

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

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

Pennington Research Association

Identifying number

31-1810938

## Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	5,171.
2	Total gross income (Form 199, line 8)	2	5,171.
3	Total expenses and disbursements (Form 199, Line 9)	3	4,106.

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

4  Electronic funds withdrawal    4a Amount \_\_\_\_\_    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.

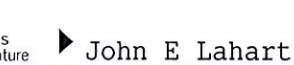
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of 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        5/5/16    CFO  
Signature of officer    Date    Title

## 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.

**ERO Must Sign**

ERO's signature        Date \_\_\_\_\_    Check if also paid preparer     Check if self-employed     ERO's PTIN P00300548

Firm's name (or yours if self-employed) and address    Law Offices of John E. Lahart    FEIN 94-2750177  
950 Northgate Dr #200    San Rafael CA    ZIP Code 94903-3430

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.

**Paid Preparer Must Sign**

Paid preparer's signature    \_\_\_\_\_    Date \_\_\_\_\_    Check if self-employed     Paid preparer's PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) and address    \_\_\_\_\_    FEIN \_\_\_\_\_  
\_\_\_\_\_    ZIP code \_\_\_\_\_

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015

**2015 Exempt Org. Return**  
prepared for:

**Pennington Research Association  
Incorporated**  
950 Northgate Dr Suite 200  
San Rafael, CA 94903

**Law Offices of John E. Lahart**  
950 Northgate Dr #200  
San Rafael, CA 94903-3430

Form **990-N**

**Electronic Notice (e-Postcard) for  
Tax-Exempt Organization Not Required to File  
Form 990 or 990-EZ**

**2015**

Electronic Filing Only – Do Not Mail

For the 2015 calendar year, or tax year beginning 1/01, 2015, ending 12/31, 2015

Check if applicable  
 Termination

Organization name and address Pennington Research Association Incorporated 950 Northgate Dr #200 San Rafael, CA 94903	Employer identification number 31-1810938
	Telephone Number 415 491-9500

Other names the organization uses

Website:>

Check >  if the organization's gross receipts are normally not more than \$50,000 (\$5,000 for a 509(a)(3) supporting organization)

Principal Officer Information	Name	Gene Pennington
	Address	837 Estancia Way San Rafael, CA 94903

Form 990-N, also known as the e-Postcard, must be filed electronically with the Internal Revenue Service. There will be no paper form accepted by the Internal Revenue Service.

**Do Not** mail this form to the Internal Revenue Service.

California Exempt Organization Annual Information Return

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

Corporation/Organization name PENNINGTON RESEARCH ASSOCIATION INCORPORATED California corporation number 2346142

Additional information: See instructions. FEIN 31-1810938

Street address (suite or room) 950 NORTHGATE DR #200 PMB no.

City SAN RAFAEL State CA ZIP code 94903

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

- A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method:
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?

- J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?

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

Table with 17 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers and amounts such as 5,171 and 1,065.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: [Signature] ATTORNEY
Paid Preparer's Use Only: Preparer's signature: JOHN E LAHART, Firm's name: LAW OFFICES OF JOHN E. LAHART, 950 NORTHGATE DR #200, SAN RAFAEL, CA 94903-3430

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>	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	
	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	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
<b>Expenses and Disbursements</b>	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule	●	17	4,106.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	4,106.

<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>					
1	Cash				●
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				●
9	Other investments. Attach schedule				●
10 a	Depreciable assets				
	b Less accumulated depreciation				
11	Land				●
12	Other assets. Attach schedule				●
13	Total assets				
<b>Liabilities and net worth</b>					
14	Accounts payable				●
15	Contributions, gifts, or grants payable				●
16	Bonds and notes payable				●
17	Mortgages payable				●
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund				●
20	Paid-in or capital surplus. Attach reconciliation				●
21	Retained earnings or income fund				●
22	Total liabilities and net worth				

**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 \$50,000.

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

4/04/16

10:16AM

**Statement 1**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Gene Pennington 837 Estancia Way San Rafael, CA 94903	Chairman 0	\$ 0.	\$ 0.	\$ 0.
Betsy Van Auker 25 Bowie Trail Lusby, MD 20657	President & CEO 0	0.	0.	0.
Larry Pennington 12916 Arbor Drive Olive Branch, MS 38654	CFO 0	0.	0.	0.
Betsy Van Auker 225 Bowie Trail Lusby, MD 20657	Secretary 0	0.	0.	0.
<b>Total</b>		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

**Statement 2**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees.....	\$ 475.
Program services.....	3,631.
<b>Total</b>	\$ <u>4,106.</u>

IN  
MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

**ANNUAL  
REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

State Charity Registration Number <u>CT-12139</u> PENNINGTON RESEARCH ASSOCIATION INCORPORATED <small>Name of Organization</small> 950 NORTHGATE DR #200 <small>Address (Number and Street)</small> SAN RAFAEL, CA 94903 <small>City or Town</small> <span style="float:right"><small>State</small> <small>ZIP Code</small></span>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2346142</u> Federal Employer I.D. No. <u>31-1810938</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/15 ending 12/31/15) list:  
 Gross annual revenue \$ 5,171. Total assets \$ 0.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 415 491-9500

Organization's e-mail address J.LAHART@ATT.NET

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

**JOHN E LAHART** **ATTORNEY**  
Signature of authorized officer Printed Name Title  
Date

Electronic Notice (e-Postcard) for  
Tax-Exempt Organization Not Required to File  
Form 990 or 990-EZ

Form **990-N**

**2015**

Electronic Filing Only – Do Not Mail

For the 2015 calendar year, or tax year beginning 1/01, 2015, ending 12/31, 2015

Check if applicable  
 Termination

Organization name and address

Pennington Research Association  
Incorporated  
950 Northgate Dr #200  
San Rafael, CA 94903

Employer identification number

31-1810938

Telephone Number

415 491-9500

Other names the  
organization uses

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