

2007 California Exempt Organization Annual Information Return

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For calendar year 2007 or fiscal year beginning month 01 day 01 year 2007, and ending month 12 day 31 year 2007.

IMPORTANT: Your number is required. California corporation number 2939645 Federal employer identification number (FEIN) 61-517022 Corporation/Organization name SOUTHWEST CHULA VISTA CIVIC ASSOCIATION 3730 FESTIVAL CT. CHULA VISTA CA 91911

A Final return? Check applicable box. [ ] Yes [X] No B Check forms filed this year: State: [ ] 109 [ ] 100 [ ] 100S [ ] 100W Federal: [ ] 990 [X] 990EZ [ ] 990T [ ] 990PF [ ] 1041 [ ] 1120H [ ] 1120 C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. [ ] D Is this a group filing? See General Instruction N [ ] Yes [X] No E Accounting method used CASH F Type of organization [X] Exempt under Section 23701 F (insert letter) [ ] IRC Section 4947(a)(1) trust

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

Table with 3 columns: Description, Amount, and Balance. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-14). Total balance due is 10.00.

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? [X] Yes [ ] No
16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? [X] Yes [ ] No
17 Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? [ ] Yes [X] No

19 The financial records are in care of MARICA MORRIS Daytime telephone (619) 585-3797 located at 461 EMERSON, CHULA VISTA, CA 91911

Please Sign Here: Signature of officer 4/15/08, Title PRESIDENT, Daytime telephone (619) 425-5771. Paid Preparer's Use Only: Firm's name and address, Daytime telephone.

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions . . . . .	<b>1</b>	0	00
	<b>2</b> Interest . . . . .	<b>2</b>	0	00
	<b>3</b> Dividends . . . . .	<b>3</b>	0	00
	<b>4</b> Gross rents . . . . .	<b>4</b>	0	00
	<b>5</b> Gross royalties . . . . .	<b>5</b>	0	00
	<b>6</b> Gross amount received from sale of assets . . . . .	<b>6</b>	0	00
	<b>7</b> Other income. Attach schedule <u>yard sale, donated materials, volunteers</u> . . . . .	<b>7</b>	1105	00
	<b>8 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. . . . .	<b>8</b>	0	00
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	<b>9</b>	0	00
	<b>10</b> Disbursements to or for members . . . . .	<b>10</b>	0	00
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule . . . . .	<b>11</b>	0	00
	<b>12</b> Other salaries and wages . . . . .	<b>12</b>	0	00
	<b>13</b> Interest . . . . .	<b>13</b>	0	00
	<b>14</b> Taxes . . . . .	<b>14</b>	0	00
	<b>15</b> Rents . . . . .	<b>15</b>	0	00
	<b>16</b> Depreciation and depletion . . . . .	<b>16</b>	0	00
	<b>17</b> Other. Attach schedule <u>990-ez attached</u> . . . . .	<b>17</b>	9,718	00
	<b>18 Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. . . . .	<b>18</b>	9,718	00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
<b>1</b> Cash . . . . .		0		2,006
<b>2</b> Net accounts receivable . . . . .		0		0
<b>3</b> Net notes receivable. Attach schedule . . . . .		0		0
<b>4</b> Inventories . . . . .		0		0
<b>5</b> Federal and state government obligations . . . . .		0		0
<b>6</b> Investments in other bonds. Attach schedule . . . . .		0		0
<b>7</b> Investments in stock. Attach schedule . . . . .		0		0
<b>8</b> Mortgage loans (number of loans _____) . . . . .		0		0
<b>9</b> Other investments. Attach schedule . . . . .		0		0
<b>10 a</b> Depreciable assets . . . . .	0		0	
<b>b</b> Less accumulated depreciation . . . . .	( 0 )	0	( 0 )	0
<b>11</b> Land . . . . .		0		0
<b>12</b> Other assets. Attach schedule . . . . .		0		0
<b>13 Total assets</b> . . . . .		0		2,006
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable . . . . .		0		0
<b>15</b> Contributions, gifts, or grants payable . . . . .		0		0
<b>16</b> Bonds and notes payable. Attach schedule . . . . .		0		0
<b>17</b> Mortgages payable . . . . .		0		0
<b>18</b> Other liabilities. Attach schedule . . . . .		0		0
<b>19</b> Capital stock or principle fund . . . . .		0		0
<b>20</b> Paid-in or capital surplus. Attach reconciliation . . . . .		0		0
<b>21</b> Retained earnings or income fund . . . . .		0		0
<b>22 Total liabilities and net worth</b> . . . . .		0		0

**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 \$25,000

<b>1</b> Net income per books . . . . .		<b>7</b> Income recorded on books this year not included in this return. Attach schedule . . . . .	
<b>2</b> Federal income tax . . . . .		<b>8</b> Deductions in this return not charged against book income this year. Attach schedule . . . . .	
<b>3</b> Excess of capital losses over capital gains . . . . .		<b>9</b> Total. Add line 7 and line 8 . . . . .	
<b>4</b> Income not recorded on books this year. Attach schedule . . . . .		<b>10</b> Net income per return. Subtract line 9 from line 6 . . . . .	
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .			
<b>6</b> Total. Add line 1 through line 5 . . . . .			