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**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

EVERYBODY SOLAR INC

Employer identification number

45-1591893

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	237.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PROGRAM EXPENSE - ELECTRICAL SYSTEM UPGRADE	1,200.
PROGRAM EXPENSE - SOLAR INSTALLATION COSTS	16,200.
PROGRAM EXPENSE - SOLAR MATERIALS	49,417.
PROGRAM EXPENSE - PERMITTING COSTS AND OTHER PROGRAM EXPS	619.
BANK FEES	373.
COMPLIANCE AND FILINGS	20.
FUNDRAISING COSTS	344.
CONFERENCES AND MEETINGS	145.
INSURANCE	1,410.
MEALS & ENTERTAINMENT	74.
SUBSCRIPTIONS	119.
TRAVEL	26.
WEBSITE HOSTING	240.
TOTAL TO FORM 990-EZ, LINE 16	70,187.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
IN-KIND DONATED MATERIALS - SOLAR RACKING	4,328.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

532211  
09-02-15

**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.

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OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization <b>EVERYBODY SOLAR INC</b>	Employer identification number <b>45-1591893</b>
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	375.	0.
LOANS PAYABLE	4,399.	4,399.
TOTAL TO FORM 990-EZ, LINE 26	4,774.	4,399.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYBODY SOLAR, INC. WAS FORMED TO EDUCATE AND FINANCIALLY ASSIST QUALIFYING SECTION 510(C)(3) NON-PROFIT ORGANIZATIONS (CHARITABLE ORGANIZATIONS) ON THE BENEFITS, UTILIZATION AND INSTALLATION OF RENEWABLE ENERGY SYSTEMS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
 COMPLETED INSTALLATION OF 27.4 KILOWATT (KW) SOLAR ENERGY PROJECT FOR THE 501(C)3 ORGANIZATION, WILDLIFE ASSOCIATES IN HALF MOON BAY, CA. THE SYSTEM WAS DESIGNED TO PROVIDE WILDLIFE ASSOCIATES WITH A 90% ENERGY SAVINGS, AND GENERATE AN ESTIMATED 871,000 KILOWATT HOURS OVER THE NEXT 25 YEARS. THE PROJECT IS ANTICIPATED TO REACH AN ADDITIONAL 5,000 STUDENTS PER YEAR WITH STEM BASED WILDLIFE EDUCATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
 THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
 THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>EVERYBODY SOLAR INC</b>	Employer identification number (EIN) or <b>45-1591893</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3129 BRANCIFORTE DR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA CRUZ, CA 95065</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**YOUNESS SCALLY**

- The books are in the care of ▶ **195 DEEPWELL - CANYON LAKE, TX 78133**  
Telephone No. ▶ **805-231-4816** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2015** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name: **EVERYBODY SOLAR INC**  
 Additional information. See instructions.

California corporation number: **3361093**

FEIN: **45-1591893**

Street address (suite or room): **3129 BRANCIFORTE DR**  
 City: **SANTA CRUZ** State: **CA** ZIP code: **95065**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990-PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is a federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	237.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	79,787.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B <b>STMT 2</b>	4	80,024.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	80,024.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	71,436.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	8,588.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Title: **EXECUTIVE DIRE** Date: \_\_\_\_\_ Telephone: **805-231-4816**

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  PTIN: **P01063068**  
 Firm's name (or yours, if self-employed) and address: **SAFE HARBOR LLP**  
**5812 GEARY BLVD**  
**SAN FRANCISCO, CA 94121** Telephone: **415-742-4249**

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

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

529951 11-25-15

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	237.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	237.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	0.00	
	12	Other salaries and wages	•	12	00	
	13	Interest	•	13	00	
	14	Taxes	•	14	00	
	15	Rents	•	15	00	
	16	Depreciation and depletion (See instructions)	•	16	00	
	<b>Expenses and Disbursements</b>	17	Other Expenses and Disbursements	•	17	71,436.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	71,436.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		37,492.	•	50,033.
2 Net accounts receivable			•	
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets				
b Less accumulated depreciation	( )	( )		
11 Land			•	
12 Other assets	STMT 5	4,328.	•	
13 <b>Total assets</b>		41,820.		50,033.
<b>Liabilities and net worth</b>				
14 Accounts payable			•	
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities	STMT 6	4,774.		4,399.
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		37,046.	•	45,634.
22 <b>Total liabilities and net worth</b>		41,820.		50,033.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	8,588.	7 Income recorded on books this year not included in this return
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year
4 Income not recorded on books this year	•		•
5 Expenses recorded on books this year not deducted in this return	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5		8,588.	10 Net income per return.
			Subtract line 9 from line 6
			8,588.



FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
ALL POINTS NORTH FOUNDATION	87 SUMMIT AVENUE BROOKLINE, MA 02446	03/23/15	30,000.
TOTAL INCLUDED ON LINE 3			<u>30,000.</u>

DRAFT

FORM 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JINKO SOLAR HOLDINGS COMPANY LTD.	95 MARKET STREET, SUITE 2200 SAN FRANCISCO, CA 94105		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
90 JINKOSOLAR JKM-305-72 POLY CRYSTALLINE MODULES (SOLAR PANELS)	04/29/15	25,178.	25,178.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ENPHASE ENERGY	1420 N MCDOWELL BLVD PETALUMA, CA 94954		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
90 ENPHASE M250 MICRO-INVERTERS	04/29/15	13,820.	13,820.
TOTAL INCLUDED ON LINE 3			38,998.

DRAFT

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**FORM 199**                      **COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES**                      **STATEMENT**      **3**


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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
YOUNESS SCALLY 195 DEEPWELL CANYON LAKE, TX 78133	EXECUTIVE DIRECTOR 10.00	0.
MYRIAM SCALLY 3129 BRANCIFORTE DRIVE SANTA CRUZ, CA 95065	DEVELOPMENT DIRECTOR 5.00	0.
ROBERT TEMPCHIN 188 NEPTUNE AVENUE ENCINITAS, CA 92024	PRESIDENT - BOARD OF DIREC 2.00	0.
BEHZAD KHORSAND 3683 RUETTE DE VILLE SAN DIEGO, CA 92130	TREASURER - BOARD OF DIREC 2.00	0.
ELIZABETH OH 480 MISSION BAY BLVD N#314 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
CARTER LAVIN 1605 5TH AVENUE OAKLAND, CA 94606	BOARD MEMBER 2.00	0.
ROSANA FRANCESCATO 327 19TH STREET OAKLAND, CA 94612	BOARD MEMBER 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

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**FORM 199**    **OTHER EXPENSES**    **STATEMENT**      **4**


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<u>DESCRIPTION</u>	<u>AMOUNT</u>
PROGRAM EXPENSE - ELECTRICAL SYSTEM UPGRADE	1,200.
PROGRAM EXPENSE - SOLAR INSTALLATION COSTS	16,200.
PROGRAM EXPENSE - SOLAR MATERIALS	49,417.
PROGRAM EXPENSE - PERMITTING COSTS AND OTHER PROGRAM EXPS	619.
BANK FEES	373.
COMPLIANCE AND FILINGS	20.
FUNDRAISING COSTS	344.
CONFERENCES AND MEETINGS	145.
INSURANCE	1,410.

MEALS & ENTERTAINMENT	74.
SUBSCRIPTIONS	119.
TRAVEL	26.
WEBSITE HOSTING	240.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS	130.
PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING	1,119.
<b>TOTAL TO FORM 199, PART II, LINE 17</b>	<b>71,436.</b>

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FORM 199	OTHER ASSETS	STATEMENT	5
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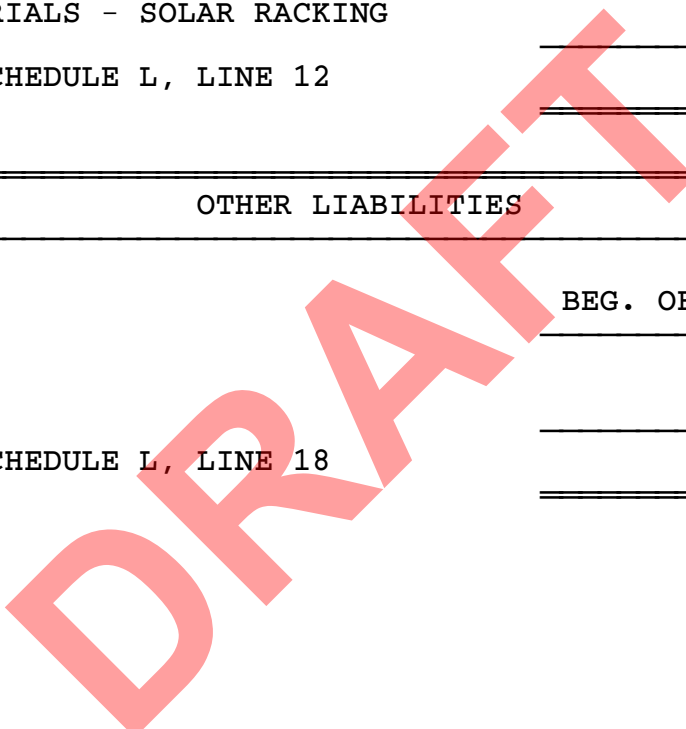
DESCRIPTION	BEG. OF YEAR	END OF YEAR
IN-KIND DONATED MATERIALS - SOLAR RACKING	4,328.	0.
<b>TOTAL TO FORM 199, SCHEDULE L, LINE 12</b>	<b>4,328.</b>	<b>0.</b>

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FORM 199	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	375.	0.
LOANS PAYABLE	4,399.	4,399.
<b>TOTAL TO FORM 199, SCHEDULE L, LINE 18</b>	<b>4,774.</b>	<b>4,399.</b>



**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Fiscal year - See instructions.**  
**Calendar year corporations - File and Pay by March 15, 2016.**  
**Calendar year exempt organizations - File and Pay by May 16, 2016**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

539035  
12-09-15

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2015** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

0000000      EVER    45-1591893      3361093      15      FORM    3  
TYB 01-01-2015    TYE    12-31-2015  
EVERYBODY SOLAR INC

3129 BRANCIFORTE DR  
SANTA CRUZ      CA    95065

(805) 231-4816

Amount of Payment      10.

TAXABLE YEAR  
**2015**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>EVERYBODY SOLAR INC</b>	<b>45-1591893</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>80,024.00</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>80,024.00</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>71,436.00</b>

**Part II Settle Your Account Electronically for Taxable Year 2015**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

<b>Sign Here</b>	Signature of officer	Date	EXECUTIVE DIRECTOR	Title
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address				FEIN ZIP code
	<b>SAFE HARBOR LLP</b> <b>5812 GEARY BLVD</b> <b>SAN FRANCISCO, CA</b>				<b>P01063068</b> <b>27-1803215</b> <b>94121</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			FEIN ZIP code
	<b>SAFE HARBOR LLP</b> <b>5812 GEARY BLVD</b> <b>SAN FRANCISCO, CA</b>			<b>P01063068</b> <b>27-1803215</b> <b>94121</b>