

TAXABLE YEAR  
**2017**

**California Exempt Organization  
Annual Information Return**

728941 12-06-17  
FORM  
**199**

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name <b>BAY AREA VIDEO COALITION, INC.</b>		California corporation number <b>0804562</b>	
Additional information. See instructions.		FEIN <b>94-2403876</b>	
Street address (suite or room) <b>2727 MARIPOSA STREET, NO. 2 FLR</b>		PMB no.	
City <b>SAN FRANCISCO</b>	State <b>CA</b>	ZIP code <b>94110</b>	
Foreign country name		Foreign province/state/country	
		Foreign postal code	

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> 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</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,461,777.00
	2	Gross dues and assessments from members and affiliates	2	22,070.00
	3	Gross contributions, gifts, grants, and similar amounts received <span style="float: right;">STMT 1</span>	3	3,878,265.00
	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 \$50,000, see General Information B	4	5,362,112.00
	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	5,362,112.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,116,733.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,245,379.00
<b>Filing Fee</b>	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

Under penalties or 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.

<b>Sign Here</b>	Signature of officer	Title <b>INTERIM EXECUT</b>	Date	Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>W. NOEL MCNABOLA</b>	Date <b>11/09/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00181055</b>
	Firm's name (or yours, if self-employed) and address <b>S D MAYER &amp; ASSOCIATES, LLP 235 MONTGOMERY STREET, 30TH FL SAN FRANCISCO, CA 94104</b>			FEIN <b>46-1171913</b>
				Telephone <b>415-691-4040</b>

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