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 er	nding (mm/dd/y	ууу)					
Corporation/Organization name Californ						a corporation number				
Additional in	dditional information. See instructions.									
Street addre	ss (suite or room)					PMB no.				
City					State	Zip code				
Foreign cour	atry name	Foreign province/sta	to/county			Foreign postal	nodo			
i oreigii cour	in y name	i oreigii piovilice/sta	te/county			Toreign postar	Joue			
▲ First Ret	urn	□Ves □No.■	If exempt under R&T	TC Section 237	'O1d ha	l s the organizati	on			
	d Return	□Ves □No	engaged in political	activities? See	instruct	ions	. ●∐Yes	□No		
	ion 4947(a)(1) trust		Is the organization e	xempt under F	&TC Se	ction 23701g?.	. ● ☐ Yes	□No		
	prmation Return?		If "Yes," enter the gr	oss receipts fr	om non	member source	s\$			
	ssolved 🔲 Surrendered (Withdrawn) 🔲 Merged/R	Reorganized	If organization is a p Section 23701d and	ublic charity ex meets the filin	xempt u a fee ex	pt under R&TC se exception				
	e: (mm/dd/yyyy) •//		check box. No filing	fee is required			. ●□			
	counting method: (1) $\square$ Cash (2) $\square$ Accrual (3		Is the organization a	Limited Liabili	ity Comp	pany?	. ●□Yes	□No		
F Federal r	eturn filed? (1) ● □ 990T (2) ● □ 990PF (3) ●	Sch H (990) <b>N</b>	Did the organization	file Form 100	or Form	109 to report	<b>-</b> □v	<b>п.</b>		
` '	her 990 series		taxable income? Is the organization u				. ● Ll Yes	∐No		
	group filing? See instructions		audited in a prior yea	ar?			. ●□Yes	□No		
H Is this or If "Yes "	ganization in a group exemption	. ∐Yes ∐No	Is federal Form 1023					□No		
	mac to the parente name.		Date filed with IRS _		-					
■ Did the c	rganization have any changes to its guidelines									
not repo	rted to the FTB? See instructions	Yes No								
Part I Co	omplete Part I unless not required to file this form.	See General Infori	mation B and C.							
	1 Gross sales or receipts from other sources. From							00		
	2 Gross dues and assessments from members and							00		
Docainte	<ul><li>3 Gross contributions, gifts, grants, and similar am</li><li>4 Total gross receipts for filing requirement test. Ac</li></ul>					3		00		
Receipts and	This line must be completed. If the result is less			В		4		00		
Revenues	<b>5</b> 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							00		
								00		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18					• <del></del>		00		
	11 Total payments					● 11		00		
	12 Use tax. See General Information K					12		00		
	<b>13</b> 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							00		
	15 Filing fee \$10 or \$25. See General Information F							00		
	<b>17 Balance due.</b> Add line 12, line 15, and line 16. The					17		00		
	Under penalties of perjury, I declare that I have examined th	nis return, including ac	companying schedules a	ınd statements, a	nd to the	best of my knowle	edge and belief,	it is		
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an Title					Telephone				
Here	Signature of officer Alex Okrut				10	· )				
	Preparer's	•	Date	Check if self-		PTIN /				
<b>.</b>	Preparers signature ▶ employed ▶ □									
Paid Preparer's	Firm's name (or yours,					Firm's FEIN				
Use Only	if self-employed)  and address					● Telephone				
	and address					· relebilotte				
	May the FTB discuss this return with the prepare	or chown about 0	Pag instructions			Vac 🗆 Ni	<u> </u>			
	Timay the FTD discuss this return with the prepare	er enown anove?	) TO THE HISTIACTIONS	<u> </u>	<u> (</u>		J			

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

		regardless of amount of gross receipts — comp	iele Fait II di Iulilisii sul	Stitute illivillation.				
		1 Gross sales or receipts from all business act	ivities. See instructions			00		
		2 Interest				00		
Rece	inte	<b>3</b> Dividends			● 3	00		
from	•	<b>4</b> Gross rents				00		
Othe		<b>5</b> Gross royalties				00		
Sour	ces	6 Gross amount received from sale of assets (				00		
		7 Other income. Attach schedule				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					
		<b>9</b> Contributions, gifts, grants, and similar amou	-			00		
		<b>10</b> Disbursements to or for members				00		
		11 Compensation of officers, directors, and trus				00		
		<b>12</b> Other salaries and wages				00		
Fyne	nses	13 Interest			● 13	00		
and			Interest					
Disb	urse-	<b>15</b> Rents				00		
men	ts	<b>16</b> Depreciation and depletion (See instructions)				00		
		17 Other Expenses and Disbursements. Attach s				00		
		18 Total expenses and disbursements. Add line	9 through line 17. Enter h	nere and on Side 1. Part I	, line 9 18	00		
Scł	nedu	le L Balance Sheet	Beginning of			xable year		
Asse	ts		(a)	(b)	(c)	(d)		
1 (	?ach		` ,	. ,	` '			
		counts receivable						
		tes receivable				•		
		ories						
		I and state government obligations						
		ments in other bonds				•		
		ments in stock				•		
	-	age loans				•		
9	Other i	nvestments. Attach schedule				•		
10	<b>a</b> Depi	reciable assets						
	<b>b</b> Less	s accumulated depreciation	(		(	)		
<b>11</b>	_and					•		
12	Other a	assets. Attach schedule				•		
13	Total a	issets						
Liab	ilities	and net worth						
14	Accour	nts payable				•		
		butions, gifts, or grants payable				•		
		and notes payable				•		
		ages payable				•		
		iabilities. Attach schedule						
		stock or principal fund				•		
						•		
		n or capital surplus. Attach reconciliation						
		ed earnings or income fund				•		
		iabilities and net worthle M-1 Reconciliation of income per books w	ith income ner return					
<b>3</b> CI	eaui	Do not complete this schedule if the an		13, column (d), is less t	han \$50,000			
1	Net inc	come per books	•	7 Income recorded on	· ·			
2	edera	I income tax	•	not included in this r	eturn. Attach schedule	•		
3	Excess	of capital losses over capital gains						
		e not recorded on books this year.		against book income				
		schedule	•			•		
		ses recorded on books this year not			line 8			
		-	_					
			•	10 Net income per retur				
0	ıvıdı. <i>F</i>	Add line 1 through line 5		Subtract lille 9 IfOM	line 6			