

TAXABLE YEAR
2009

California Exempt Organization Annual Information Return

028941 12-31-09
FORM
199

Calendar Year 2009 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____

A First Return Filed? Yes No
B Type of organization Exempt under Section 23701 **D** (insert letter)
IRC Section 4947(a)(1) trust

CORP #
3194185

Corporation/Organization Name

FEIN

NORTHERN CALIFORNIA RHEUMATOLOGY SOCIETY

26-4371408

Address

657 MISSION BLVD, SUITE 603

City

SAN FRANCISCO

State

CA

ZIP Code

94105

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption?
(a) Is this a group filing for affiliates? See General Instruction L Yes No
(b) If "Yes," enter the number of affiliates _____
(c) Are all affiliates included? Yes No
(if "No," attach a list. See instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number _____
(f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3508, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	16.00
	2	Gross dues and assessments from members and affiliates	2	2,250.00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	51,895.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	54,161.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	54,161.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	11,944.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	42,217.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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

Sign Here
Signature of officer _____ Title _____ Date _____ Telephone _____

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN/PTIN **P00452703**

Paid Preparer's Use Only
Firm's name (or yours, if self-employed) and address **MICHAEL P. SENADENOS, C.P.A.
3340 WALNUT AVENUE #113
FREMONT, CA 94538**
FEIN **94-3014373**
Telephone **510.794.4487**

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

NORTHERN CALIFORNIA RHEUMATOLOGY SOCIETY 26-4371408

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

929651 11-18-09

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	16.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	00
	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	16.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	2,000.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	0.00
	12	Other salaries and wages	•	12	00
	13	Interest	•	13	00
	14	Taxes	•	14	00
	15	Rents	•	15	00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other	•	17	9,944.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	11,944.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash			•	42,217.
2	Net accounts receivable			•	
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans (number of loans _____)			•	
9	Other investments			•	
10	a Depreciable assets				
	b Less accumulated depreciation	()	()		
11	Land			•	
12	Other assets			•	
13	Total assets		0.		42,217.
Liabilities and net worth					
14	Accounts payable			•	
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities				
19	Capital stock or principle fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund			•	42,217.
22	Total liabilities and net worth		0.		42,217.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	•	42,217.		
2	Federal income tax	•		7	Income recorded on books this year not included in this return
3	Excess of capital losses over capital gains	•		•	
4	Income not recorded on books this year	•			
5	Expenses recorded on books this year not deducted in this return	•		8	Deductions in this return not charged against book income this year
6	Total.			9	Total. Add line 7 and line 8
	Add line 1 through line 5		42,217.	10	Net income per return.
					Subtract line 9 from line 6
					42,217.

NORTHERN CALIFORNIA RHEUMATOLOGY SOCIETY26-4371408

FORM 199

CASH CONTRIBUTIONS OF \$5000 OR MORE
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
GENENTECH INC	460 POINT SAN BRUNO BLVD SOUTH SAN FRANCISCO, CA, 94080		15,000.
CENTROCOR ORTHO BIOTECH INC	800 RIDGEVIEW ROAD HORSHAM, PA, 19044		10,000.
ABBOTT LABORATORIES	NORTH SUBURBAN CHICAGO, IL		5,000.
NCRA	TRANSFER FROM		21,895.
TOTAL INCLUDED ON LINE 3			<u>51,895.</u>

NORTHERN CALIFORNIA RHEUMATOLOGY SOCIETY

26-4371408

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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ACTIVITY CLASSIFICATION: DONATION

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARTHRITIS FOUNDATION		NONE	2,000.

TOTAL FOR THIS ACTIVITY	2,000.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	2,000.
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FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
BARRY SHIBUYA, MD	PRESIDENT 0.00	0.
SADHAKAR TUMULURI, MD	SECRETARY 0.00	0.
LYNDA LEE, MD	TREASURER 0.00	0.

TOTAL TO FORM 199, PART II, LINE 11	0.
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NORTHERN CALIFORNIA RHEUMATOLOGY SOCIETY

26-4371408

FORM 199

OTHER EXPENSES

STATEMENT 4

DESCRIPTION

AMOUNT

WEBMASTER

5,000.

MEETING

3,324.

APPLICATION FEES

1,620.

TOTAL TO FORM 199, PART II, LINE 17

9,944.

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

WEB SITE ADDRESS:

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

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.

State Charity Registration Number: **CT** _____

Check if:

Change of address

Amended report

NORTHERN CALIFORNIA RHEUMATOLOGY SOCIETY

Name of Organization

657 MISSION BLVD, SUITE 603

Address (Number and Street)

SAN FRANCISCO, CA 94105

City or Town, State and ZIP Code

Corporate or Organization No. **3194185**

Federal Employer I.D. No. **26-4371408**

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 01/01/2009 ending 12/31/2009) list:
Gross annual revenue \$ 54,161. Total assets \$ 42,217.

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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
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.		X
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.		X
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.		X
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.		X
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.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number **510.791.1300**

Organization's e-mail address **NORCALRHEUMATOLOGY@YAHOO.COM**

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.

Signature of authorized officer

Printed Name

Title

Date