### **Exemption Application**

Exen	nption Application		3500
Organizat	tion Information		
C	3 6 1 7 4 2	8 4 6 –	4 1 0 9 6 7 0
	5	creating document	Web Address
			sudoroom.org
	-		
	hattuck Ave		
-			
		Second phone number	Fax
	) ) 000-7100		
Represen	itative Information		
	-		Email address
Matthe	w Senate		mattsenate@berkeley.edu
	llevue Ave		
		Second phone number	Fax
( 818	) 599-0567		
Gene	eral Questions		
	•		
		rovide the listed documents. If the listed documents	are not provided the organization's request for
			are not provided, the organization's request for
		·	Pafar to Conoral Information F
		eu linough life Gamornia Secretary of State (SOS). F	
		, including any amendments stamped by the SOS, a	nd the corporation's bylaws or other code of
	regulations.		
	Foreign Corporation – Refer to Gen	eral Information F, Foreign Corporations.	
		ents from the state incorporation, the corporations b	ylaws or other code of regulations and the federal
			ation's bylaws or other code of regulations, and the
	•		
			r specific language, signed by the board of directors
		H Trusts	
			ination letter.
			6       -       4       1       0       9       6       7       0         Web Address         SudOrOOM.Org         State       ZIP code         CA       9       4       6       0       9       -       -       -         Fax       -
Organization Information         California Secretary of State corporation or file number         C       3       6       1       7       4       2       8       4       6       4       1       0       9       6         Name of Organization as shown in the organization's creating document       Web Address       SudO Room       SudO Room       SudO Room       SudO Room       SudO Room       SudO Room       Gly       4       6       9       4       6       0       9       9       6          Address (suite, room, or PMB no.)       4799 Shattuck Ave       Cly       State       ZIP code       CA       9       4       6       0       9       - </td <td>,</td>	,		
	If the LLC is a foreign LLC registered	d in California: Provide the Application to Register a	Foreign Limited Liability Company (Form LLC-5),
	and the operating agreement.		
			stitution. Mail form FTB 3500 to:
	alties of perjury, I declare that I have examined ct, and complete.	this application, including accompanying schedules and statem	ents, and to the best of my knowledge and belief, it is
	DATE	SIGNATURE OF OFFICER OR REPRESENTATIVE	TITLE

Corp Number/SOS file number	C	3	6	1	7	4	2	8	
•									

Part	II Narrative of Activities			
1	Has the organization already received tax exempt status under IRC 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(6), or 501(c)(7) at the federal level?.	1	🗆 Yes	<b>M</b> o
	If "Yes," the organization may choose to file form FTB 3500A, Submission of Exemption Request. For more information, get form FTB 3500A. If "No," continue.			
2	Enter the California Revenue and Taxation Code (R&TC) section that best fits the organization's purpose/activity See the Exempt Classification Chart on page 5.		R&TC Section	n 23701 <u>d</u>
3	Enter the date the organization formed	3	<u>1 1/05</u> mm/dd	/ <mark>2 0 1 3</mark> / yyyy
4	Was the organization formed in another state?	4	🗆 Yes	<b>⊠</b> No
	If "Yes," answer question 4a and question 4b.			
	a List the state where the organization was formed	4a		
	<b>b</b> Is the organization qualified through the California SOS?	4b	$\Box$ Yes	🗆 No
	If "Yes," enter the date qualified		/ /dd	_//_уууу
5	What is the organization's annual accounting period ending (APE)?         (must end on the last day of the calendar or fiscal year).	5	/ /dd	_
6	What is the primary purpose of the organization?			
7	Is the organization currently conducting, or plan to conduct activities?	7	<b>Y</b> es	
	If "Yes," enter the date the activities began, or will begin		<u>1 1/0 5</u>	<u>/2 0 1 3</u>
	If "No," explain why the organization is not planning any activities.		mm / dd	/ уууу

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#### **Part II** Narrative of Activities (continued)

8 Describe the organization's past, present, and planned activities below. Do not merely refer to or repeat the language in the organizational document. List each activity separately, in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include:

(a) a detailed description of the activity, including its purpose and how each activity furthers the organization's exempt purpose.

(b) when the activity was or will be initiated.

(c) where and by whom the activity will be conducted.

#### Part III Financial Data

Complete the financial statement for the current year and for each of the three preceding years in existence. See instructions on page 5 for more information. List the account period beginning to the account period ending. Example: mm/yyyy

		rent Tax r/Proposed					
	Bud		Thre	e preceding	years for ea	ach year in existe	nce
	Fror	n04/2013	Fron	04/2014	From	From	
RECEIPTS	То	04/2014	To	10/2014	То	То	Total
Gifts, grants, and contributions received		5000		90			
Fundraising							
Membership income							
Membership dues and assessments (R&TC Section 23701t)		22526	10	536			
Nonmembership income (excluding R&TC Section 23701g or R&TC Section 23701t)							
Nonmembership income (R&TC Section 23701g or R&TC 23701t)							
Gross amounts derived from activities not related to exempt purposes							
Gross receipts from admissions							
Gross receipts from commissions							
Gross receipts from advertising							
Gross receipts from sale of merchandise							
Gross receipts from services provided							
Gross investment income							
Gross receipts from furnishing of facilities							
Gross royalty income							
Gross rental income							
Gain or loss from sale of capital assets							
Other income (attach sheet itemizing each type)							
TOTAL RECEIPTS		27526		10626			

#### **EXPENSES**

Expenses directly related to the organization's exempt purposes				
Expenses not related to the organization's exempt purposes activities				
Contributions, gifts, grants, and similar amounts paid (attach schedule)				
Disbursements to or for member benefit (attach schedule)				
Compensation of officers				
Compensation of directors				
Compensation of trustees				
Professional fees/private contractors				
Other salaries and wages				
Rental expenses (occupancy)	22273	86612		
Fundraising expenses				
Advertising expenses				
Other (including all operational and administrative expenses – attach sheet)				
TOTAL EXPENSES				

EXCESS OF RECEIPTS OVER EXPENSES	5253	1964		

#### Part III Continued

Ba	ance Sheet (for the organization's most recently completed tax year)			
Ass	iets	Y	ear End: 04	/2014
1	Cash	1	61	53
2	Accounts receivable, net.	2		
3	Inventories	3		
	Bonds and notes receivable	4		
	Corporate stocks	5		
	Loans receivable	6		
7	Other investments	7		
8	Depreciable and depletable assets	8		
	Land	9		
	Other assets (attach an itemized list)	10		
	Total assets (add line 1 through line 10)	11	61	53
	bilities			
12	Accounts payable	12		
	Contributions, gifts, grants, etc., payable	13		
14	Mortgages and notes payable	14		
15	Other liabilities	15		
16	Total liabilities (add line 12 through line 15)	16	0	
Fur	nd Balances or Net Assets			
17	Total fund balances or net assets	17	61	53
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	18	61	53
19	Has there been any substantial change in the organization's assets or liabilities since the end of the period			
	shown above? If "Yes,"explain	19	$\Box$ Yes	🛛 No

#### Part IV Compensation and Other Information of Officers, Directors and Trustees

List names, titles, and mailing addresses of all officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet.

Name	Title	Mailing Address	Compensation Amount (annual actual or estimated)

Organization Name: sudo room Corp Number/SOS file number: C 3 6 1 7 4 2 8 Part IV Compensation and Other Information of Officers, Directors and Trustees (continued) Will any incorporator, founder, board member or other person(s) or entity: **M**No 1 Share any facilities with the organization?..... 1 🗆 Yes If "Yes," describe the facility and state any rents charged. Name Title **Facility Description** Address Rent charged **⊠**No 2 🗆 Yes If "Yes," explain the parties involved and each transaction in detail.

Name	Title	Property Description	Value of Property	Type of Transaction

If "Yes," explain services performed and monies received. Also list the name of other directors, indicating their blood or marriage/RDP relationship, if any, to the compensated directors.

Name	Title	Services Performed	Compensation	Relationship

	V History					
	List any previous California entity ID numbers	assigned to the organiza	ation	1 🗹	None	
	Was this organization previously granted, deni	ed, or revoked exemptic	on by the Internal Revenue	Service? 2	Yes	<b>M</b> No
	If "Yes," complete the information below and p	1	deral exemption determina	tion letters received.		
	Granted, IRC Section 501(c)	🗆 Denied		Revoked		
	Date:	Date:		Date:		
	Was this organization previously granted, deni	ed, or revoked exemptic	on by California?	3 🗆	Yes	<b>M</b> No
	If "Yes," complete the information below and p	rovide a copy of any sta	ate determination letters re	eceived.		
	Granted, R&TC Section 23701	🗆 Denied		Revoked		
	Date:	Date:		Date:		
	Has the organization filed any federal returns?				Yes	
	If "Yes," state the type of return (990 or 1120 s	series) and years filed				
	990 in 2013					
	VI Creatific Activities					
rt	VI Specific Activities				4.,	
rt	VI Specific Activities Does or will the organization fundraise?			1 🗹	Yes	□No
rt	· · · · · · · · · · · · · · · · · · ·	he organization.		1 🗹	Yes	□No
rt	Does or will the organization fundraise? If "No," explain below the source of funds for t If "Yes," check all the fundraising programs the Mail solicitations	he organization.	s, or will conduct. □ Phone solicitations			□ No
rt	Does or will the organization fundraise? If "No," explain below the source of funds for t If "Yes," check all the fundraising programs the Mail solicitations Email solicitations	he organization.	s, or will conduct.	n the organization's web	osite	
rt	Does or will the organization fundraise? If "No," explain below the source of funds for t If "Yes," check all the fundraising programs the Mail solicitations Email solicitations Personal solicitations	he organization.	s, or will conduct. □ Phone solicitations ☑ Accept donations o □ Receive donations t	n the organization's web rom another organizatic	osite	
rt	Does or will the organization fundraise? If "No," explain below the source of funds for t If "Yes," check all the fundraising programs the Mail solicitations Email solicitations Personal solicitations Vehicle, boat, plane, or similar donations	he organization.	s, or will conduct.	n the organization's web rom another organizatic	osite	
rt	Does or will the organization fundraise? If "No," explain below the source of funds for t If "Yes," check all the fundraising programs the Mail solicitations Email solicitations Personal solicitations	he organization. e organization conducts	s, or will conduct. Phone solicitations Accept donations o Receive donations f Government grant s V Other	n the organization's web rom another organizatic solicitations	osite on's website	ł

art '	<ul> <li>Specific Activities (continued)</li> <li>a Does the organization conduct any gaming activities (bingo, raffles, etc)?</li></ul>	□Yes	<b>V</b> No
	If "Yes," describe the gaming activities.		
	<b>b</b> Is gaming the organization's only activity?	□Yes	□No
	Does the organization lease or does it plan to lease any property?	<b>Y</b> es	□No
	If "Yes," explain in detail. Include the amount of rent, a description of the property, and any relationship between the applicant organization and the other party. Also, attach a copy of the rental or lease agreement.		
	Does or will the organization publish, sell, or distribute any literature?       4	Yes	<b>N</b> o
	If "Yes," describe the literature or attach samples. Include any internet sites.		
j	Does or will the organization publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property?	□ Yes	<b>N</b> o
	If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.		
j	Does or will the organization accept contributions of real property, conservation easements, closely held securities, intellectual property such as patents, trademarks, and copyrights, works of music or art, licenses, royalties, automobiles, boats, planes, or other vehicles, or collectibles of any type?	Yes	₽No
	If "Yes," describe each type of contribution, any conditions imposed by the donor in the contribution, and any agreements with the donor regarding the contribution.		
1	Does or will the organization operate outside of the United States?	□ Yes	<b>K</b> No
	If "Yes," (a) name the countries and regions within the countries in which the organization operates, (b) describe the operations in each country and region in which the organization operates, (c) describe how the operations in each country and region further the organization's exempt purpose.		



### Specific Section Questions - Complete only one specific section

The following are questions for the specific type of exemption requested. Complete only the specific section that the organization requests tax-exempt status under. Refer to the Exempt Classification Chart on page 5 for a list of the various exemptions and comparable federal codes.

**Additional Questions:** Churches, credit counseling organizations, and hospitals applying for tax-exempt status under R&TC Section 23701d or Section 23701f must also complete an additional schedule. See Section D, Religious, charitable, scientific, literary, or educational organization, or Section F, Civic league, social welfare organization, and local association of employees for more information.

Sect	ion A	R&TC Section 23701a – Labor, agricultural, or horticultural organization		
1		/ services to be performed for members?	I 🗆 Yes	
	lf "Yes	," explain.		
2	Coope	rative Organizations:		
	Provid	e a copy of the federal exemption letter showing exemption under IRC Section 501(c)(5).		
Sect	ion B	R&TC Section 23701b – Fraternal societies, orders, or associations, etc. (Lodge system with benefits)		
	-	er the lodge system means carrying on activities under a form of organization that comprises local branches re largely self-governing and chartered by a parent organization.	called lodges	, chapters, or
1	Is the o	organization a college fraternity or sorority or a chapter of a college fraternity or sorority? 1	🗆 Yes	□ No
		" college fraternities and sororities generally qualify as organizations described in R&TC Section 23701g.		
		re information, get FTB Pub 1077, Guidelines for Social and Recreational Organizations. If R&TC 123701g appears to apply, <b>do not</b> complete Section B. Go to Section G, Social and recreational organization.		
2		he organization operate, or plan to operate under the lodge system or for the exclusive benefit of the		
2		ers of the lodge system?	□ Yes	□No
	lf "No,	" explain.		
3	Is the o	organization a subordinate or local lodge, etc? 3	🗆 Yes	□No
		," attach a certificate signed by the secretary of the parent organization certifying that the subordinate s a duly constituted body operating under the jurisdiction of the parent body.		
4	Is the o	organization a parent or grand lodge?	🗆 Yes	□No
	lf "Yes	," answer question 4a and question 4b.		
	a W	hat is the number of subordinate lodges in active operation?		
	<b>b</b> Ar	e periodic meetings held?	🗆 Yes	□ No
	If peric	dic meetings are not held, explain.		
5	Descril	be the types of benefits (life, sick, accident, or other benefits) paid, or to be paid, to members.		



Corp Number/SOS file number: C 3 6 1 7 4 2 8

If WW W W W U U U U	es the organization currently owr 'Yes," explain. here is the property located? ho owns title to the property? If the ame hat is the cost or estimated current es the organization have a perpet (Yes," provide a copy of the feder estion 5a through question 5d. What are the contents of the fun	here is more than one owner, a ITIN/FEIN nt value of property owned? . tual care fund? ral exemption letter and a copy	attach a list. Address	  4 5	\$	
W W W W Dc If	nere is the property located? no owns title to the property? If thame nat is the cost or estimated current es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W N W Doo If qu	no owns title to the property? If the ame nat is the cost or estimated current es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W N W Doo If qu	no owns title to the property? If the ame nat is the cost or estimated current es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W N W Doo If qu	no owns title to the property? If the ame nat is the cost or estimated current es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W N W Doo If qu	no owns title to the property? If the ame nat is the cost or estimated current es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W N W Doo If qu	no owns title to the property? If the ame nat is the cost or estimated current es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W Do If qu	ame nat is the cost or estimated curren es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W Do If qu	ame nat is the cost or estimated curren es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W Do If qu	ame nat is the cost or estimated curren es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W Do If qu	ame nat is the cost or estimated curren es the organization have a perpet Yes," provide a copy of the feder estion 5a through question 5d.	ITIN/FEIN It value of property owned? . Itual care fund?	Address			
W Do If	nat is the cost or estimated curren es the organization have a perpet 'Yes," provide a copy of the feder estion 5a through question 5d.	nt value of property owned? . tual care fund? ral exemption letter and a copy	of the fund agreement a			
Do If qu	es the organization have a perpet 'Yes," provide a copy of the feder estion 5a through question 5d.	tual care fund? ral exemption letter and a copy	of the fund agreement a	5		
Do If qu	es the organization have a perpet 'Yes," provide a copy of the feder estion 5a through question 5d.	tual care fund? ral exemption letter and a copy	of the fund agreement a	5		
lf qu	Yes," provide a copy of the feder estion 5a through question 5d.	ral exemption letter and a copy	of the fund agreement a		□Yes	
lf qu	Yes," provide a copy of the feder estion 5a through question 5d.	ral exemption letter and a copy	of the fund agreement a			
qu	estion 5a through question 5d.		-			_
a	What are the contents of the fu	nd (cash. securities. unsold lar				
			nd, etc.)?			
b	How is, or will, the fund be adm	ninistered?				
C	Explain the specific purposes of	f the fund.				
d	What are the names of the pers	sons administering the fund?				
			· · · ·			
	he organization is claiming exem C Section 501(c)(13), has the cer					
	der that section?				□ Yes	□No
	'No," explain.					
 [						
L						

Organi	zation Name: sudo room	Corp Number/SOS file number: C 3 6 1 7 4 2 8
Secti	ion D R&TC Section 23701d - Religious, charitable, scientific, literary,	or educational organization
1	<ul> <li>Educational</li> <li>Prevent cruelty to children or animals</li> <li>Hospital, Medical Center</li> </ul>	Qualified sports organization on applies for and receives California tax-exempt status. organization checked above.
2	Has the organization received or expect to receive 10% or more of its assets or group of affiliated organizations (affiliated through stockholding, common any individuals, or members of a family group (brother or sister whether who ancestor or lineal descendant)?	ownership, or otherwise), ole or half blood, spouse/RDP,
3	Does the organization attempt to influence legislation?	3 🗆 Yes 🗹 No
4	Does the organization support or oppose candidates in political campaigns in If "Yes," explain.	n any way? 4 🗆 Yes 🗹 No
5	Does the organization hold, or plan to hold, 10% or more of any class of stoc combined voting power of stock in any corporation?	
6	a Does the organization operate as a church? If "Yes," complete Schedule A, Churches, on side 21.	
	<ul> <li>b Is the organization's main function to provide hospital or medical care?. If "Yes," complete Schedule B, Hospitals, on side 23.</li> </ul>	
	<b>c</b> Is the organization a credit counseling organization? If "Yes," complete Schedule C, Credit Counseling Organizations, on side	



Organi	ization I	lame: sudo room	Co	rp Number/SOS file number: <u>C</u>	36174	4 2 8
Secti	ion E	R&TC Section 23701e - Busi	ness league, chamber of commerce, profe	essional association, or society.		
1	or othe purcha If "Yes,	rs such as furnishing credit rep sing merchandise, or other sim	es it plan to perform, particular services for orts or collection accounts, inspecting prod lar undertakings?	ducts, conducting advertising, 1	□ Yes	□ No
Secti	ion F	R&TC Section 23701f – Civic	league, social welfare organization, or lo	cal association of employees		
1	How w	ll the organization promote the	common good or welfare of an entire com	munity?		
2	Is the c	rganization a credit counseling	organization?		□ Yes	□No
	lf "Yes,	" complete Schedule C, Credit (	Counseling Organization, on side 25.			
Secti	ion G	R&TC Section 23701g – Soci	al and recreational organization			
35% 0	f gross i 3 Pub 1(	eceipts. However, general publ 177, Guidelines for Social and F	come from a combination of investment ind c income is not to represent more than 15 <sup>c</sup> ecreational Organizations, at <b>ftb.ca.gov.</b> activities? (cars, golf, quilts, etc). How ma	% of total receipts (Public Law 94-	•	
2	or in pa	percentage of this organization rticipation in club activities? " explain and list the percentag	's income come from the general public's u	ise of club facilities <b>2</b>	□Yes	□ No
3	propert		sold, or does it plan to rent, lease, or sell a		□Yes	□ No
4		÷	derive, any income from nonmembers not nember and nonmember income for the pa	•	□Yes	□ No

L

Section G continued

budget separating member and nonmember income for the next period of operation.

I

Organization Name: sudo room				Corp Number/SOS file number: C 3 6 1 7 4 2 8				
Sect	ion G	R&TC Section 23701g – Social	and recreational	organization (continued)				
5		he organization have different clas ," describe the dues and privileges		ip?5 □Ye	s 🗆 No			
6	Is the o	organization's income from investi	ments and gross r	eceipts from the general public 35% or more? 6 $\Box$ Ye	s 🗆 No			
7	Is the i	ncome from the general public gro	eater than 15% of	total receipts?	s 🗆 No			
		R&TC Section 23701h – Title h		<b>n</b> It organization periodically. Organizations with members, incorp				
Sectio the org Incorp	ns 5410 ganizatic	and 7411 prohibit any distribution on dissolves. organizations seeking exemption u	n to members of n	from exempt status under R&TC Section 23701h. California Co ionprofit public benefit corporations or nonprofit mutual benefit h that have members must incorporate under the for-profit prov	corporations unless			
	a Lis	" explain. If "Yes," answer questio st the name, FEIN, address, and πι tach another sheet if necessary.		eld by each shareholder or parent organization.				
	Name		FEIN	Address	Number of Shares			
	b De	scribe the property being held, inc	luding cost or apr	proximate value, and address.				
2	organiz Does t	zations located in California, the or he organization turn over net incom	rganization must furmer to a parent org	o for each organization for which property will be held. If propert urnish a California exempt determination or acknowledgement le nanization?	otter.			
	If "Yes	," what is the amount? If "No," ex	plain.					

Γ

#### Section I R&TC Section 23701i – Voluntary employees' beneficiary organization

1	Describe the voluntary employees' beneficiary organization.
2	Furnish a copy of the federal exemption determination letter under IRC Section 501(c)(9).
Sect	tion L R&TC Section 237011 - Fraternal beneficiary societies, orders, or associations, etc. (Lodge system with no benefits)

# Operating under the lodge system means carrying on activities under a form of organization that comprises local branches (called lodges, chapters, or the like) that are largely self-governing and chartered by a parent organization.

1	Is the organization a college fraternity or sorority, or a chapter of a college fraternity or sorority? If "Yes," college fraternities and sororities generally qualify as organizations described in R&TC Section 23701g. For more information, get FTB Pub 1077, Guidelines for Social and Recreational Organizations. If R&TC Section 23701g appears to apply, do <b>not</b> complete Section L. Go to Section G, Social and recreational or		<b>Yes</b> ization.	□ No
2	Does the organization operate or plan to operate under the lodge system or for the exclusive benefit of the members of a lodge system?         If "No," explain.	2	□Yes	□ No
3	Is the organization a subordinate, chapter, or local lodge, etc?	3	□Yes	□No
4	Is the organization a parent or grand lodge?		□ Yes	🗆 No
	<ul> <li>a What is the number of subordinate lodges in active operation?</li></ul>			

#### Section N R&TC Section 23701n – Supplemental unemployment compensation trust

Attach a copy of the supplemental unemployment benefit plan. Include any pertinent agreements. Also, attach a copy of the federal exemption determination letter.

Corp Number/SOS file number: C 3 6 1 7 4 2 8

Sect	tion T R&TC Section 23701t – Homeowners' association		
1	Furnish a copy of the recorded Declaration of Covenants, Conditions, and Restrictions.		
2	Is the purpose of this organization to manage and maintain residential association property of members? <b>2</b> If "No," explain.	□Yes	□ No
3	Describe the types of units/lots in the association (single dwelling, condominium, condominium conversion, live/work, timeshare, or other.)		
4	Have any units/lots been sold?	□ Yes	
	If "No," when will the first unit be available for sale?	/	/ dd /yyyy /
5	When were, or will dues first be collected?    5	/_	dd / yyyy / dd / yyyy
6	Will any of the units be rented by a person or series of persons, for periods of less than 30 days that,         when added together, equal more than half of the association's taxable year? <b>6</b>	□Yes	□No
7	<ul> <li>a Will any of the individual units/lots owned by the organization or its members be used for nonresidential purposes?</li></ul>		□ No %
8	Condominium management associations only:aWhat is the total square footage of all residential units?bWhat is the total square footage of all units (residential and non-residential use)?8b		
9	Residential real estate management associations only:         a       What is the total number of lots?		
10	<ul> <li>a What is the association's total gross income?</li></ul>		
11	<ul> <li>a What are the association's total expenditures?</li></ul>		
12	Will this organization own, maintain, or operate a mutual water company, well, electrical generating facility, or other utility?         If "Yes," describe in detail and answer question 13 through question 16.	□Yes	□ No

Section T continued



Corp Number/SOS file number: C 3 6 1 7 4 2 8

tion T	R&TC Section 23701t – Homeowners' association (continued)		
Are the	e members/shareholders the actual users of the utility or simply investors?		
		Comm (incluc	ential homes ercial businesses ling agricultural prises)
			%
		□ Yes	□ No
	-	□ Yes	□ No
	Are the Is this If both for nor Are the If "No, Are me	Are the members/shareholders the actual users of the utility or simply investors?       13         Is this organization furnishing utilities to (check applicable boxes)?       14         If both, what percent of this organization's total income will be derived from the sale of utilities for nonresidential usage?       14         Are the members/shareholders assessed equally on the basis of square footage/acreage?       15         If "No," explain how members are assessed.       15         If "Yes," provide a detailed breakdown on how rates are determined and the amount of revenue received.       16	Are the members/shareholders the actual users of the utility or simply investors?



Sec	tion U R&TC Section 23701u – Public facility financial corporation
1	Attach samples of all certificates of participation or other securities to be issued.
2	Describe all leases, contracts, trust agreements, or other agreements that have been, or will be, entered into by this corporation.
Sec	tion V R&TC Section 23701v – Mobile home park acquisition organization
1	Are all members of the organization owners of manufactured homes, mobile homes, or
	mobile home tenants of the mobile home park? $1 \square Yes \square No$
	If "No," explain the circumstances under which other individuals can become members of the organization.
2	Describe the mobile home park in which owner/tenant members reside.
3	Will the organization carry on activities other than purchasing or preparing to purchase the mobile home
3	park in which members reside?
	If "Yes," describe in detail the other activities.
4	Are all the lots within the park rented or leased to mobile home or manufactured home owners?
	If "No," explain.
5	Does the rent paid by each owner include rental for the lot occupied by the mobile home or
	manufactured home?
	If "No," explain.



Sect	ion	W R&IC Section 23/01w – War veterans organization				
Comp	lete	if a post or organization of past or present members of the Armed Forces of the United States.				
1	Wh	at is the total membership of the post or organization?	1			
2	а	How many members are present or former members of the Armed Forces of the United States?	2a			
	b	How many members are cadets (include students in college, university, or armed services academies)?	2b			
	C	How many are spouses/RDPs, widows or widowers of cadets or of past or present members of the Armed Forces of the United States?	2c			
3	Do	es the organization have any other membership category?	3	🗆 Yes	□ No	
	a	If "Yes," how many members?	3a			

**b** Explain in detail.

#### Complete if an auxiliary unit, society, post, or organization of past or present members of the Armed Forces of the United States.

	ow many members does the organization have?	5		
6 Hov				
sist	by many members are past or present members of the Armed Forces of the United States, or have bouses/RDPs or persons related to them within two degrees of blood relationship (grandparents, brothers, sters, and grandchildren are the most distant relationships allowable) that are past or present members the Armed Forces of the United States (enter total)?	6		
Arn to r	re all of the members themselves members of a post or organization, past or present members of the rmed Forces of the United States, or spouses/RDPs of members of such a post or organization, or related members of such a post or organization within two degrees of blood relationship?	7	□Yes	□ No
lf "	"No," explain in detail.			

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Organization Name: sudo room

### Section X R&TC Section 23701x – Title holding organization

R&TC Section 23701x requires turning over net income to specified parent organizations periodically. Organizations with members incorporating as a nonprofit corporation under the California Corporations Code are precluded from exempt status under R&TC Section 23701x. California Corporations Code Sections 5410 and 7411 prohibit any distribution to members of nonprofit public benefit corporations or nonprofit mutual benefit corporations unless the organization dissolves.

Incorporated organizations seeking exemption under R&TC Section 23701x that have members must incorporate under the for-profit provisions of the California Corporations Code.

## 1 Is the organization currently holding title to property or does the organization plan to hold title to property?...1 **Yes** If "Yes," answer question 1a and question 1b.

If "No," explain.

**a** List the name, FEIN, address, and the number of shares of capital stock held by each parent organization. Attach another sheet if necessary.

Name	FEIN	Address	Number of Shares

**b** Describe the property being held, including cost or approximate value and address.

2 Provide a copy of each parent organization's federal exemption determination letter or federal plan letter.

- **3** For those parent organizations that the organization holds property for and which do not have a federal exemption determination letter, provide detailed information to show that each shareholder is:
  - (1) A governmental plan described in IRC Section 414(d).

(2) The United States, any state or political subdivision thereof, or any agency or instrumentality of the foregoing.

4

If "Yes," list the amounts given to each parent. If no, explain.

□No



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Section Y R&TC Section 23701y – Credit union (state chartered effective on or after January 1, 1999)			
1	Provide a copy of the organization's license to operate as a credit union.		
2	What is the total number of members of the organization? 2		
3	Does the organization have a Federal charter? 3	□Yes	□ No
	If "Yes," provide a copy.		
4	Does the organization operate outside of California? 4	□ Yes	□ No
	lf "Yes." explain.		

#### Section Z R&TC Section 23701z – Self-insurance pool for charitable organizations

I	Provide a list of names, California corporation numbers, and FEIN for all participants in the pool.
2	Describe in detail the activities of each participating corporation.
3	Furnish a copy of the latest federal exemption determination letter showing exemption under IRC Section 501(c)(3)
	for each participating corporation.
4	Describe in detail all insurance services to be provided to members of the pool.

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Organization Name: sudo room

### **Schedule A – Churches**

Complete Schedule A only if the organization answered "Yes" to Specific Question Section D, Question 6a.				
1	Has a place of worship been established? 1 If "Yes," at what address? Who is the legal owner of the property? Other property use? If no, explain where religious services are held.	□ Yes	□ No	
2	Does the organization have a regular congregation or conduct religious services on a regular basis?	□ Yes	□ No	
3	Explain the background and training of the religious leaders.			
4	Will income be received from incorporators, ministers, officers, directors, or their families? 4 If "Yes," explain, including dollar amounts received.	□ Yes	□ No	
5	Will any founder, member, or officer take a vow of poverty?	□ Yes	□No	
6	Will any founder, member, or officer transfer personal assets to this organization, like a home, automobile, furnishings, business, or recreational assets, etc., that will be made available for the personal use of the donors? <b>6</b> If "Yes," explain.	□Yes	□No	

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Schedule A Churches continued

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### Schedule A - Churches (continued)

7	<ul> <li>Will any founder, member, or officer assign or donate income to the organization that will be used to pay their own personal salary, living allowance, or that will result in any other personal benefit (such as food, medical expenses, clothing, insurance, etc.)?</li></ul>	□Yes	□ No
8	Does the organization have a written creed, statement of faith, or summary of beliefs?	□Yes	□ No
9	Do the religious leaders conduct baptisms, weddings, funerals, etc?	□ Yes	□ No
10	Does the organization ordain, commission, or license ministers or religious leaders?	□Yes	□ No

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### **Schedule B - Hospitals**

Com	Complete Schedule B only if the organization answered "Yes" to Specific Section D, Question 6b. Attach a statement to explain any answers.			
1		e all the doctors in the community eligible for staff privileges? <b>1</b> "No," give the reasons why and explain how the medical staff is selected.	□ Yes	□No
2	а	Does or will the organization provide medical services to all individuals in the community who can pay for themselves or have private health insurance?	□Yes	□No
	b	Does or will the organization provide medical services to all individuals in the community who participate         in Medicare?       2b         If "No," explain.	□Yes	□No
3	а	Does or will the organization require persons covered by Medicare or Medicaid to pay a deposit before receiving services?	□Yes	□No
	b	Does the same deposit requirement, if any, apply to all other patients?	□Yes	□No
4	а	Does or will the organization maintain a full-time emergency room?	□Yes	□No
	b	Does the organization have a policy on providing emergency services to persons without apparentmeans to pay?4bIf "Yes," provide a copy of the policy.	□Yes	□No
	C	Does the organization have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases?	□ Yes	□No
5	а	Does the organization provide for a portion of the organization's services and facilities to be used for charity patients?	□ Yes	□No
	b	Explain the organization's policy regarding charity cases, including how the organization distinguishes between charity care and bad debts. Submit a copy of the written policy.		
	C	Provide data on the organization's past experience in admitting charity patients, including the amounts expended for treating charity care patients and types of services provided to charity care patients.		
	d	Describe any arrangements with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.		
	e	Does the organization provide services on a sliding fee schedule depending on financial ability to pay? <b>5e</b> If "Yes," submit the sliding fee schedule.	□Yes	□No
6	а	Does or will the organization carry on a formal program of medical training or medical research?	□Yes	□ No
	b	Does or will the organization carry on a formal program of community education?	□Yes	_
		Schedule B	i iuspilāls CO	липией

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### Schedule B - Hospitals (continued)

7	Does or will the organization provide office space to physicians carrying on their own medical practices?	□ Yes	□ No
8	Is the board of directors comprised of a majority of individuals who are representative of the community served? 8 Include a list of each board member's name, and business, financial, or professional relationship with the hospital. Also identify each board member who is representative of the community and describe how that individual is a community representative.	□ Yes	□No
9	<b>9</b> If "Yes," state the ownership percentage in each joint venture, list the investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are IRC Section 501(c)(3) organizations, describe the activities of each joint venture, describe how the organization exercises control over the activities of each joint venture furthers the organization's exempt purposes. Also, submit copies of all agreements.	□ Yes	□ No
10	Does or will the organization manage its activities or facilities through its employees or volunteers?	□Yes	□ No
11	Does or will the organization offer recruitment incentives to physicians?	□ Yes	□No
12	Does or will the organization lease equipment, assets, or office space from physicians who have a financial or professional relationship with the organization?	□Yes	□No
13	Has the organization purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons who have a business relationship with the organization, aside from the purchase?	□ Yes	□No
14	Has the organization adopted a conflict of interest policy?	🗆 Yes	□No



## **Schedule C - Credit Counseling Organizations**

Comp	olete Schedule C only if the organization answered "Yes" to Specific Section D, Question 6c or Specific Section F, Questi	on 2.		
1	Are the services tailored to the specific needs and circumstances of consumers?	1	□Yes	□No
2	Does the organization make loans to debtors (other than loans with no fees or interest)?	2	□Yes	□No
3	Does the organization negotiate the making of loans on behalf of debtors?	3	□Yes	□No
4	Does the organization provide services for the purpose of improving a consumer's credit record, credit history, or credit rating?	4	□ Yes	□No
	If "Yes," are such services incidental to credit counseling?		□Yes	□No
5	Does the organization charge any separately stated fee for services for the purpose of improving any consumer's credit record, credit history, or credit rating?	5	□ Yes	□No
6	Does the organization refuse to provide credit counseling services to a consumer due to the consumer's inability to pay, the ineligibility of the consumer for debt management plan enrollment, or the unwillingness of the consumer to enroll in a debt management plan?	6	□Yes	□ No
7	Did the organization establish and implement a fee policy that requires any fees to be reasonable and allows for a waiver of fees if the consumer is unable to pay?	7	□ Yes	□No
8	Did the organization establish and implement a fee policy that prohibits charging any fee based in whole or in part on a percentage of the consumer's debt, the consumer's payments to be made pursuant to a debt management plan, or the projected or actual savings to the consumer resulting from enrolling in a debt management plan?	8	□ Yes	□ No
9	At all times, is the organization's governing body controlled by persons who represent the broad interests of the public, persons having special knowledge or expertise in credit or financial education, and community leaders?	9	□Yes	🗆 No
10	Is 20% or less of the organization's voting power vested in persons who are employed by the organization or who will benefit financially, directly or indirectly, from the organization's activities (other than through the receipt of reasonable directors' fees or repayment of consumer debt to creditors other than the credit counseling organization or its affiliates)?	10	□Yes	🗆 No
11	Is 49% or less of the organization's voting power vested in persons who are employed by the organization or who will benefit financially, directly or indirectly, from the organization's activities (other than through the receipt of reasonable directors' fees)?	11	□Yes	🗆 No
12	Does the organization own more than 35% of a corporation, partnership, trust, or estate that is in the trade or business of lending money, repairing credit, or providing debt management plan services, payment processing, or similar services?	12	□Yes	🗆 No
13	Does the organization receive any amounts for providing referrals to others for debt management plan services or pay any amount to others for obtaining referrals of consumers?	13	□ Yes	□No
14	Does the organization solicit contributions from consumers during the initial counseling process or while the consumer is receiving services from the organization?	14	□Yes	🗆 No
15	Do the aggregate revenues of the organization, which are from payments of creditors of consumers of the organization and which are attributable to debt management plan services, exceed 50% of the total revenues of the organization? The Transition rule in IRC Section $501(q)(2)(B)(ii)$ applies, please attach a statement of explanation.	15	□ Yes	□ No
16	If the organization is a credit counseling organization, did the organization receive federal exemption under IRC Section 501(c)(4)?	16	□Yes	🗆 No