

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**WESTERN PENSION & BENEFITS CONFERENCE
ORANGE COUNTY CHAPTER**

Number and street (or P.O. box, if mail is not delivered to street address)

24881 ALICIA PARKWAY #E343

City or town, state or country, and ZIP + 4

LAGUNA HILLS, CA 92653-4617**D** Employer identification number**33-0706599****E** Telephone number**(949) 472-4148****F** Group Exemption

Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ **WWW.WESTERNPENSION.ORG****J** Organization type (check only one) — ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **39,469.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	31,924.
	3	Membership dues and assessments	3	6,725.
	4	Investment income	4	820.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	39,469.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	785.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶)	16	40,019.
	17	Total expenses. Add lines 10 through 16	17	40,804.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,335.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	45,088.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	43,753.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	42,340.	41,790.
23 Land and buildings		
24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS)	2,748.	1,963.
25 Total assets	45,088.	43,753.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,088.	43,753.

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12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

Form 990-EZ (2008)

ORANGE COUNTY CHAPTER

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Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 4

(Grants \$ _____) If this amount includes foreign grants, check here ☐

28a	40,019.
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29

(Grants \$ _____) If this amount includes foreign grants, check here _____ ▶

29a	
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30 _____

(Grants \$ _____) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32	40,019.
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

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Form **990-EZ** (2008)

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2008.04000	WESTERN PENSION & BENEFITS	0640	1
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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. <u>CA</u>		
42a The books are in care of <u>GARY CROUCH</u> Telephone no. <u>(949) 261-1120</u>		
Located at <u>18831 BARDEEN AVENUE, SUITE #200, IRVINE, CA</u> ZIP + 4 <u>92612-1520</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47 48 49a 49b
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date

Signature of officer GARY CROUCH, TREASURER

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature Date

Check if self-employed ☐

Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 EIN ▶

18831 BARDEEN AVENUE, STE. 200 Phone ▶

IRVINE, CA 92612-1520 no. (949) 261-1120

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form 990-EZ (2008)

FORM 990-EZ PAGE 1

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FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
PROGRAM SERVICES	30,057.
MANAGEMENT	9,962.
TOTAL TO FORM 990-EZ, LINE 16	40,019.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	2
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DESCRIPTION	AMOUNT
DEPRECIATION	785.
TOTAL TO FORM 990-EZ, LINE 14	785.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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STATEMENT 4

MONTHLY PROGRAM MEETINGS - THE ORGANIZATION PROVIDES AN OPPORTUNITY FOR MEMBERS TO EXCHANGE INFORMATION AND GAIN EDUCATION FROM SEPAKERS AND PROGRAMS PRESENTED IN A MONTHLY MEETING FORMAT. MEETINGS AVERAGE 45 IN ATTENDANCE.

990-EZ PG 2

STATEMENT 5

MONTHLY PROGRAM MEETINGS - THE ORGANIZATION PROVIDES AN OPPORTUNITY FOR MEMBERS TO EXCHANGE INFORMATION AND GAIN EDUCATION FROM SPEAKERS AND PROGRAMS PRESENTED IN A MONTHLY MEETING FORMAT. MEETINGS AVERAGE 45 IN ATTENDANCE.

2008

California Exempt Organization Annual Information Return

199

Calendar Year 2008 or fiscal year beginning month JULY day 1 year 2008, and ending month JUNE day 30 year 2009.A First Return Filed? ☐ Yes
☒ NoB Type of organization Exempt under Section 23701 e (insert letter)
IRC Section 4947(a)(1) trust ☐

CORP #

1959118

Corporation/Organization Name

FEIN

WESTERN PENSION & BENEFITS CONFERENCE
ORANGE COUNTY CHAPTER

33-0706599

Address

24881 ALICIA PARKWAY #E343

City

State

ZIP Code

LAGUNA HILLS

CA

92653-4617

C Amended Return? ☐ Yes ☒ NoD Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No(a) Is this a group filing for affiliates? See General Instruction L ☐ Yes ☐ No(b) If "Yes," enter the number of affiliates ☐ Yes ☐ No(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No(e) Federal Group Exemption Number ☐ Yes ☐ No(f) Is a roster of subordinates attached? ☐ Yes ☐ No

E Final return?

☐ Dissolved ☐ Surrendered (Withdrawn)☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date

F Check the box if the organization filed: (1) ☐ 990T (2) ☐ 990PF (3) ☐ 990HG If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. ☐H Accounting method used (1) ☒ Cash (2) ☐ Accrual (3) ☐ OtherI 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)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☐ NoJ 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? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ NoK Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter amount of gross receipts from nonmember sources \$

L Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ NoM Is the organization a Limited Liability Corporation? ☐ Yes ☒ NoN Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No**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	32,744.00
	2	Gross dues and assessments from members and affiliates	• 2	6,725.00
	3	Gross contributions, gifts, grants, and similar amounts received	• 3	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 \$25,000, see General Instruction C	• 4	39,469.00
Expenses	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	39,469.00
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	• 9	40,804.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• 10	-1,335.00
	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
Sign Here	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	• 14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	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 TREASURER	Date	• Telephone
	Preparer's signature			• Preparer's SSN/PTIN P00969203
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	• FEIN 33-0158349		
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• Telephone (949) 261-1120		

WESTERN PENSION & BENEFITS CONFERENCE
ORANGE COUNTY CHAPTER

33-0706599

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.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	• 1	00
	2	Interest	• 2	624. 00
	3	Dividends	• 3	196. 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 SEE STATEMENT 1	• 7	31,924. 00
Expenses and Disburse- ments	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	32,744. 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 SEE STATEMENT 2	• 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	785. 00
	17	Other SEE STATEMENT 3	• 17	40,019. 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	40,804. 00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		42,340.		• 41,790.
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 (number of loans)				•
9 Other investments				•
10 aD epreciable assets	3,926.		3,926.	
b Less accumulated depreciation	(1,178.)	2,748.	(1,963.)	1,963.
11 Land				•
12 Other assets				•
13 Total assets		45,088.		43,753.
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				•
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation ...				•
21 Retained earnings or income fund		45,088.		• 43,753.
22 Total liabilities and net worth		45,088.		43,753.

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

1 Net income per books	• -1,335.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-1,335.
6 Total.			
Add line 1 through line 5	-1,335.		

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
PROGRAM SERVICE REVENUE		31,924.	
TOTAL TO FORM 199, PART II, LINE 7		31,924.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MARGARET MARTINAZZI 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	MEMBERSHIP CHR 0.00	0.
KATHLEEN BASS 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	PROGRAMS CO CHAIR 0.00	0.
HARLEY BJELLAND 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	MEMBERSHIP CHR 0.00	0.
MARK D. MURPHY 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	DIR AT LARGE 0.00	0.
GARY CROUCH 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	TREASURER 0.00	0.
STUART HACK 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	PRESIDENT 0.00	0.
DOUG JONES 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	DIR AT LARGE 0.00	0.
JULIETTE MEUNIER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	DIR AT LARGE 0.00	0.

RICK BLAIN 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	DIR AT LARGE 0.00	0.
ALISON FAY 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	PAST PRESIDENT 0.00	0.
DYLAN PORTER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	DIR AT LARGE 0.00	0.
DOUG VAN GALDER 24881 ALICIA PARKWAY #E343 LAGUNA HILLS, CA 92653	CORPORATE SPONSOR CHAIR 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
PROGRAM SERVICES		30,057.	
MANAGEMENT		9,962.	
TOTAL TO FORM 199, PART II, LINE 17		40,019.	

2008

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0706599

Corporation name

WESTERN PENSION & BENEFITS CONFERENCE
ORANGE COUNTY CHAPTER

California corporation number

1959118

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 23 DELL COMPUTER	02/28/07	1,327.	398.	SL	5.00	265.	
24 PROJECTOR	02/28/07	2,599.	780.	SL	5.00	520.	
TOTALS		3,926.	1,178.				
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	785.				

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	785.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	785.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22				