SAN FRANCISCO ACTION EQUALITY, INC.

Corporate No.:7627450 SF 5AE

P D BOX 15023 SN FRANCISCO CA 94115

į

Income Year Ended:

12/31/77

Due Date of Return:

05/15/78

We have not received your information Return or Statement for the income year ended 12/31/77. As required by law, we are making a formal legal demand that the return or statement be filed.

Every organization exempt from tax, even though inactive or operating at a loss, is required to file a return or statement for each income period and pay the applicable fee until dissolved or withdrawn. (See reverse side for filing requirement and payment required.)

You should resolve this matter now by filing the return or statement, properly signed and dated, together with the payment of the applicable fee and penalty.

Please contact us if you have any questions regarding this request.

| PLE#                                   | ASE TYPE OR PRIN | <b>1</b> T    | DO NOT USE THIS SPACE |
|--|------------------|---------------|-----------------------|
| ,                                      |                  |               | Change year           |
| Address, if different from that shown: |                  |               |                       |
| Number and street                      |                  |               |                       |
| City, state, zip code                  |                  |               |                       |
|  |                  |               |                       |
| Signature                              | •                | Telephone Num | ber                   |
| Date                                   | -                |               |                       |

EXEMPT SECTION
TELEPHONE (916)

355-0392

SEE REVERSE SIDE FOR DETAILS.

FTB 5833-M (10-77)