** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the 20	DO4 calendar year, or tax year beginning A	PR 1, 2004	and en	ding MAR 31	, 2005	
Вс	heck if oplicable:	Please Use IRS	-			D Employer i	dentification number
	Address change		94-08	843915			
	Name change	type. Number and street (or P.O. box if mail is no	ot delivered to street address)		Room/suite	E Telephone	number
	Initial return	Specific 114 SANSOME STREET			1200) 362-2352
	Final return	Instruc- tions. City or town, state or country, and ZIP + 4	F Accounting met				
	Amende return	d SAN FRANCISCO, CA 9	4104			Other (specify)	
	Applicati pending	- occion oci(e)(o) organizations and 1947 (a)(1) nonexempt charitable trus	ts	H and I are not appl		tion 527 organizations.
		must attach a completed Schedule A (Form 9)	90 or 990-EZ).				tes? Yes X No
G W	/ebsite:	▶WWW.SAVETHEREDWOODS.ORG			H(b) If "Yes," enter nu	mber of affilia	tes 📂
J 0	rganizat	tion type (check only one) \triangleright $\boxed{\mathbb{X}}$ 501(c) ($\boxed{0}$ 3) \blacktriangleleft (inser	t no.) 4947(a)(1) or	527	H(c) Are all affiliates	ncluded?]	N/A Yes No
КC	heck her	re 🕨 🔙 if the organization's gross receipts are norn	nally not more than \$25,000.	Γhe	(If "No," attach a H(d) is this a separat	list.) e return filed h	v an or-
		ion need not file a return with the IRS; but if the organiza			ganization cover	ed by a group	ruling? Yes X No
ir	the mai	il, it should file a return without financial data. Some sta	tes require a complete returr	١.	I Group Exemption	n Number ⊳	
					M Check ➤ 🔙	if the organiza	tion is not required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12	82,034,88	7.	Sch. B (Form 99	0, 990-EZ, or	990-PF).
Pa	rt I	Revenue, Expenses, and Changes in		Bala	nces	and 2139 method	
	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support		1a	13,226,6	<u>13.</u>	
	b	Indirect public support	••••••	_1b			
	C	Government contributions (grants)	4.5.00	1c			
	ď	Total (add lines 1a through 1c) (cash \$ 12,9	16,985. noncash\$		309,628.		13,226,613.
	2	Program service revenue including government fees at		1,018.			
	3	Membership dues and assessments	3	= 040			
	4	Interest on savings and temporary cash investments	***************************************		***************************************	4	5,219.
	5	Dividends and interest from securities				2000 mm 6 10 M	684,668.
	6 a	Gross rents SEE			1,6	<u> </u>	
	b	Less: rental expenses		1 (2)			
	7	Net rental income or (loss) (subtract line 6b from line 6 Other investment income (describe	6c	1,622.			
Revenue	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other	建	
ver	U a	than inventory		8a	7,8	50	
Re	ь	Less: cost or other basis and sales expenses		8b		75.	
	C	Gain or (loss) (attach schedule)			-1,3		
	d	Net gain or (loss) (combine line 8c, columns (A) and (3 8d	-94,255.			
	9	Special events and activities (attach schedule). If any a		<u> </u>			
	a	Gross revenue (not including \$					
		reported on line 1a)		9a			
	ь	Less: direct expenses other than fundraising expenses					
	C	Net income or (loss) from special events (subtract line	9c				
	10 a	Gross sales of inventory, less returns and allowances					
	b	Less; cost of goods sold					
	С	Gross profit or (loss) from sales of inventory (attach s	10c				
	11	Other revenue (from Part VII, line 103)	11	4,268.			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Oc, and 11)			12	13,829,153.
S	13	Program services (from line 44, column (B))				13	10,593,686.
Expenses	14	Management and general (from line 44, column (C))		14	970,894.		
lad)	15		•••••	1 1	1,348,088.		
ũ	16						
	17	Total expenses (add lines 16 and 44, column (A))	40)			17	12,912,668.
y.	18	Excess or (deficit) for the year (subtract line 17 from li	ne 12)			18	916,485.
Net Assets	19	Net assets or fund balances at beginning of year (from	rune 73, column (A))		(1)	19	63,854,194,
A	20	Other changes in net assets or fund balances (attach e	explanation) S	<u> </u>	STATEMENT	4 20	753,303.
4230	01 3-05	Net assets or fund balances at end of year (combine li				21	65,523,982.
01-1	3-05	LHA For Privacy Act and Paperwork Reduction Act	woulde, see the separate ins	uuttion	ιδ.		Form 990 (2004)

Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.										
Do n	not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	e .	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising				
22 Grant	s and allocations (attach schedule)					STATEMENT 8				
(cash	\$ <u>787,963.</u> noncash \$ <u>85743</u>	85. 22	9,362,348.	9,362,348.	STATEMENT 7					
23 Speci	fic assistance to individuals (attach sche	edule) 23								
	its paid to or for members (attach sched									
	ensation of officers, directors, etc		169,812.	61,762.	49,153.	58,897.				
26 Other	salaries and wages	26	1,041,735.	378,890.	301,533.	361,312.				
27 Pensi	on plan contributions	27	203,378.	34,959.	135,082.	33,337.				
28 Other	employee benefits	28	207,246.	75,377.	59,988.	71,881.				
29 Payro	II taxes	29	96,030.	34,927.	27,796.	33,307.				
30 Profe	ssional fundraising fees	30	31,419.			31,419.				
31 Accou	unting fees	31	31,625.		31,625.					
32 Legal	fees	32	65,503.	18,040.	33,503.	13,960.				
33 Suppl	lies	33	17,502.	5,324.	4,783.	7,395.				
34 Telepi	hone	34	12,349.	3,941.	3,373.	5,035.				
35 Posta	ge and shipping	35	33,858.	8,434.	6,346.	19,078.				
36 Occup	pancy	36	163,955.	55,253.	42,464.	66,238.				
37 Equip	ment rental and maintenance 1	37	15,604.	2,220.	5,091.	8,293.				
38 Printi	ng and publications	38	534,880.	83,899.	21,781.	429,200.				
39 Trave	l	39	44,645.	24,431.	5,643.	14,571.				
	rences, conventions, and meetings		48,673.	7,711.	12,930.	28,032.				
41 Intere	st	41	16,671.	16,671.						
42 Depre	ciation, depletion, etc. (attach schedule) 42	47,716.	15,870.	13,372.	18,474.				
43 Other	expenses not covered above (itemize):									
a		43a								
b		43b								
. C										
d										
e_SI	147,659.									
44 Organiza	44 Organizations completing columns (B)-(D), carry these totals to lines 13-15. 44 12,912,668. 10,593,686. 970,894. 1,348,088.									
Joint Cost	s. Check ⊳ 🗶 if you are following :	SOP 98-2.								
Are any jo	int costs from a combined educational o	campaign an	d fundraising solicitation re	ported in (B) Program serv	ices? ▶	X Yes No				
If "Yes," enter (i) the aggregate amount of these joint costs \$ 122,171.; (ii) the amount allocated to Program services \$ 79,670.;										
(iii) the amount allocated to Management and general \$ 29,751.; and (iv) the amount allocated to Fundraising \$ 12.750.										
Part III Statement of Program Service Accomplishments										
What is th	e organization's primary exempt purpos	se? ▶								
	PRESERVATION					Program Service				
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and (4) organizations and (5) organizations and (6) organizations and (7) organizations and (8) organizations and (8										
allocations to others.) (4) organ, and 4947(a)(1) nonexempt characteristic must also enter the amount of grants and trusts; but optional for others.										
a SEE STATEMENT 6										
(Grants and allocations \$ 9,362,348.) 10,593,686										
b										
С										

			(Grants and allocations \$)					
d			\							
						1				
					, , , , , , , , , , , , , , , , , , , ,	1				
(Grants and allocations \$										
e Other program services (attach schedule) (Grants and allocations \$										
f Total		equal line 4	·			10,593,686.				

Part IV Balance Sheets

ote: Whe	ere required, attached schedules and amounts vuld be for end-of-year amounts only.	vithin the descr	ption column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			262,87	0. 45	279,438
46	Savings and temporary cash investments	1,765,60		1,524,231		
47.0	Announts receivable	47a	00 270			
4/ a	Accounts receivable	4/a 47b	90,370.	07 27	3 -	00 250
"	Loos, anowanted for doubtief accounts	470		97,37	3 . 47c	90,370
48 a	Pledges receivable	1	4,594,843.		(5.75%) 10.27%	
b		40a	4,334,043.	A 155 00		4 504 045
49	Grants receivable			4,155,23		4,594,843
50	Receivables from officers, directors, trustees,				49	
	and key employees					
51 a		51a			50	
ĝ b	Less: allowance for doubtful accounts	51b		1,18		
52	Inventories for sale or use			1,10	52	
53	Prepaid expenses and deferred charges	42,09		71,604		
54	Investments - securities	▶ _	Cost FMV	12,05	54	71,004
55 a					400	
	equipment; basis	. 55a				
	Less: accumulated depreciation	. 55b			55c	
56	Investments - otherS	SEE STAT	EMENT 9	34,649,68		41,194,541
57 a	,	. 57a 1	8,992,023.		17.45	
	Less: accumulated depreciation STMT 10	57b	235,722.	23,283,19		18,756,301
58	Other assets (describe ► <u>DEPOSITS</u> ON	LAND P	ROJECTS)	89,00	0. 58	140,000
59	Total accets (add lines 45 through 59) (must sound	lion 74)		C4 24C 22		
60	Total assets (add lines 45 through 58) (must equal Accounts payable and accrued expenses	iine 74)		64,346,23		66,651,328
61	Grants navable	•••••		229,18		382,136
62	Grants payable Deferred revenue			61		
63	Deferred revenue Loans from officers, directors, trustees, and key em	nlovoo			62	
-	a Tax-exempt bond liabilities	pioyees			63	
	b Mortgages and other notes payable		COMO 11	100 00	64a	<u> </u>
65	Other liabilities (describe ►	EE STAT	EMENT 12	180,00		680,000
		DIII.	<u> </u>	82,84	9 65	65,210
66	Total liabilities (add lines 60 through 65)			492,03	6. 66	1,127,346
Orga		and complete		102,05	0.00	1,121,340
,	69 and lines 73 and 74.	•				
67	Unrestricted	33,662,58		34,693,751		
68	Temporarily restricted	29,842,27		30,472,889		
69	Permanently restricted	349,34		357,342		
67 68 69 Orga 70 71 72 73	nizations that do not follow SFAS 117, check here 🕨		55250	00,,012		
-	70 through 74.					
70	Capital stock, trust principal, or current funds	•••••			70	
71	Paid-in or capital surplus, or land, building, and equ	ipment fund			71	
72	Retained earnings, endowment, accumulated incom	e, or other funds			72	
73	Total net assets or fund balances (add lines 67 thr	ough 69 or lines 7	'0 through 72;	-		
	column (A) must equal line 19; column (B) must eq	63,854,19	4. 73	65,523,982		
74	Total liabilities and net assets / fund balances (ad	d lines 66 and 73)	64,346,23	0 . 74	66,651,328

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 980 (2004) SAVB—THE—REDWOODS LEAGUE Part IV-B. Reconciliation of Revenue per Audited Financial Statements with Revenue per Return a Total revenue, gains, and other support per audited financial statements with Expenses per Audited Financial Statements with Expenses per Return a Total revenue, gains, and other support per audited financial statements with Expenses per Maurited part of recording the per audited financial statements with Expenses per Maurited financial statements with Expenses per Mau
Return a Total revenue, gains, and other support per audited financial statements b Amounts included on line a but not on line 12, Form 990: (1) Net urnealized gains on investments (2) Donated services and use of facilities \$ (3) Recoveries of prior year grants (4) Other (specify): STMT 13 \$ 753,303. Add amounts on lines (1) through (4) b 753,303. c Line a minus line b c Line a minus line b c Line a minus line to don line 12, Form 990 (1) Investment expenses not included on line 12, Form 990 (2) Other (specify): Add amounts on lines (1) and (2) c Total revenue per line 12, Form 990 (Ince plus line d) c 13, 829, 153. (A) Name and address (B) Title and average hours per week devoted to position (B) Title and average hours per line 12, Form 990 (Ince plus line d) c 13, 829, 153. (B) Title and average hours per line 12, Form 990 (Ince plus line d) c 12, 912, 66 (B) Title and average hours per line 12, form 990 (Ince plus line d) c 12, 912, 66 (E) Expendicular and address (B) Title and average hours per line 12, form 990 (Ince plus line d) c 12, 912, 66 (E) Expendicular and address (C) Compensation (C) Compensation (C) Compensation other allows other
a Total revenue, gains, and other support per audited financial statements b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments \$ 20 Donated services and use of facilities \$ 31 Recoveries of prior year grants \$ 42 (1) Other (specify): STMT 13 \$ 753,303. Add amounts on lines (1) through (4) \$ 5 Amounts included on line 12, Form 990. (1) Other (specify): STMT 13 \$ 753,303. Add amounts on lines (1) through (4) \$ 5 Amounts included on line 12, Form 990. (2) Other (specify): Add amounts on lines (1) through (2) \$ 6 Amounts included on line 12, Form 990. (3) Losses reported on line 20, Form 990. (4) Other (specify): STMT 13 \$ 753,303. Add amounts on lines (1) through (4) \$ 6 C Line a minus line \$ 753,303. Add amounts on lines (1) through (4) \$ 753,303. Add
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(4) Other (specify): STMT 13 \$ 753,303. Add amounts on lines (1) through (4)
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Add amounts on lines (1) and (2) d e Total revenue per line 12, Form 990 (line c plus line d) e 13,829,153. (line c plus line d) e 12,912,66 Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.) (B) Title and average hours per week devoted to position (If not paid, enter employees benefit plans & deferred compensation other allowa
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(line c plus line d) Column
Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.) (B) Title and average hours per week devoted to position (If not paid, enter employee benefit plans & deferred compensation other allows) (C) Compensation (If not paid, enter employee benefit plans & deferred compensation other allows) (E) Expension (If not paid, enter employees (List each one even if not compensated.)
(A) Name and address (B) Title and average hours per week devoted to position (C) Compensation (D) Contributions to fimply expense to provide the plant of the
position "0"-) compensation units allowa
position -u) compensation units allowa
SEE STATEMENT 14 169,812. 28,203.
SEE STATEMENT 14 169,812. 28,203.
SEE STATEMENT 14 169,812. 28,203.
,
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100.000 from your prognization and all related
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.

Form	990 (2004) SAVE-THE-REDWOODS LEAGUE 94-0	843915		Page 5
Par	t VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			X
	If "Yes," attach a statement	74.5348 7.73488		Mari
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization	100		
	and check whether it is exempt or nonexe	empt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	o.		
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
	fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	62.42		ales?
	expense in Part II. (See instructions in Part III.)	14 15 15 15 15 15 15 15 15 15 15 15 15 15		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		41.50	Marin.
	tax deductible? N/A			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy to		1999	17 () () () () () () () () () (
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			156
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	e Respective	(Approximately)
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of c			
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	<u>10011</u>	# #4.5.U	WY S
ь				Ison a
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		制度
ь	Gross income from other sources. (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	20,000	The second	. 1 440 to 4.9 ja
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			1
	If "Yes," complete Part IX	88	:	x
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		i Vetici	
	section 4911 ▶ 0 • ; section 4955 ▶	0.		TOTAL STATE
Ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	stay 54/100	part of a life.	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		x
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			,
	sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed SEE STATEMENT 15			
b	Number of employees employed in the pay period that includes March 12, 2004 90b			21
91	The books are in care of ► ROLANDO COHEN Telephone no. ► (41)	5) 362	2-23	
•	. John House T.	-,		
	Located at ▶ 114 SANSOME, ROOM 1200, SAN FRANCISCO, CA ZIP+	1 ▶ 941() 4	
				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		🌬	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N		
42304	1			(2004)

	II Analysis of Income-Producir		(See page 33 of the ins ted business income			T
indicated	ter gross amounts unless otherwise	(A)	(B)	(C)	ed by section 512, 513, or 514	(E)
	ram service revenue:	Business	Amount	Exclu- sion	(D) Amount	Related or exempt
		code		code		function income
	LE-EDUCATIONAL MAT'L					1,018.
e		_				
	care/Medicaid payments					
g Fees	and contracts from government agencies					
94 Mem	bership dues and assessments					
95 Inter	est on savings and temporary cash investments			14	5,219.	
96 Divid	ends and interest from securities			14	684,668.	
	ental income or (loss) from real estate:					
a debt-	financed property					3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
b not d	ebt-financed property			16	1,622.	
98 Net r	ental income or (loss) from personal property					
	r investment income					
100 Gain	or (loss) from sales of assets					
other	than inventory			18	-94,255.	
101 Net in	ncome or (loss) from special events			11	J = , Z J J •	
102 Gros	s profit or (loss) from sales of inventory	***				
103 Other		***				
	YALTY INCOME			15	2 760	
	HER PROGRAM INCOME	_		12	3,768.	
C	THE THOUSEN THEORIG					500.
ч 						
e						
104 Subtr	otal (add columns (B), (D), and (E))	2.880mHeathar		0.	C01 000	
105 Total	(add line 104 columns (P) (D) and (E))	<u>Preparation of the Property Control of the Proper</u>			601,022.	1,518.
Note: Line	(add line 104, columns (B), (D), and (E))		0 0-11			602,540.
Part V	Relationship of Activities to	he Accompl	z, Part I. lichment of Evol	mpt Dur	22222/2	
Line No.	Evolain how each activity for which income is	ne Accomp	(E) (B)	npt Purp	poses (See page 34 of the	instructions.)
V	Explain how each activity for which income is exempt purposes (other than by providing fur	reported in colum	n (E) of Part VII contrib	uted importa	antly to the accomplishment (of the organization's
	SEE STATEMENT 16	ing tot anott hat he	1868).			
	SEE STATEMENT 16					
Part IX	Information Pagarding Toyol	la Cubatalia				
		ne Subsidiar		rded En		
Name, a	(A) (B) address, and EIN of corporation, Percentag	e of	(C) Nature of activities		(D) Total income	(E) End-of-year
parti	nership, or disregarded entity ownership in				1 DIEI MOOING	assets
		%				
	N/A	%				
		%				
(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		%				
Part X	J	<u>fers Associa</u>	ited with Persor	nal Bene	fit Contracts (See pag	e 34 of the instructions.)
(a) Did	the organization, during the year, receive any fur	ds, directly or indi	rectly, to pay premiums	on a persor	nal benefit contract?	Yes X No
(b) Did	the organization, during the year, pay premiums,	directly or indirec	tly, on a personal benef	it contract?	***************************************	Yes X No
	"Yes" to (b), file Form 8870 and Form 4720	(see instructions	s).		***************************************	*
Please	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other th	ed this return, including	g accompanying schedules	and statemen	ts, and to the best of my knowled	ge and belief, It is true,
Sign		ar omeer) is based on	an information of which pre	parer nas any	knowleage.	
Неге	Signature of officer		Date	Type or pr	int name and title.	
	Preparer's			Date	Check if	Preparer's SSN or PTIN
Paid	signature Ms /Jel	hute (CPA 1	8-12-	self-	The state of the s
Preparer's	Firm's name (or RIIRR DTT.CED	C. MAVED	TTD	ن اجر	citipioyed	
Use Only			T, SUITE 1	3 0 0	EIN D	
423161	address, and ZIP + 4 SAN FRANCISC			300		445) 464
D1-13-05	T- DUTH LUWINCTRO	U, CA 94	TOO		Phone no. > (415) 421-5757