

California Exempt Organization Annual Information Return

Calendar year 2010 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 # 3199464

Corporation/Organization Name SUSTAINABLE HEALTHCARE INITIATIVES NOW EMPOWERING HUMANITY FEIN 27-0340672

Address 1131 E MAIN ST #207A City TUSTIN, CA 92780 State ZIP Code

C Amended Return? D Are you a subordinate/affiliate in a group exemption? H Accounting method used... I If exempt under R&TC Section 23701d... J Did the organization have any changes in its activities... K Is the organization exempt under R&TC Section 23701g? L Is the organization under audit by the IRS... M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income?

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-15).

Sign Here Under penalties of perjury, I declare that I have examined this return... Signature of officer: Seema Jagal Harrison, EXECUTIVE DIREC, Date: 3.21.12., Telephone: (714) 665-2400

May the FTB discuss this return with the preparer shown above? See instructions... [X] Yes [] 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..... SEE STATEMENT 1	●	7	23.
	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	23.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.....	●	9	138,058.
	10	Disbursements to or for members.....	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule .. SEE STATEMENT 2	●	11	40,000.
	12	Other salaries and wages	●	12	6,222.
	13	Interest	●	13	
	14	Taxes.....	●	14	3,052.
	15	Rents.....	●	15	
	16	Depreciation and depletion (See Instructions).....	●	16	
	17	Other. Attach schedule..... SEE STATEMENT 3	●	17	475,019.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.....		18	662,351.

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash.....			●	324,864.
2 Net accounts receivable.....			●	
3 Net notes receivable. Attach schedule.....			●	3,270.
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds. Attach sch.			●	
7 Investments in stock. Attach schedule.....			●	
8 Mortgage loans (number of loans _____).....			●	
9 Other investments. Attach schedule			●	
10a Depreciable assets.....				
b Less accumulated depreciation.....				
11 Land.....			●	
12 Other assets. Attach schedule..... STM 4			●	3,000.
13 Total assets.....				331,134.
Liabilities and net worth				
14 Accounts payable.....			●	8,500.
15 Contributions, gifts, or grants payable.....			●	
16 Bonds and notes payable. Attach schedule			●	2,350.
17 Mortgages payable.....			●	
18 Other liabilities. Attach schedule..... STM 5				2,868.
19 Capital stock or principle fund.....			●	317,416.
20 Paid-in or capital surplus. Attach reconciliation.....			●	
21 Retained earnings or income fund.....			●	
22 Total liabilities and net worth.....				331,134.

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.....	●	317,416.	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.....		317,416.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.....	●					
6	Total. Add line 1 through line 5.....		317,416.				

Name of organization

Employer identification number

SUSTAINABLE HEALTHCARE INITIATIVES NOW

27-0340672

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Statement 1
Form 199, Part II, Line 7
Other Income

Other Investment Income..... \$ 23.
 Total \$ 23.

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Laila Karamally	CEO 20.00	\$ 24,000.	\$ 0.	\$ 0.
,				
Timothy Todd Shea	Director 20.00	16,000.	0.	0.
,				
Salman Naqvi	Director 5.00	0.	0.	0.
,				
Farzana Naqvi	Director 5.00	0.	0.	0.
,				
Adil Karamally	Director 5.00	0.	0.	0.
,				
Adeela Ahsan	Director 5.00	0.	0.	0.
,				
Faizal Khan	Director 5.00	0.	0.	0.
,				
Ethan Allen	Director 5.00	0.	0.	0.
,				
Seema Hassan	Executive Direc 5.00	0.	0.	0.
,				
Asim Ashary	Director 5.00	0.	0.	0.
,				
Total		\$ <u>40,000.</u>	\$ <u>0.</u>	\$ <u>0.</u>

Statement 3
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$	3,106.
Advertising and Promotion.....		4,362.
Legal Fees.....		488.
MEDICAL & HUMANITARIAN RELIEF.....		447,435.
Office Expenses.....		3,928.
Other fees.....		1,171.
Postage and Shipping.....		1,477.
Printing and Publications.....		591.
Travel.....		12,461.
	Total \$	<u>475,019.</u>

Statement 4
Form 199, Schedule L, Line 12
Other Assets

Prepaid Expenses and Deferred Charges.....		3,000.
	Total \$	<u>3,000.</u>

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

PAYROLL LIABILITIES.....		2,868.
	Total \$	<u>2,868.</u>