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 endir	ng (mm/dd/yy	/yy)						
Corporation/Organization name Ca					alifornia corporation number						
Additional in	dditional information. See instructions.					EIN					
Street addre	ess (suite or room)					PMB no.					
City					State	Zip code					
Foreign cour	ntry name	Foreign province/stat	reign province/state/county				Foreign postal code				
A First Ret	urn	. 🗆 Yes 🗆 No J	If exempt under R&TC	Section 237	01d, ha	s the organ	ization				
B Amende	d Return	Yes No	engaged in political act					∐No			
C IRC Section 4947(a)(1) trust							1g? ● ∐ Yes	∐No			
	ormation Return?		If "Yes," enter the gross								
	ssolved 🔲 Surrendered (Withdrawn) 🔲 Merged/F	Reorganized	If organization is a pub Section 23701d and m	lic charity ex eets the filin	cempt ui	nder R&TC					
Enter da	te: (mm/dd/yyyy) •//		check box. No filing fee	is required.							
■ Check ac	counting method: (1) \square Cash (2) \square Accrual (3	3) \square Other M	Is the organization a Li	mited Liabili	ty Comp	any?	• □ Yes	□No			
F Federal return filed? (1) ● □ 990T (2) ● □ 990PF (3) ● □ Sch H (990) N Did the organization file Form 100 or Fo							ort Yes	□No			
()	group filing? See instructions	TVas TNo	Is the organization und								
	ganization in a group exemption	DVac DNa	audited in a prior year?	, , , , , , , , , ,			● ∐ Yes	□No			
If "Yes,"	what is the parent's name? What is the parent's name? In a group exemption						Yes	□No			
			Date filed with IRS								
■ Did the o	organization have any changes to its guidelines	. г.									
not repo	rted to the FTB? See instructions	Yes No									
Part I C	omplete Part I unless not required to file this form.										
	1 Gross sales or receipts from other sources. From	n Side 2, Part II, line	88			1		00			
	2 Gross dues and assessments from members and	affiliates			0	2		00			
	3 Gross contributions, gifts, grants, and similar an				(3		00			
Receipts and	4 Total gross receipts for filing requirement test. A This line must be completed. If the result is less					4		00			
Revenues	5 Cost of goods sold					00		100			
	6 Cost or other basis, and sales expenses of assets	s 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		00			
Expenses	9 Total expenses and disbursements. From Side 2,	Part II, line 18			(9		00			
	10 Excess of receipts over expenses and disbursem							00			
	11 Total payments				(11		00			
								00			
	13 Payments balance. If line 11 is more than line 12 14 Use tax balance. If line 12 is more than line 11, s							00			
	15 Filing fee \$10 or \$25. See General Information F							00			
	16 Penalties and Interest. See General Information J							00			
	17 Balance due. Add line 12, line 15, and line 16. T	hen subtract line 11	from the result		(17		00			
	Under penalties of periury I declare that I have examined the	nis return, including acc	companying schedules and	statements a	nd to the	best of my kr	nowledge and belief	, it is			
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has Title Date					■ Telephone					
Here	Signature of officer				10)					
	Preparer's		Date	Check if self-		PTIN					
	signature		e	mployed ▶ [
Paid Preparer's	Firm's name (or yours,				•	Firm's FE	IN				
Use Only	if self-employed)										
•	and address						Telephone				
					()					
	May the FTB discuss this return with the prepare	er shown above? S	See instructions		(Yes [□No				

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.

		cya	iruiess or airiounit or gross receipts — comp	nete i art ii or iuriiisii sut	JJUI	ato iliioiliiatioii.						_
		1	Gross sales or receipts from all business ac	tivities. See instructions				•			00	_
Receipts		2	Interest					•		1	00	_
	3	Dividends					•	3		00	_	
from		4	Gross rents					•			00	_
Othe			Gross royalties								00	_
Sources	ces		Gross amount received from sale of assets (•							00	_
		Other income. Attach schedule							1	00	_	
			Total gross sales or receipts from other source	-							00	_
			Contributions, gifts, grants, and similar amo							 	00	_
Expenses			Disbursements to or for members $\ldots \ldots$								00	_
		Compensation of officers, directors, and true								00	_	
	12	Other salaries and wages			/		•	12		00	_	
		Interest								00	_	
and	Irco-		Taxes								00	_
Disburse- ments			Rents								00	_
		16	Depreciation and depletion (See instructions	8)					16		00	_
		1/	Other Expenses and Disbursements. Attach	Schedule		and an Cida 1. Dayl		¶			00	_
Sak	o du	18 	Total expenses and disbursements. Add line L Balance Sheet	9 through line 17. Enter r Beginning of			, iine 9 .		18	taxable y	00	<u>U</u>
		ie i	L Dalalice Silect		taz			_	IU UI	тахарге у		_
Asse				(a)		(b)		(c)			(d)	_
									_	•		_
			nts receivable		H					•		_
			receivable		_					•		_
			8		—					•		_
5 F	edera	land	d state government obligations					<u> </u>		•		_
			ts in other bonds									_
			ts in stock							•		_
8 1	/lortga	ıge I	oans							•		_
9 ()ther i	nves	stments. Attach schedule							•		_
			able assets									
ı	Less	acc	cumulated depreciation				()		
12 ()ther a	isse	ts. Attach schedule									
			ts			<u> </u>						_
Liabi	lities	and	net worth									
14 /	Accour	nts p	payable									
			ons, gifts, or grants payable							•		
			notes payable							•		
			payable							•		_
			ities. Attach schedule									_
			ck or principal fund							•		_
			capital surplus. Attach reconciliation									_
			arnings or income fund									_
			lities and net worth									_
	edul			vith income per return								_
			Do not complete this schedule if the a	mount on Schedule L, line	13	, column (d), is less t	han \$50,0	000				_
1 1	let inc	ome	e per books	•	7	Income recorded on	books th	is year				
2 F	edera	l inc	ome tax	not included in this return. Attach schedule							_	
3 E	xcess	of o	capital losses over capital gains	Deductions in this return not charged								
			t recorded on books this year.	against book income this year.								
			edule	•								_
			recorded on books this year not	Attach schedule							_	
				•	1	Net income per retur				• •		
			line 1 through line 5		ייי	Subtract line 9 from						
U	ulal. F	านน	inie i uliougii illie J			SUBLIAGE HITE 9 HOITI	IIIIE O					_