

TAXPAYERS COPY

YEAR **2005** **California Exempt Organization** FORM **199**
Annual Information Return

For calendar or fiscal year beginning MONTH DAY YEAR and ending MONTH DAY YEAR
 JANUARY 1 2005 DECEMBER 31 2005

IMPORTANT: Your number is required.
 California corporation number 1799037 Federal employer identification number (FEIN) 33-0741689

Corporation/Organization name
AOF/PACIFIC AFFORDABLE HOUSING CORP.

Address PMB no.
7777 CENTER AVE, SUITE 240
 City State ZIP Code
HUNTINGTON BEACH, CA 92647

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 Dissolved Withdrawn Merged/Reorganized (attach explanation)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

B Check forms filed this year: State: 109 100 100S 100W
 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 N. Yes No

E Accounting method used **ACCRUAL**

F Type of organization Exempt under Section 23701 d (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.

Receipts and Revenues <small>(Enclose, but do not staple any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,610,531.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	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 C	4	2,610,531.
Expenses	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	1,833,962.
Filing Fee	7	Total costs. Add line 5 and line 6	7	1,833,962.
	8	Total gross income. Subtract line 7 from line 4	8	776,569.
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	673,609.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	102,960.
	11	Filing fee \$10 or \$25. See General Instruction F	11	10.
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Use tax. See instructions	13	
	14	Balance due. Add line 11, line 12, and line 13	14	10.

- 15 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
- 16 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
- 17 Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
 If "Yes," enter amount of total income reported \$ _____
- 19 The financial records are in care of **RAMAN NAYAR** Daytime telephone **714-799-1339**

located at **7777 CENTER AVE, SUITE 240, HUNTINGTON BEACH, CA 92647**

Please 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: **TAXPAYERS COPY** Date: _____ Title: _____ Daytime telephone: _____

Paid Preparer's Use Only
 Paid preparer's signature: *Sam J. Brown* Date: **11/2/06** Check if self-employed Paid preparer's SSN or PTIN: **P00614373**
 Firm's name (or yours, if self-employed) and address: **CARTER & COMPANY CPAS, LLC** FEIN: **58-2661884**
P.O. BOX 26119 Daytime telephone: **864-322-8995**
GREENVILLE, SC 29616

528941/12-03-05 For Privacy Act Notice, get form FTB 1131. 19905104022 Form 199 C1 2005 Slide 1