

Office 4358
FULLERTON METROCENTER 1577 S HARBO
FULLERTON CA 92832
714-774-8210

March 12, 2012

Invoice: CN00001

ZEN
EMMA ~~ZEL~~ FOUNDATION
1025 S LARAMIE STREET
Anaheim, CA 92806

TEL: 714-742-8895

FOR PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2011 EXEMPT ORGANIZATION INFORMATION RETURN.

FEDERAL

990-N EFile Postcard

CALIFORNIA STATE
CA Form 199

TOTAL BEFORE DISCOUNT
DISCOUNT

\$150.00
-\$25.00

AMOUNT DUE

\$125.00

**** EFILE ONLY ****
2011 990 FORM 990-N
SMALL EXEMPT ORGANIZATIONS ANNUAL E-POSTCARD

EMMA ZEL FOUNDATION
45-2674691

Keep for your records

For calendar year 2010 or tax period beginning 07-13, and ending 12-31-2011.

Name of Organization:

EMMA ZEL FOUNDATION

Employer Identification Number

45-2674691

Doing Business Name:

EMMA ZEL FOUNDATION

Street Address: 1025 S LARAMIE STREET

City, State, and Zip code: Anaheim CA 92806

Telephone number: (714) 742-8895

Website address: WWW.EMMAZEN.COM

Principal officer information:

Individual name: DEBRA JO CHIAPUZIO

or

Buisness name:

Street Address: 1025 S LARAMIE STREET

U.S. Address of:

Zip code 92806

City Anaheim

State CA

or

Foreign Address:

City

Province or State

Country

Postal Code

Organization has terminated, or is terminating Yes ☐ No ☒

**** EFILE ONLY ****

California Exempt Organization
Annual Information Return

Calendar year 2011 or fiscal year beginning month 07 day 13 year 2011, and ending month 12 day 31 year 2011.

Corporation/Organization Name EMMA ZEL FOUNDATION		California corporation number	
Address (suite, room, or PMB no.) 1025 S LARAMIE STREET		FEIN 45-2674691	
City ANAHEIM	State CA	ZIP Code 92806	

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	L 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. No filing fee is required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn) • <input type="checkbox"/> Merged/Reorganized Enter date:	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) • <input type="checkbox"/> 990T (2) • <input type="checkbox"/> 990(PF) (3) • <input type="checkbox"/> Sch H (990)	O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing for the subordinates/affiliates? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	
I 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	

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
	2 Gross dues and assessments from members and affiliates •	2
	3 Gross contributions, gifts, grants, and similar amounts received •	3
	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 B. •	4
	5 Cost of goods sold •	5
Ex-penses	6 Cost or other basis, and sales expenses of assets sold •	6
	7 Total costs. Add line 5 and line 6 •	7
Filing Fee	8 Total gross income. Subtract line 7 from line 4 •	8
	9 Total expenses and disbursements. From Side 2, Part II, line 18 •	9
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 •	10
	11 Filing fee \$10 or \$25. See General Instruction F •	11 25
	12 Total payments •	12
Sign Here	13 Penalties and Interest. See General Instruction J •	13 -10
	14 Use tax. See General Instruction K •	14
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result •	15 15

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer ▶	Title PRESIDENT	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	• PTIN P00483728
	Firm's name (or yours, if self-employed) and address ▶ OFFICE 4358 FULLERTON METROCENTER 1577 S HARBO FULLERTON CA 92832			• FEIN 43-1871840 • Telephone (714) 774-8210
	May the FTB discuss this return with the preparer shown above? See instructions • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 (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		
Ex-penses and Dis-burse-ments	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	8	
	10	Disbursements to or for members	9	
	11	Compensation of officers, directors, and trustees. Attach schedule	10	
	12	Other salaries and wages	11	
	13	Interest	12	
	14	Taxes	13	
	15	Rents	14	
	16	Depreciation and depletion (See Instructions)	15	
	17	Other Expenses and Disbursements. Attach schedule	16	
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	17	

Schedule L Balance Sheets**Beginning of taxable year****End of taxable year**

	(a)	(b)	(c)	(d)
Assets				
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				
Liabilities and net worth				
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 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. 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		

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