

# California Exempt Organization Annual Information Return

For calendar or fiscal year beginning month 07 day 01 year 2001, and ending month 06 day 30 year 2002

**IMPORTANT: Your number is required.**

California corporation number	Federal employer identification number
2 2 6 9 4 5 6	9 4 3 3 7 5 8 8 4

Attach Preaddressed Label or See Instructions

Corporation/Organization name  
**ONLINE POLICY GROUP, INC**

Address PMB no.  
**304 WINFIELD STREET**

City State ZIP Code  
**SAN FRANCISCO** **CA** **94110-5512**

**A** Final return?  Yes. Check applicable box.  No.  
 Dissolved  Withdrawn  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date

**B** Check forms filed this year: State:  108  100  100S  
 Federal:  990  990EZ  990T  990PF  1041  1120H  1120

**C** If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required.

**D** Is this a group filing? See General Instruction M.  Yes  No

**E** Accounting method used ACCRUAL

**F** Type of organization  Exempt under Section 23701  (insert letter)  
 IRC Section 4947(a)(1) trust

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

*See Attach Federal*

Receipts and Revenues <small>(Attach check or money order here.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 <i>GROSS UNDER EXEMPTION AMOUNT</i>	2	
	2	Gross dues and assessments from members and affiliates	3	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	4	
	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		
	5	Cost of goods sold	6	
	6	Cost or other basis, and sales expenses of assets sold	7	
	7	Total costs. Add line 5 and line 6	8	
	8	Total gross income. Subtract line 7 from line 4	9	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	10	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	1000
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Balance due. Add line 11 and line 12	13	1000

- 14 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 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No
- 15 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
- 16 Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_
- 17 Did the organization file Form 100, Form 100S, or Form 109 to report taxable income?  Yes  No  
 If "Yes," enter amount of total income reported \$ \_\_\_\_\_

18 The financial records are in care of \_\_\_\_\_ Daytime telephone (\_\_\_\_) \_\_\_\_\_

located at \_\_\_\_\_

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here *[Signature]* November 13, 2002 Director (415) 826-3532

Signature of officer Date Title Daytime telephone

Paid Preparer's Use Only Preparer's signature Date Check if self-employed  Preparer's SSN or PTIN

Firm's name (or yours, if self-employed) and address Daytime telephone (\_\_\_\_) \_\_\_\_\_

FEIN \_\_\_\_\_

EIN 94-3375884

**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.**

Receipts from Other Sources	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	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	
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10 Disbursements to or for members	10	
	11 Compensation of officers, directors, and trustees. Attach schedule	11	
	12 Other salaries and wages	12	
	13 Interest	13	
	14 Taxes	14	
	15 Rents	15	
	16 Depreciation and depletion	16	
	17 Other. Attach schedule	17	
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash				
2 Net accounts receivable				
3 Net notes receivable. Attach schedule				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of 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. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle 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 \$25,000	
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.
5 Expenses recorded on books this year not deducted in this return. Attach schedule	Subtract line 9 from line 6
6 Total. Add line 1 through line 5	