

2015 Annual Information Return

199

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

Corporation/Organization name PACIFIC SAFETY CENTER California corporation number 0272303

Additional information. See instructions. FEIN 95-1920514

Street address (suite or room) 9880 VIA PASAR PMB no.

City SAN DIEGO State CA Zip code 92126

Foreign country name Foreign province/state/county Foreign postal code

Form section with questions A through P regarding filing status, exemptions, and organizational details.

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

Table with 4 columns: Description, Line Number, Amount, and Balance Due. Rows include Receipts and Revenues, Expenses, and Filing Fee.

Sign Here 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.

Paid Preparer's Use Only Preparer's signature Ariel Kagan Date 04/19/2017 Firm's name KAGAN AND ASSOCIATES, CPAS

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

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

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions	●	<b>1</b>	1,230,654	00
	<b>2</b> Interest	●	<b>2</b>	181	00
	<b>3</b> Dividends	●	<b>3</b>	0	00
	<b>4</b> Gross rents	●	<b>4</b>	0	00
	<b>5</b> Gross royalties	●	<b>5</b>	0	00
	<b>6</b> Gross amount received from sale of assets (See Instructions)	●	<b>6</b>	0	00
	<b>7</b> Other income. Attach schedule	●	<b>7</b>	0	00
	<b>8</b> Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		<b>8</b>	1,230,835	00
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	<b>9</b>	0	00
	<b>10</b> Disbursements to or for members	●	<b>10</b>	0	00
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule	●	<b>11</b>	180,840	00
	<b>12</b> Other salaries and wages	●	<b>12</b>	484,297	00
	<b>13</b> Interest	●	<b>13</b>	1,319	00
	<b>14</b> Taxes	●	<b>14</b>	64,854	00
	<b>15</b> Rents	●	<b>15</b>	86,795	00
	<b>16</b> Depreciation and depletion (See instructions)	●	<b>16</b>	39,848	00
	<b>17</b> Other Expenses and Disbursements. Attach schedule	●	<b>17</b>	683,450	00
	<b>18</b> Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		<b>18</b>	1,541,403	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
<b>1</b>	Cash		89,057.	●	152,495.
<b>2</b>	Net accounts receivable		94,681.	●	82,725.
<b>3</b>	Net notes receivable		0.	●	0.
<b>4</b>	Inventories		15,541.	●	19,218.
<b>5</b>	Federal and state government obligations		0.	●	0.
<b>6</b>	Investments in other bonds		0.	●	0.
<b>7</b>	Investments in stock		0.	●	0.
<b>8</b>	Mortgage loans		0.	●	0.
<b>9</b>	Other investments. Attach schedule		0.	●	0.
<b>10 a</b>	Depreciable assets	507,475.		537,432.	
<b>b</b>	Less accumulated depreciation	( 434,137. )	73,338.	( 473,985. )	63,447.
<b>11</b>	Land		0.	●	0.
<b>12</b>	Other assets. Attach schedule		21,248.	●	32,196.
<b>13</b>	<b>Total assets</b>		293,865.		350,081.
<b>Liabilities and net worth</b>					
<b>14</b>	Accounts payable		76,812.	●	101,350.
<b>15</b>	Contributions, gifts, or grants payable		0.	●	0.
<b>16</b>	Bonds and notes payable		0.	●	0.
<b>17</b>	Mortgages payable		0.	●	0.
<b>18</b>	Other liabilities. Attach schedule		80,702.		44,568.
<b>19</b>	Capital stock or principal fund		0.	●	0.
<b>20</b>	Paid-in or capital surplus. Attach reconciliation		0.	●	0.
<b>21</b>	Retained earnings or income fund		136,351.	●	204,163.
<b>22</b>	<b>Total liabilities and net worth</b>		293,865.		350,081.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
<b>1</b>	Net income per books	●	67,813.
<b>2</b>	Federal income tax	●	
<b>3</b>	Excess of capital losses over capital gains	●	
<b>4</b>	Income not recorded on books this year. Attach schedule	●	0.
<b>5</b>	Expenses recorded on books this year not deducted in this return. Attach schedule	●	0.
<b>6</b>	Total. Add line 1 through line 5		67,813.
<b>7</b>	Income recorded on books this year not included in this return. Attach schedule	●	0.
<b>8</b>	Deductions in this return not charged against book income this year. Attach schedule	●	0.
<b>9</b>	Total. Add line 7 and line 8		0.
<b>10</b>	Net income per return. Subtract line 9 from line 6		67,813.

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2015

8453-EO

Exempt Organization name PACIFIC SAFETY CENTER	Identifying number 95-1920514
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**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	1,609,216
2	Total gross income (Form 199, line 8)	2	1,609,216
3	Total expenses and disbursements (Form 199, Line 9)	3	1,541,403

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

4  Electronic funds withdrawal      4a Amount 0      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
 6 Account number \_\_\_\_\_      7 Type of account:  Checking       Savings

**Part IV Declaration of Officer**

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


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

Sign Here


Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title 08/11/2015

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

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

<b>ERO Must Sign</b>	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01219790
	Firm's name (or yours if self-employed) and address	KAGAN AND ASSOCIATES, CPAS 10763 WOODSIDE, STE B SANTEE CA		FEIN 27-4250737	ZIP code 92071

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

<b>Paid Preparer Must Sign</b>	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P01219790
	Firm's name (or yours if self-employed) and address	KAGAN AND ASSOCIATES, CPAS 10763 WOODSIDE, STE B SANTEE CA		FEIN 27-4250737
				ZIP code 92071