

U.S. Corporation Income Tax Return

For calendar year 1983 or other tax year beginning 11/1, 1983, ending 10/31, 19 84

OMB No. 1545-0123

1983

▶ For Paperwork Reduction Act Notice, see page 1 of the instructions.

Check if a—

- A. Consolidated return
- B. Personal Holding Co.
- C. Business Code No. (See page 9 of Instructions)
5129

Use IRS label. Otherwise please print or type.
YK 95-3106850 OCT84 B33 9129 M
INTERNATIONAL INSTITUTE OF NATURAL HEALTH SCIENCES INC
PO BOX 5550 HUNTINGTON BEACH CA 92646 291 RS

D. Employer identification number
95-3106850
E. Date incorporated
1/17/77
F. Total assets (see Specific Instructions)
\$ 222,609

6. Check box if there has been a change in address from the previous year

Gross Income	1 (a) Gross receipts or sales \$	(b) Less returns and allowances \$	Balance ▶	1(c)	945,478
	2 Cost of goods sold (Schedule A) and/or operations (attach schedule)			2	218,013
	3 Gross profit (subtract line 2 from line 1(c))			3	727,465
	4 Dividends (Schedule C)			4	
	5 Interest			5	
	6 Gross rents			6	
	7 Gross royalties			7	
	8 Capital gain net income (attach separate Schedule D)			8	
	9 Net gain or (loss) from Form 4797, line 14(a), Part II (attach Form 4797)			9	
	10 Other income (see instructions—attach schedule)			10	38,383
	11 TOTAL income—Add lines 3 through 10 and enter here			11	765,848
Deductions	12 Compensation of officers (Schedule E)			12	
	13 (a) Salaries and wages \$	(b) Less jobs credit \$	Balance ▶	13(c)	451,364
	14 Repairs (see instructions)			14	22,778
	15 Bad debts (Schedule F if reserve method is used)			15	
	16 Rents			16	28,000
	17 Taxes			17	39,321
	18 Interest			18	
	19 Contributions (not over 10% of line 30 adjusted per instructions)			19	
	20 Depreciation (attach Form 4562)	20	42,978		
	21 Less depreciation claimed in Schedule A and elsewhere on return	21(a)	()	21(b)	42,978
	22 Depletion			22	
	23 Advertising			23	175
	24 Pension, profit-sharing, etc. plans (see instructions)			24	5,055
	25 Employee benefit programs (see instructions)			25	
26 Other deductions (attach schedule)			26	168,277	
27 TOTAL deductions—Add lines 12 through 26 and enter here			27	757,949	
28 Taxable income before net operating loss deduction and special deductions (subtract line 27 from line 11)			28	7,899	
29 Less: (a) Net operating loss deduction (see instructions—attach schedule)	29(a)	35,548			
(b) Special deductions (Schedule C)	29(b)		29	34,548	
30 Taxable income (subtract line 29 from line 28)			30	(26,649)	
Tax	31 TOTAL TAX (Schedule J)			31	none
	32 Credits: (a) Overpayment from 1982 allowed as a credit				
	(b) 1983 estimated tax payments				
	(c) Less refund of 1983 estimated tax applied for on Form 4466 ()				
	(d) Tax deposited with Form 7004				
	(e) Credit from regulated investment companies (attach Form 2439)				
	(f) Federal tax on special fuels and oils (attach Form 4136)			32	
33 TAX DUE (subtract line 32 from line 31—If line 32 is greater than line 31, skip line 33 and go to line 34). See instruction C3 for depository method of payment (Check <input type="checkbox"/> if Form 2220 is attached. See instruction D.) ▶ \$			33	none	
34 OVERPAYMENT (subtract line 31 from line 32)			34		
35 Enter amount of line 34 you want: Credited to 1984 estimated tax ▶			35		
				Refunded ▶	

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 _____ Date _____ Title _____

Paid Preparer's Use Only

Preparer's signature: JONES, MCGINTY & PARQUET
AN ACCOUNTANCY CORPORATION
Date: _____
Check if self-employed
Preparer's social security number: 399 40 2804
Firm's name (or yours, if self-employed) and address: 7660 LIBERTY AVENUE
HUNTINGTON BEACH, CALIF 92647
E.I. No.: 95 358397
ZIP code: _____

SCHEDULE A.—Cost of Goods Sold
(See instructions for Schedule A)

1 Inventory at beginning of year	1	102,136
2 Merchandise bought for manufacture or sale	2	123,750
3 Salaries and wages	3	
4 Other costs (attach schedule).	4	81,888
5 Total—Add lines 1 through 4	5	307,774
6 Inventory at end of year.	6	89,761
7 Cost of goods sold—Subtract line 6 from line 5. Enter here and on line 2, page 1	7	218,013

8 (a) Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market as described in Regulations section 1.471-4 (see instructions)
- (iii) Writedown of "subnormal" goods as described in Regulations section 1.471-2(c) (see instructions)
- (iv) Other (Specify method used and attach explanation) ▶

(b) Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

(c) If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

(d) If you are engaged in manufacturing, did you value your inventory using the full absorption method (Regulations section 1.471-11)? Yes No

(e) Was there any substantial change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

SCHEDULE C.—Dividends and Special Deductions
(See instructions for Schedule C)

	(A) Dividends received	(B) %	(C) Special deductions: multiply (A) X (B)
1 Domestic corporations subject to 85% deduction		85	
2 Certain preferred stock of public utilities		59.13	
3 Foreign corporations subject to 85% deduction		85	
4 Wholly-owned foreign subsidiaries subject to 100% deduction (section 245(b))		100	
5 Total—Add lines 1 through 4. See instructions for limitation			
6 Affiliated groups subject to the 100% deduction (section 243(a)(3))		100	
7 Other dividends from foreign corporations not included in lines 3 and 4			
8 Income from controlled foreign corporations under subpart F (attach Forms 5471)			
9 Foreign dividend gross-up (section 78)			
10 DISC or former DISC dividends not included in line 1 (section 246(d))			
11 Other dividends			
12 Deduction for dividends paid on certain preferred stock of public utilities (see instructions)			
13 Total dividends—Add lines 1 through 11. Enter here and on line 4, page 1 ▶			
14 Total deductions—Add lines 5, 6 and 12. Enter here and on line 29(b), page 1 ▶			

SCHEDULE E.—Compensation of Officers (See instruction for line 12, page 1)

Complete Schedule E only if your total receipts (line 1(a), plus lines 4 through 10, of page 1, Form 1120) are \$150,000 or more.

1. Name of officer	2. Social security number	3. Percent of time devoted to business	Percent of corporation stock owned		6. Amount of compensation
			4. Common	5. Preferred	
K. Donsbach	516 38 0442	100%	100%	%	Nil
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	

Total compensation of officers—Enter here and on line 12, page 1 Nil

SCHEDULE F.—Bad Debts—Reserve Method (See instruction for line 15, page 1)

1. Year	2. Trade notes and accounts receivable outstanding at end of year	3. Sales on account	Amount added to reserve		6. Amount charged against reserve	7. Reserve for bad debts at end of year
			4. Current year's provision	5. Recoveries		
1978						
1979						
1980						
1981						
1982						
1983						

SCHEDULE J.—Tax Computation

(See instructions for Schedule J on page 7)

1 Check if you are a member of a controlled group (see sections 1561 and 1563)	<input type="checkbox"/>		
2 If line 1 is checked, see instructions and enter your portion of the \$25,000 amount in each taxable income bracket:			
(i) \$ (ii) \$ (iii) \$ (iv) \$			
3 Income tax (see instructions to figure the tax; enter this tax or alternative tax from Schedule D, whichever is less). Check if from Schedule D <input type="checkbox"/>		3	None
4 (a) Foreign tax credit (attach Form 1118)	4(a)		
(b) Investment credit (attach Form 3468)	(b)		
(c) Jobs credit (attach Form 5884)	(c)		
(d) Employee stock ownership credit (attach Form 8007)	(d)		
(e) Research credit (attach Form 6765)	(e)		
(f) Possessions tax credit (attach Form 5735)	(f)		
(g) Alcohol fuel credit (attach Form 6478)	(g)		
(h) Credit for fuel produced from a nonconventional source (see instructions)	(h)		
5 Total—Add lines 4(a) through 4(h)		5	
6 Subtract line 5 from line 3		6	
7 Personal holding company tax (attach Schedule PH (Form 1120))		7	
8 Tax from recomputing prior-year investment credit (attach Form 4255)		8	
9 Minimum tax on tax preference items (see instructions—attach Form 4626)		9	
10 Total tax—Add lines 6 through 9. Enter here and on line 31, page 1		10	None

Additional Information (See page 8 of instructions)

	Yes	No	(e) Enter highest amount owed to you by such owner during the year ▶ <u>34,100</u>	Yes	No
H Did you claim a deduction for expenses connected with:			(Note: For purposes of I(1) and I(2), "highest amount owed" includes loans and accounts receivable/payable.)		
(1) Entertainment facility (boat, resort, ranch, etc.)?		X	J Refer to page 9 of instructions and state the principal: Business activity ▶ <u>Publishing- Management</u> Product or service ▶ <u>Nutrition- Literature</u>		
(2) Living accommodations (except employees on business)?		X	K Were you a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.) If "Yes," attach Form 5471 for each such corporation.		X
(3) Employees attending conventions or meetings outside the North American area? (See section 274(h))		X	L At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? (See page 8 for exceptions and filing requirements for Form 90-22.1.)		X
(4) Employees' families at conventions or meetings?		X	If "Yes," write the name of the foreign country ▶ _____		
If "Yes," were any of these conventions or meetings outside the North American area? (See section 274(h))			M Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it?		X
(5) Employee or family vacations not reported on Form W-2?		X	If "Yes," you may have to file Forms 3520, 3520-A or 926.		
I (1) Did you at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).)		X	N During this tax year, did you pay dividends (other than stock dividends and distributions in exchange for stock) in excess of your current and accumulated earnings and profits? (See sections 301 and 316)		X
If "Yes," attach a schedule showing: (a) name, address, and identifying number; (b) percentage owned; (c) taxable income or (loss) before NOL and special deductions (e.g., if a Form 1120: from Form 1120, line 28, page 1) of such corporation for the tax year ending with or within your tax year; (d) highest amount owed by you to such corporation during the year; and (e) highest amount owed to you by such corporation during the year.			If "Yes," file Form 5452. If this is a consolidated return, answer here for parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		
(2) Did any individual, partnership, corporation, estate or trust at the end of the tax year own, directly or indirectly, 50% or more of your voting stock? (For rules of attribution, see section 267(c).) If "Yes," complete (a) through (e)		X	O During this tax year did you maintain any part of your accounting/ tax records on a computerized system?		X
(a) Attach a schedule showing name, address, and identifying number.			P Check method of accounting: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
(b) Enter percentage owned ▶ <u>Sch. E</u>					
(c) Was the owner of such voting stock a person other than a U.S. person? (See instructions).					
If "Yes," enter owner's country ▶ _____					
(d) Enter highest amount owed by you to such owner during the year ▶ _____					

SCHEDULE L—Balance Sheets	Beginning of tax year		End of tax year	
	(A)	(B)	(C)	(D)
Assets				
1 Cash		(34,039)		(18,397)
2 Trade notes and accounts receivable	25,884		12,785	
(a) Less allowance for bad debts		25,884		12,785
3 Inventories		102,136		89,761
4 Federal and State government obligations				
5 Other current assets (attach schedule)				
6 Loans to stockholders				
7 Mortgage and real estate loans				
8 Other investments (attach schedule)				
9 Buildings and other depreciable assets	383,632		383,632	
(a) Less accumulated depreciation	222,637	160,995	265,615	118,017
10 Depletable assets				
(a) Less accumulated depletion				
11 Land (net of any amortization)				
12 Intangible assets (amortizable only)				
(a) Less accumulated amortization				
13 Other assets (attach schedule)		3,118		20,443
14 Total assets		258,094		222,609
Liabilities and Stockholders' Equity				
15 Accounts payable		78,048		68,851
16 Mortgages, notes, bonds payable in less than 1 year		18,066		
17 Other current liabilities (attach schedule)		9,102		26,538
18 Loans from stockholders		67,657		34,100
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach schedule)				
21 Capital stock: (a) Preferred stock				
(b) Common stock	1,050	1,050	1,050	1,050
22 Paid-in or capital surplus				
23 Retained earnings—Appropriated (attach schedule)				
24 Retained earnings—Unappropriated		84,171		92,070
25 Less cost of treasury stock		()		()
26 Total liabilities and stockholders' equity		258,094		222,609

SCHEDULE M-1.—Reconciliation of Income Per Books With Income Per Return

Do not complete this schedule if your total assets (line 14, column (D), above) are less than \$25,000.

1 Net income per books	7,899	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax		(a) Tax-exempt interest \$	
3 Excess of capital losses over capital gains		_____	
4 Income subject to tax not recorded on books this year (itemize)		8 Deductions in this tax return not charged against book income this year (itemize)	
5 Expenses recorded on books this year not deducted in this return (itemize)		(a) Depreciation . . . \$	
(a) Depreciation . . . \$		(b) Contributions carryover \$	
(b) Contributions carryover \$		_____	
6 Total of lines 1 through 5	7,899	9 Total of lines 7 and 8	
		10 Income (line 28, page 1)—line 6 less line 9	7,899

SCHEDULE M-2.—Analysis of Unappropriated Retained Earnings Per Books (line 24 above)

Do not complete this schedule if your total assets (line 14, column (D), above) are less than \$25,000.

1 Balance at beginning of year	84,171	5 Distributions: (a) Cash	
2 Net income per books	7,899	(b) Stock	
3 Other increases (itemize)		(c) Property	
_____		6 Other decreases (itemize)	
_____		_____	
_____		7 Total of lines 5 and 6	
4 Total of lines 1, 2, and 3	92,070	8 Balance at end of year (line 4 less line 7)	92,070

**APPLICATION FOR AUTOMATIC MAXIMUM
EXTENSION OF TIME FOR FILING RETURN**

▶ See Instructions on back.

FOR BANK AND CORPORATION RETURNS, EXEMPT ORGANIZATION RETURN OR STATEMENT (Individual taxpayers use form FTB 3502)
This application, if completed in its entirety and all requirements are met, will automatically be approved. The return will then be due within seven months from the original due date.

YOU WILL NOT RECEIVE NOTICE IF THIS APPLICATION IS APPROVED.

TO BE COMPLETED BY REQUESTOR		Do Not Write In These Spaces	
		Income Year	Ext. Code
Corp. Name ▶ International Institute Of Natural Sciences	IMPORTANT Enter California corporation number (7 digits) 0728068 FEIN 95-3106850		
C/O ▶			
Street ▶ 7422 Mountjoy		Posting Control	
City/State ▶ Huntington Beach, CA 92647			

1 (a) Income Year of Return:

Calendar Year 19____ Fiscal Year Beginning 11/1 1983 and Ending 10/31 1984

(b) Type of Return:

- (i) Franchise Tax (iii) Farm Co-op (iv) Exempt Organization Business Income Return
(ii) Income Tax (v) Exempt Organization Annual Information Return/Statement

2 Does this application also cover subsidiaries to be included in a combined report? Yes No.
If "Yes," attach a list of the corporations and their California corporation numbers to be included in the combined report.

3 Expected Tax and Payments:

(a) Total expected tax for income year. Include tax on preference items.
(For return types (ii), (iv), and (v) in 1(b) above, if no tax is due, enter "NONE".) . . . \$ 200.00
(b) Less: Payments and/or credits of estimated tax 200.00
(c) Balance due with this application. \$.00

Note: The application will not be approved unless the expected tax shown on line 3(a) is paid in full.

Signature. - Under penalties of perjury, I declare I am authorized to make this application, and to the best of my knowledge and belief it is true, correct, and complete.

(Signature of officer or agent)

(Title)

Date

TO BE COMPLETED BY FRANCHISE TAX BOARD IF APPLICATION IS DENIED

Your application for extension of time to file a return has been DENIED for the reason(s) checked below:

- The application was not submitted on or before the due date of the return.
 The total expected tax is either not shown or is not sufficient (\$200 minimum tax for return types (i) and (iii), Part 1, (b) above).
 The amount of credits/payments claimed does not match Franchise Tax Board records. Our records show \$_____ in payments/credits. (The \$200 paid to Secretary of State upon qualification or incorporation cannot be claimed as a tax credit).
 Payment of the balance of expected tax was not included with the application.
 A corporation that is suspended does not qualify for an extension.
 We have no record of this corporation having exempt status.
 The application was not completely filled out and/or signed.
 Other (explain): _____

DENIED BY: (Initial and Date)

NOTE: IF YOUR APPLICATION IS DENIED, SEE REVERSE SIDE OR ENCLOSED NOTICE FOR INSTRUCTIONS.

Application for Automatic Extension of Time to File Corporation Income Tax Return

(Under section 6081(b) of the Internal Revenue Code)

Name of corporation International Institute Of Natural Health Sciences	Employer identification number 95-3106850
Number and street 7422 Moutnjoy	Check type of return to be filed: <input checked="" type="checkbox"/> Form 1120 <input type="checkbox"/> Form 1120S <input type="checkbox"/> Form 1120L <input type="checkbox"/> Form 1120-H <input type="checkbox"/> Form 1120M <input type="checkbox"/> Form 990-C <input type="checkbox"/> Form 1120-POL <input type="checkbox"/> Form 990-T <input type="checkbox"/> Form 1120F <input type="checkbox"/> Check here if you do not have an office or place of business in the U.S.
City or town, State, and ZIP code Huntington Beach, CA 92647	

- 1 (a)** I request an automatic 3-month extension of time until July 15, 1985, to file the income tax return of the corporation named above for calendar year 19..... or tax year ending 10/31, 1984.
- (b)** If this tax year is for less than 12 months, enter date tax year begins 19.....; and check reason:
 Initial return Final return Change in accounting period approved Consolidated return to be filed

2 Does this application also cover subsidiaries to be included in a consolidated return? Yes No
 If "Yes," complete the following:

Name and address of each member of the affiliated group	Employer identification number

<p>3 (a) Tentative amount of income tax for the tax year. Include any—</p> <ul style="list-style-type: none"> Minimum tax on tax preference items Personal holding company tax Tax from recomputing a prior year investment credit Foreign tax credit Possession tax credit Investment credit Employee stock ownership credit (applies only to fiscal year 1982-83 corporations) Jobs credit Alcohol fuel credit Nonconventional source fuel credit Research credit 	-0-
<p>(b) Credits:</p> <ul style="list-style-type: none"> (i) Overpayment from prior year allowed as a credit (ii) Estimated tax payments (deposits) for the tax year (iii) Less refund of estimated tax for the tax year applied for on Form 4466 (iv) Credit from regulated investment companies; and credit for overpaid windfall profit tax (v) Credit for Federal tax on special fuels and oils (vi) Total—Add lines 3(b)(i) through 3(b)(v) 	-0-
<p>(c) Balance due—Subtract line 3(b)(vi) from line 3(a)</p> <p>(d) Amount required to be deposited—50% of line 3(c)</p>	

Signature.—Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application and that to the best of my knowledge and belief the statements made are true, correct, and complete.

 (Signature of officer or agent) (Title) Date

For calendar year 1983 or other tax year beginning _____, 1983, ending _____, 1984

AFFIX PREADDRESSED LABEL		Recvd.		CY
Corporation International Institute of Natural Health Sciences, Inc.				CA
Address P.O. Box 5550				IC
City Huntington Beach, CA 92646	State	Zip Code	CN	PC
California Corporation Number D-0728968	Federal Employer Identification No. 95-3106850		IVE	RC
		Remittance		FC
				AC
				DE

DO NOT USE THESE SPACES

ATTACH REMITTANCE HERE

- A. Date incorporated 1/17/77 Where? Calif
- B. Date began business in California or date income was first derived from California sources 1/17/77
- C. Business group code no. (Federal Instructions) 5129
- D. Principal business activity Publishing & Management
- E. Accounting method used Accrual
- F. FIRST RETURN? New business Successor to previously existing business (attach: name, address, and FEIN of previous business)
- G. FINAL RETURN? Dissolved Withdrawn Merge/Reorganize
Date corporation ceased business or merged/reorganized _____
- H. Location of principal accounting records As Above
- I. Is income included in a combined report of a unitary group? Yes No
(If yes, check) Within/without California Wholly within California
- J. Has the federal government redetermined your income tax liability for any prior year(s) which has not previously been reported?
 Yes No Furnish copy of agent's report under separate cover.
- K. If the corporation owned real property in California on 3/1/83, has cumulatively more than 50% of the voting stock (1) been transferred by the corporation since March 1,

- 1975, or (2) been acquired by another legal entity or person during this year? (See instructions.) Yes No Not applicable (no real property owned in California)
- L. Did the corporation or group pay more than \$100,000 in local personal property taxes or business license taxes in California during this income year? Yes No
- M. Did this corporation or combined group have California taxable income of \$1 million or more in any of the 3 preceding years? Yes No If yes, did the income of this corporation or combined group include income and apportionment factors of any entity which derives all its income from sources outside the U.S., not subject to Subtitle A of the U.S. Internal Revenue Code, in any of the 3 preceding years? Yes No
- N. At any time during the income year, was more than 50% of voting stock:
(a) of this corporation owned by any single interest? Yes No
(b) of another corporation owned by this corporation? Yes No
(c) of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? Yes No
If a, b, or c is "yes" furnish statement of ownership.
- O. Have all required information returns (Forms 599) been filed? Yes No

Income Tax	18. Net income for State purposes (from line 17 page 2, or line 24, Schedule R (Form 100))	18	9,239
	19. TAX <u>9.6</u> % of amount on line 18 (see Tax Rates on page 2 of instructions)	19	887
Financial Offset	20. Financial corporation offset carryover allowable (see instruction 15)	20	
	21. _____ % of amount on line 20	21	
	22. Net offset. Subtract line 21 from line 20	22	
Credits	23. BALANCE. Subtract line 22 from line 19 (not less than the greater of 9.6% x line 18 or minimum tax)	23	887
	24. Total Credits from page 2, Schedule C	24	
Taxes	25. TAX BALANCE (not less than minimum tax if applicable). Subtract line 24 from line 23	25	887
	26. Tax on Preference Income (attach Schedule P (Form 100)). See instructions 17	26	
	27. TOTAL TAX. Add lines 25 and 26	27	887
Payments	28. Credits:		
	(a) Overpayment from 1982 allowed as a credit	28(a)	573
	(b) 1983 estimated tax payments	28(b)	200
	(c) Paid with application for extension of time to file return	28(c)	
	(d) Dissolving/Withdrawing-Not applicable if formed after 1971 (see Instr. 10)	28(d)	
	29. TOTAL (add lines 28(a) through 28(d))	29	773
Balance Due or Refund	30. TAX DUE. Subtract line 29 from line 27. PAY AMOUNT WITH RETURN	30	114
	31. OVERPAYMENT. Subtract line 27 from line 29	31	
	32. Enter amount of line 31 to be credited to 1984 estimated tax	32	
	33. Enter amount of line 31 you want refunded	33	
	34. Penalties if applicable (Check <input type="checkbox"/> if Form FTB 5806 is attached. See instruction 22.)	34	

Under penalties of perjury, the undersigned declares: I have examined this return, and to my knowledge and belief, it is true, correct, and complete.

Sign Here	Signature of officer	Title	JONES, MCGINTY & PARQUET	Date		Telephone ()	
Paid Preparer	Firm's name (or yours, if self-employed), signature and address		AN ACCOUNTANCY CORPORATION 7660 LIBERTY AVENUE HUNTINGTON BEACH, CALIF 92647	Date		Telephone ()	

STATE ADJUSTMENTS	1. Net Income before state adjustments (from Federal Form 1120 line 28 or page 3, Schedule D line 28)	1	7,899
	2. Amount deducted for tax under provisions of the Bank and Corporation Tax Law	2	200
	3. Amount deducted for foreign or domestic tax on or according to or measured by Income or profits	3	
	4. Interest on government obligations (see instruction B)	4	
	5. Net capital loss carryover deducted on Federal return or line 9A Schedule D	5	
	6. Additional federal deductions not allowed for State purposes	6	
	7. Depreciation, Amortization, Depletion adjustments	7	1,140
	8. Other additions required (attach schedule)	8	
	9. Total of lines 1 to 8 inclusive	9	9,239
	10. Deductible portion of dividends received (see Instructions F and G)	10	
	(a) Intercompany dividends to extent paid from business income included in a combined report	10(a)	
	(b) Other dividends received	10(b)	
	11. Capital losses not deducted on Schedule D (attach schedule)	11	
	12. Contributions in excess of allowable Federal deduction	12	
	13. Other deductions (attach schedule)	13	
	15. Adjustment to Federal wages due to Jobs Tax Credit (attach schedule)	15	
	16. Total of lines 10 to 15 inclusive	16	
17. Net Income after State adjustments. Subtract line 16 from line 9 (Enter here and on line 18, page 1.)	17	9,239	

SCHEDULE B — TAXES DEDUCTED ON FEDERAL RETURN

NATURE OF TAX	TAXING AUTHORITY	AMOUNT
Payroll		37,581
Franchise	State of Calif	200
Personal Prop	Orange County	1,540
Total Taxes Deducted on Federal Return		

SCHEDULE C — TAX CREDITS

1. Agricultural Irrigation Equipment	
2. Jobs Tax Credit(s)	
3. Energy Conservation	
4. Ridesharing	
5. Solar Pump	
6. Solar Energy	
7. Computer Donation (Institution)	
8. Other (attach schedules)	
Total (Enter on page 1, line 24.)	

SCHEDULE G — DEPRECIATION AND AMORTIZATION (attach a detailed schedule in support of each of the lines in this schedule)

Part A. DEPRECIATION CLAIMED	1. Under Federal Rev. Proc. 77-10 (ADR)		Part B. AMORTIZATION CLAIMED
		2. Other	
1. Straight line method			1. Pollution control facilities
2. Declining balance method			2. Cogeneration equipment
3. Sum of years-digits method			3. Alternative Energy Equipment
4. Based on units of production			4. Research or experimental
5. Additional 1st year depreciation			5. Exploration and development
6. Other (specify)			6. Set up expenses
7. Claimed under ACRS (See note below)			7. Other (specify)
8. Total depreciation claimed		42,978	8. Total amortization claimed
9. Allowable for State purposes		41,838	9. Allowable for State purposes
10.* Depreciation adjustment		1,140	10.* Amortization adjustment
Total of line 10, columns 1 and 2			

* If line 8 is greater than line 9, enter difference at line 10 and also on line 7 above.
 If line 9 is greater than line 8, enter difference at line 10 and also on line 13, above.
 NOTE: California has not adopted the Federal Accelerated Cost Recovery System (ACRS).

NOTE: If the Asset Guideline Class method (Fed. Rev. Proc. 77-10) is used for computing depreciation for State purposes, do NOT use the Lower Limit or Upper Limit (ADR) Ranges.

If the California and Federal reporting requirements are the same, and corresponding Federal Schedules are attached, page 3 and 4 of Form 100 need not be completed.

UNDERPAYMENT OF ESTIMATED TAX BY CORPORATIONS

For calendar year 19__ or other income year beginning 1/1/1983, ending 10/31/1984

CALIFORNIA LAW IS NOT THE SAME AS FEDERAL—SEE INSTRUCTIONS FOR DIFFERENCES

NAME International Institute of Natural Health Sciences Inc CALIFORNIA CORPORATION NO. D-07289684

PART I Remittance Record

ESTIMATE PAYMENTS and CREDITS	DATE	AMOUNT	FIRST	SECOND	THIRD	FOURTH
	<u>1/84</u>	<u>\$ 200</u>	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
1. Due dates for installments			1ST INSTALLMENT	2ND INSTALLMENT	3RD INSTALLMENT	4TH INSTALLMENT

PART II Exceptions to the Penalty (complete lines 2 through 23)

EXCEPTION A & B	2. Prior year's tax (must have been for a full 12 month period, see Instruction I)	\$ <u>200</u>							
	3. Tax based on prior year's income	$\text{\$} \times \text{CURRENT RATE \%} = \text{Tax \$}$							
	4. Requirement	25% (\$200 Min)		50%		75%		100%	
	5. Amount due (cumulative)	\$	\$	\$	\$	\$	\$	\$	\$
	6. Amount paid by due date (cumulative)	\$	\$	\$	\$	\$	\$	\$	\$
	7. Exception met? (Check box)	YES	NO	YES	NO	YES	NO	YES	NO
	EXCEPTION C	(Check applicable boxes) <input checked="" type="checkbox"/> 3 MONTHS <input type="checkbox"/> 3 <input type="checkbox"/> 5 MONTHS <input type="checkbox"/> 6 <input type="checkbox"/> 8 MONTHS <input type="checkbox"/> 9 <input type="checkbox"/> 11 MONTHS							
8. Taxable income of each period		\$	\$	\$	\$	\$	\$	\$	\$
9. Annualized income (see Instr. I)		\$	\$	\$	\$	\$	\$	\$	\$
10. Tax based on annualized income at ____%		\$	\$	\$	\$	\$	\$	\$	\$
Percentage Required		17.5% (200 Min)		35%		52.5%		70%	
		22.5% (200 Min)		45%		67.5%		90%	
11. Required amount due		\$	\$	\$	\$	\$	\$	\$	\$
12. 20% of preference tax		\$	\$	\$	\$	\$	\$	\$	\$
13. Total tax Due (add lines 11 and 12)		\$	\$	\$	\$	\$	\$	\$	\$
14. Amount paid by due date (cumulative)		\$	\$	\$	\$	\$	\$	\$	\$
15. Exception met? (check box)	YES	NO	YES	NO	YES	NO	YES	NO	
EXCEPTION D	(Check applicable boxes) <input checked="" type="checkbox"/> 3 MONTHS <input type="checkbox"/> 3 <input type="checkbox"/> 5 MONTHS <input type="checkbox"/> 6 <input type="checkbox"/> 8 MONTHS <input type="checkbox"/> 9 <input type="checkbox"/> 11 MONTHS								
	16. Taxable income of each period	\$	\$	\$	\$	\$	\$	\$	\$
	17. Seasonal income (see Instr. I)	\$	\$	\$	\$	\$	\$	\$	\$
	18. Tax based on seasonal income at ____%	\$	\$	\$	\$	\$	\$	\$	\$
	Percentage Required	17.5% (200 Min)		35%		52.5%		70%	
		22.5% (200 Min)		45%		67.5%		90%	
	19. Required amount due	\$	\$	\$	\$	\$	\$	\$	\$
	20. 20% of preference tax	\$	\$	\$	\$	\$	\$	\$	\$
	21. Total tax due (add lines 11 and 12)	\$	\$	\$	\$	\$	\$	\$	\$
	22. Amount paid by due date (cumulative)	\$	\$	\$	\$	\$	\$	\$	\$
23. Exception met? (check box)	YES	NO	YES	NO	YES	NO	YES	NO	

If all of the exceptions were met on line 7, 15 or 23, you do not need to complete balance of form. However, a copy of this form should be attached to your return.

PART III How to Figure Your Underpayment

NOTE: If you meet any of the exceptions that avoid the underpayment penalty for ALL quarters, do not complete Part III or IV

24. Current year's tax				
25. 90% of line 24 (70% if large worldwide corporation—see instructions)				
Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of your income year. If any date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday	Due Dates of Installments			
	(a)	(b)	(c)	(d)
	25% (not less than min)	50% Less 1st	75% Less Prior	100% Less Prior
26. Requirement (% × line 25)				
27. Amount due (compute line 26)				
28(a) Amount paid or credited for each period				
(b) Overpayment of previous installment (enter any overpayment as shown on line 30 that is more than the total of all prior underpayments as a credit against the next installment)				
29. Add lines 28(a) and 28(b)				
30. Underpayment (subtract line 29 from line 27) or overpayment (subtract line 27 from line 29)				

PART IV How to Figure the Penalty

Note: If a payment (shown in Part 1) for any installment is late, or if an overpayment (shown on line 30) is to be applied to any prior installment, complete Sections A & B for those installments. Enter late payment or overpayment to be carried back on line 31. Otherwise, skip Section A and compute penalty by completing Section B.

A	31. Late payment				
	32. Enter the date of credit on line 31				
	33. Number of days from due date of installment to date shown on line 32				
	34(a) Number of days on line 33 before 7/1/83				
	(b) $\frac{\text{Number of days on line 34(a)}}{\text{Number of days in the income year}} \times 16\% \times \text{amount on line 30}$				
	35(a) Number of days on line 33 after 6/30/83 and before 7/1/84				
	(b) $\frac{\text{Number of days on line 35(a)}}{\text{Number of days in the income year}} \times 11\% \times \text{amount on line 30}$				
	36(a) Number of days on line 33 after 6/30/84 and before 1/1/85				
	(b) $\frac{\text{Number of days on line 36(a)}}{\text{Number of days in the income year}} \times \% \times \text{amount on line 30}$				
	B	37. Amount of underpayment (subtract line 31 from line 30)			
38. Enter the date of payment or the 15th day of the 3rd month after the close of the income year, whichever is earlier					
39. Number of days from due date of installment, or from date entered on line 32 if Part IV A used, to date on line 38					
40(a) Number of days on line 39 before 7/1/83					
(b) $\frac{\text{Number of days on line 40(a)}}{\text{Number of days in the income year}} \times 16\% \times \text{amount on line 37}$					
41(a) Number of days on line 39 after 6/30/83 and before 7/1/84					
(b) $\frac{\text{Number of days on line 41(a)}}{\text{Number of days in the income year}} \times 11\% \times \text{amount on line 37}$					
42(a) Number of days on line 39 after 6/30/84 and before 1/1/85					
(b) $\frac{\text{Number of days on line 42(a)}}{\text{Number of days in the income year}} \times \% \times \text{amount on line 37}$					
43. Estimate penalty add amounts computed on lines 34–36(b) Part A, and 40–42(b) Part B					
46. Total estimate penalty (sum of amounts on line 43) Enter Here and on line 34 Form 100				\$	