TAXABLE YEAR

2018

FORM

California Exempt Organization Annual Information Return

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Calendar Yea	ar 2018 or fiscal year beginning (mm/dd/yyyy)		, and end	ling (mm/dd/yy)	/y)			_		
Corporation/Organization name Californi						ration number				
Additional in	dditional information. See instructions.									
Street addre	ess (suite or room)					PMB no.				
City					State	Zip code				
Foreign cour	ntry namo	Foreign province/state	o/county			Foreign postal co	.do	—		
i oreigii coui	nuy name	r oreign province/stat	e/county			oreign postar co	ue			
▲ Firet Rat	urn	□Ves □No-■	If exempt under R&T(Section 2370	11d had	the organization	n	—		
	d Return	□Ves □No	engaged in political ac	tivities? See i	nstructi	ions	● L Yes L I			
	ion 4947(a)(1) trust	□Ves □No K	Is the organization ex	empt under R&	&TC Se	ction 23701g?	● ☐ Yes ☐ I	No		
	ormation Return?		If "Yes," enter the gro	ss receipts fro	m noni	member sources	\$	_		
	ssolved DSurrendered (Withdrawn) Merged/F	Reorganized L	If organization is a pu Section 23701d and n	blic charity exc neets the filing	empt ui	pt under R&TC se exception				
	te: (mm/dd/yyyy) • / /		check box. No filing fe	e is required.			ullet			
	ccounting method: (1) \square Cash (2) \square Accrual (3		Is the organization a L	imited Liabilit	y Comp	any?	● ☐ Yes ☐ I	No		
F Federal r	eturn filed? (1) ● □ 990T (2) ● □ 990PF (3) ●	□ Sch H (990) N	Did the organization f	le Form 100 o	r Form	109 to report	• \(\tau \) \(\tau \).	N.I		
` '	her 990 series		taxable income? Is the organization un				● Ll Yes Ll	NO		
	group filing? See instructions		audited in a prior year	?			● ☐ Yes ☐ I	No		
If "Yes."	rganization in a group exemption Yes No what is the parent's name?							No		
		_	Date filed with IRS							
■ Did the o	organization have any changes to its guidelines									
not repo	rted to the FTB? See instructions	Yes No								
Part I C	omplete Part I unless not required to file this form.	See General Inforn	nation B and C.							
	1 Gross sales or receipts from other sources. From							00		
	2 Gross dues and assessments from members and							<u>00</u>		
Docainte	3 Gross contributions, gifts, grants, and similar am4 Total gross receipts for filing requirement test. A				(• 3 I		00		
Receipts and	This line must be completed. If the result is less					● 4	0	00		
Revenues	5 Cost of goods sold		● 5			00	·			
	6 Cost or other basis, and sales expenses of assets sold					00				
	7 Total costs. Add line 5 and line 6. 8 Total gross income. Subtract line 7 from line 4.							00		
								00 00		
Expenses	9 Total expenses and disbursements. From Side 2, 10 Excess of receipts over expenses and disbursem					_		00		
	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							00		
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12							<u>00</u>		
	15 Filing fee \$10 or \$25. See General Information F							00 00		
	17 Balance due. Add line 12, line 15, and line 16. The					17		00		
	Under penalties of periury, I declare that I have examined the	nis return, including acc	companying schedules an	d statements, an	d to the	best of my knowled				
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an Title Date				knowledge. ■ Telephone					
Here	Signature of officer				()				
	Preparer's	•	Date	Check if self-	Ì	PTIN		_		
	signature ► employed ►									
Paid Preparer's	Firm's name (or yours,					Firm's FEIN				
Use Only	if self-employed) and address					Telephone				
	and addiess					• releptione				
	May the FTB discuss this return with the prepare	or chown above? C	an instructions) Voc 🗆 No		—		
	Liviay the FTD discuss this return with the prepare	๒๒ เมอนนับเบปร		<u> (</u>	TES INO					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information

		ıcya	ardiess of amount of gross receipts — comp	ilete Part II di Turilisii sul	Stitute illivilliativii.				
		1	Gross sales or receipts from all business act	tivities. See instructions			00		
Receipts		2	Interest			● 2	00		
	ipts	3	Dividends		00				
from	•	4	Gross rents				00		
Othe		5	Gross royalties			● _ 5	00		
Sour	ces	6	Gross amount received from sale of assets (See Instructions)			00		
		7	Other income. Attach schedule			● 7	00		
		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							
		9	Contributions, gifts, grants, and similar amo	unts paid. Attach schedule	e	● 9	00		
Expenses		10	Disbursements to or for members			● <u>10</u>	00		
		11	1 Compensation of officers, directors, and trustees. Attach schedule				00		
		12	2 Other salaries and wages				00		
	nses	13	3 Interest				00		
and			4 Taxes ● 14			00			
Disb			Rents				00		
1116111	3		Depreciation and depletion (See instructions				00		
		17	Other Expenses and Disbursements. Attach	schedule		● 17	00		
			Total expenses and disbursements. Add line				00		
Sch	edu	le	L Balance Sheet	Beginning of	taxable year	End of ta	xable year		
Asse	ts			(a)	(b)	(c)	(d)		
1 (Cash.						•		
2	let ac	cour	nts receivable				•		
3 N	let no	tes i	receivable				•		
4	nvent	ories	S				•		
5 F	edera	l and	d state government obligations				•		
6 Investments in other bonds							•		
7 Investments in stock							•		
	8 Mortgage loans						•		
							•		
			able assets						
			cumulated depreciation	(()		
				,			•		
			ts. Attach schedule						
			ts						
			net worth						
			payable				•		
							-		
			ons, gifts, or grants payable				•		
			notes payable				•		
			s payable				_		
			lities. Attach schedule						
	•		ck or principal fund				•		
			capital surplus. Attach reconciliation				•		
			arnings or income fund				•		
			lities and net worth						
Scn	edul	e n	A-1 Reconciliation of income per books we Do not complete this schedule if the a		13, column (d), is less t	han \$50,000			
			e per books	•	7 Income recorded on	•			
2 F	edera	l inc	come tax	•	not included in this return. Attach schedule				
3 E	xcess	of	capital losses over capital gains	•	8 Deductions in this return not charged				
4 I	ncom	e no	t recorded on books this year.	against book income this year.					
			edule	•			•		
			recorded on books this year not		9 Total. Add line 7 and line 8				
	deducted in this return. Attach schedule								
			line 1 through line 5			ii. line 6			
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