TAXABLE YEAR

2017

FORM

California Exempt Organization Annual Information Return

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Calendar Yea	ar 2017 or fiscal year beginning (mm/dd/yyyy)		, and end	ling (mm/dd/yy	yy)					
Corporation/Organization name Californ						corporation 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	a/county			Foreign postal o	odo			
i oreigii cour	in y name	oreign province/state	5/County			Toreign postar c	oue			
▲ Firet Rat	urn	□Ves □No-■	If exempt under R&TC	Section 237	N1d has	the organization	nn			
	d Return	√Ves □No	engaged in political ac	tivities? See	instructi	ions	. ● L Yes	□No		
	ion 4947(a)(1) trust	□Ves □No K	Is the organization exe	empt under R	&TC Se	ction 23701g?.	. ●□Yes	□No		
	prmation Return?		If "Yes," enter the gro	ss receipts fro	om noni	member source	s\$			
	ssolved DSurrendered (Withdrawn) Merged/R		Section 23701d and							
	te: (mm/dd/yyyy) •//		meets the filing fee ex No filing fee is require	d			. ●□			
	ccounting method: (1) \square Cash (2) \square Accrual (3)		Is the organization a L	imited Liabili	ty Comp	any?	. ● ☐ Yes	□No		
F Federal r	eturn filed? (1) ● □ 990T (2) ● □ 990PF (3) ●	□Sch H (990) N	Did the organization fi	le Form 100 o	or Form	109 to report	- □	п. .		
` '	her 990 series		taxable income?				. ● L Yes	∐No		
	group filing? See instructions		ls the organization uncaudited in a prior year	ner audit by t ?		ille ins	. ●□Yes	□No		
H Is this or	rganization in a group exemption									
	what is the parente hame.		Date filed with IRS							
■ Did the c	organization 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. S	See General Inform	nation B and C.							
	1 Gross sales or receipts from other sources. From							00		
	2 Gross dues and assessments from members and affiliates							00		
Dogginto	3 Gross contributions, gifts, grants, and similar amounts received					3		00		
Receipts and	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B					● 4		00		
Revenues	5 Cost of goods sold						00			
	6 Cost or other basis, and sales expenses of assets sold						7 00			
	7 Total costs. Add line 5 and line 6. 8 Total gross income. Subtract line 7 from line 4.							00		
-								00		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18							00		
	11 Total payments					11		00		
	12 Use tax. See General Information K							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							00		
	15 Filing fee \$10 or \$25. See General Information F							00		
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result					17		00		
	Under penalties of perjury, I declare that I have examined the	is return, including acc	ompanying schedules and	d statements, a	nd to the	best of my knowle	edge and belief,	it is		
Sign Here	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any Title					● Telephone				
TICIC	Signature of officer				()				
	Preparer's	•	Date	Check if self-		PTIN				
Doid	signature ▶ employed ▶ □									
Paid Preparer's	Firm's name (or yours,					FEIN				
Use Only	if self-employed) and address					■ Telephone				
)				
	May the FTB discuss this return with the prepare	May the FTB discuss this return with the preparer shown above? See instructions					No Ves □ No			
Timay the Fire disease this retain with the preparer shown above; see instructions						🗕 🗀 169 🗀 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.

		cyt	iruicss or amount or gross receipts — comp	nete i art ii or iurilisii suu	JOLI	ato illiorillation.					
		1	Gross sales or receipts from all business ac	tivities. See instructions				•	1		00
		2	Interest						2		00
Rece	ints	3	Dividends						3		00
from	•	4	Gross rents					•	4		00
Othe	-	5	Gross royalties						5		00
Sour	ces		Gross amount received from sale of assets (6		00
			Other income. Attach schedule	•					7		00
									8		00
			B 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 Contributions, gifts, grants, and similar amounts paid. Attach schedule							00	
			Disbursements to or for members						10		00
			Compensation of officers, directors, and trustees. Attach schedule						00		
			Other salaries and wages						12		00
Exne	nses	13	Interest						13		00
and	11303		Taxes								00
Disb	urse-		Rents								00
men	ts		Depreciation and depletion (See instructions								00
			Other Expenses and Disbursements. Attach								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
Sch	edu	le l	L Balance Sheet	Beginning of	tax	able vear	, 0	End		axable yea	
Asse				(a)		(b)	((-		(d)
				(u)		(2)	(,	,		•	(4)
			nts receivable								
3 Net notes receivable										-	
			8							•	
			d state government obligations							•	
6	nvestr	nen	ts in other bonds							•	
7	nvestr	nen	ts in stock							•	
8 I	Mortga	ıge I	oans							•	
9 (Other i	nves	stments. Attach schedule							•	
10 8	a Depi	recia	able assets								
			cumulated depreciation	()			()	
										•	
			ts. Attach schedule								
			is								
			net worth								
			payable								
			ons, gifts, or grants payable								
			notes payable								
			payable							•	
			ities. Attach schedule								
			ck or principal fund							•	
20	Paid-in	or	capital surplus. Attach reconciliation							•	
21	Retaine	ed e	arnings or income fund							•	
22	Total li	abi	lities and net worth								
Sch	edul	e N	N-1 Reconciliation of income per books we Do not complete this schedule if the a		: 13	, column (d), is less tl	nan \$50,000				
1	Net inc	ome	e per books	•	7	Income recorded on	books this ye	ar			
2	edera	l inc	ome tax	not included in this return. Attach schedule							
3	Excess	of (capital losses over capital gains								
			t recorded on books this year.			against book income		-			
			edule			Attach schedule					
					_						
			recorded on books this year not	9 Total. Add line 7 and line 8							
					10	Net income per retur					
b	iotal. <i>F</i>	Add	line 1 through line 5			Subtract line 9 from	ine 6			.	