TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

828941 12-12-18 FORM

199

Calendar Year	2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018 , and ending (mr	m/dd/yyyy) California corpo		30/2019 . ber	
•		19684	141		
	AN INDIAN MODEL SCHOOLS	FEIN	111		
Additional infor	nation. See instructions.	94-3	30998	81	
	2	PMB no.			
Street address					
	TH STREET S	tate ZIP code			
City		CA 9460	7		
OAKLAN Foreign country	The state of the s	Foreign p	ostal code		
Foreign country	nane				
A First Retu	rn Yes X No J If exempt under R&TC Sec	ction 23701d, has t	he organi	ization	
A First Retu	Return • Yes X No engaged in political activiti				No
c IRC Sect	on 4947(a)(1) trust Yes X No K Is the organization exempt	under R&TC Sect	on 23701	1g? ● Yes X	No
	rmation Return?				
	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public of	charity exempt und	er R&TC		
	(mm/dd/yyyy) • Section 23701d and meets	s the filing fee exce	ption, che		
	equating method: (1) Coch (2) X Accrual (3) Other box. No filing fee is require	ed		• X	
	eturn filed? (1) • 990T (2) • 990PF (3) • Sch H (990) M Is the organization a Limit	ed Liability Compa	ny?	• Yes X	No
	Other 990 series N Did the organization file Fo	orm 100 or Form 1	09 to		
	group filing? See instructions • Yes X No report taxable income?			• YesX	No
	ganization in a group exemption Yes X No 0 Is the organization under a	audit by the IRS or	has the		
	what is the parent's name? IRS audited in a prior year				
	P Is federal Form 1023/1024	4 pending?		Yes X	No
I Did the o	rganization have any changes to its guidelines Date filed with IRS				
not repo	ted to the FTB? See instructions				
Part I	omplete Part I unless not required to file this form. See General Information B and C.			42 105	-T-
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	43,185	
	1 2 Gross dues and assessments from members and affiliates	•	2	16 204 005	00
Receipts	3 Gross contributions, gifts, grants, and similar amounts received	STMT 1•	3	16,304,987	
and	3 Gross contributions, gifts, grants, and similar amounts received 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	16,348,172	3 00
Revenues	5 Cost of goods sold 5 6 Cost or other basis, and sales expenses of assets sold 6	00	1		
Nevellues		00			
	7 Total costs. Add line 5 and line 6		7	16 240 177	00
	8 Total gross income. Subtract line 7 from line 4		8	16,348,172	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9	15,463,805	
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	884,367	
	11 Total payments		11		00
	12 Use tax. See General Information K		12		00
	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13		00
Filing Fee	Use tax balance. If line 12 is more than line is the state of Baliffy line 12 p		15	N/A	00
	Filing fee \$10 or \$25. See General Information F Penalties and Interest. See General Information & BUSINESS ADVISORS		16	11/11	00
	Penalties and Interest. See General Information J				00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ts, and to the best of m	y knowled	ge and belief,	100
Sign	this true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on the contract of the co	Date		Telephone	
Here	Signature of officer SUPERINTENDEN	0.000		- Totophone	
	or officer Date	Check if	1	• PTIN	
	Preparer's signature \ (atherin h Ha) 07/02/20	self-employed		01294460	
Paid	Firm's name	•	- 1	● Firm's FEIN	
Preparer's	(or yours, if self-		_	15-0250958	
Use Only	employed) 10681 FOOTHILL BLVD., STE. 300			Telephone	
	and address RANCHO CUCAMONGA, CA 91730-3831			009-466-4410)
	May the FTB discuss this return with the preparer shown above? See instructions	• [Yes	No	

VNO.

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.

828951 12-12-18

	1	Gross sales or receipts from all bus	siness activities. See instructio	ns	•	1		00
	2	Interest			•	2		00
	3	Dividends			•	3		00
Receipts	1	Gross rents				4	43,185	00
from		Gross royalties				5		00
Other	6	Gross amount received from sale of				6		00
Sources	7				_	7		00
Outles	8	Total gross sales or receipts from	other sources. Add line 1 thro	igh line 7. Enter here and or	Side 1. Part I. line 1	8	43,185	00
	9	Contributions, gifts, grants, and sir				9	· · · · · · · · · · · · · · · · · · ·	00
						10		00
	10	Disbursements to or for members Compensation of officers, directors	and tructore	SEE STA	темент 2 •	11	242,204	_
		Other relation and wages	5, and hustees			12	5,673,415	_
	12	Other salaries and wages				13	353,442	
Expenses		Interest				14	1,210,385	
and		Taxes			_	15	304,949	
Disburse-	15	Rents					105,625	
ments	16	Depreciation and depletion (See ins Other Expenses and Disbursement	structions)	CDD CMA	meweym 2 •	16	7,573,785	
	17	Other Expenses and Disbursement	S	SEE STA	TEMENT 3 •	17	15,463,805	
		Total expenses and disbursements			t I, line 9	18		00
Schedu	le L	Balance Sheet	Beginning of tax	12-12		or taxa	ble year	
Assets			(a)	(b)	(c)		(d)	701
1 Cash				3,475,911			• 2,635,7	
2 Net ac	counts	receivable		1,519,340			• 2,796,9	196
3 Net no	tes rec	ceivable					•	
4 Invent	ories .						•	
		state government obligations					•	
6 Invest	ments	in other bonds					•	
7 Invest	ments	in stock					•	
		ans					•	
9 Other	investr	ments					•	
		le assets	7,598,060		7,712,6			
		mulated depreciation (2,047,861)	5,550,199	(2,153,48	36)	5,559,1	
				2,451,271			2,451,2	
12 Other	assets	STMT 4		154,372			• 50,9	
				13,151,093			13,494,1	L58
Liabilities								
		yable		1,329,644			• 802,4	100
		s, gifts, or grants payable		•			•	
							•	
							•	
10 Other	liabilit	payable STMT 5		5,865,774			5,851,7	716
		or principal fund					•	
							•	
		tal surplus. Attach reconciliation		5,955,675			• 6,840,0	142
				13,151,093			13,494,1	
Schedu		ties and net worth	er books with income per retu					
Schedu	ile iv	T- I Reconciliation of income pe	ar books with income per retu ale if the amount on Schedule	line 13 column (d) is les	s than \$50 000.			
			004 2					
		per books			,		•	
	al illumite tax							
		apital losses over capital gains	2.2.2				•	
		recorded on books this year		9 Total. Add line 7	ome this year			
•	ises re	corded on books this year not	•	10 Net income per r				
	1 1 1							***************************************
		this return ne 1 through line 5	004 2				884,3	367





CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA DEPARTMENT OF EDUCATION	1430 N ST SACRAMENTO, CA 95814	07/01/18	15,587,863.
TOTAL INCLUDED ON LINE 3			15,587,863.





CA 199 COMPENSATION OF OFFICERS	S, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STEVEN LEUNG 171 12TH STREET OAKLAND, CA 94607	PRESIDENT 2.00	0.
TONI COOK 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
BENSON WAN 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
CLIFFORD THOMPSON 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
CHRISTOPHER EDINGTON 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
MAYA WOODS-CADIZ 171 12TH STREET OAKLAND, CA 94607	SUPERINTENDENT 40.00	186,296.
SUSAN SCHICKMAN 171 12TH STREET OAKLAND, CA 94607	CBO 40.00	55,908.
TARYTON RUSS 171 12TH STREET OAKLAND, CA 94607	HEAD OF SCHOOLS 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		242,204.





CA 199	OTHER EXPE	INSES		STATEMENT 3
DESCRIPTION				AMOUNT
INSTRUCTIONAL MATERIALS SPECIAL EDUCATION FEE CAPITAL OUTLAY STUDENT NUTRITION				1,200,456 1,155,396 579,563 464,559
OTHER EMPLOYEE BENEFITS ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE ALL OTHER EXPENSES				786,907 2,095,644 442,006 4,251 44,407 88,101 49,884 25,727 636,884
TOTAL TO FORM 199, PART II,	LINE 17			7,573,785.
CA 199	OTHER ASS	ETS		STATEMENT 4
DESCRIPTION		BEG	. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERR	ED CHARGES		154,372.	50,978.
TOTAL TO FORM 199, SCHEDULE	L, LINE 12		154,372.	50,978.
CA 199	OTHER LIABI	LITIES		STATEMENT 5
DESCRIPTION		BEG.	. OF YEAR	END OF YEAR
UNSECURED NOTES AND LOANS P	AYABLE		5,865,774.	5,851,716.
TOTAL TO FORM 199, SCHEDULE	L, LINE 18		5,865,774.	5,851,716.
CA 199	FUND BALA	NCES		STATEMENT 6
DESCRIPTION		BEG.	. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		į	5,955,675.	6,840,042.

Corporation Depreciation and Amortization

CALIFORNIA FORM 3885

Attach to Form 100 or Form 100W. FORM 199 FEIN 94-3309981 Corporation name California corporation number AMERICAN INDIAN MODEL SCHOOLS 1968441 Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12 13 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (a) Description property (f) Life or (g) Depreciation (h) Date acquired Cost or Depreciation allowed or Additional Depreciation Method (mm/dd/yyyy) for this year other basis allowable in earlier years rate first year depreciation 1 LAND 14 06/01/10 2,451,271 0 BUILDING IMPROVEMENTS 06/01/10 1,999,959SL 7,538,869 39.00 70,863 EQUIPMENT 06/01/14 173,809 47,902SL 5.00 34,762 TOTALS 10,163,949 2,047,861 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 105,625 See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 105,625 16 105,625 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (e) R&TC (b) (d) (f) (c) (g) Description of property Period or Amortization Date acquired Cost or Amortization allowed or section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 19 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 22



TAXABLE YEAR 2018

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

2 1.6 , 3 Total expenses and disbursements (Form 199, line 9)		n name	mpt Organization name	Exempt Or
Part I Settle Your Account Electronically for Taxable Year 2018 1 16,	nber	Identifying numb		
Part I Settle Your Account Electronically for Taxable Year 2018 1 16,	09981	N INDIAN MODEL SCHOOLS 94-330	MERICAN II	AMER
2 Total gross income (Form 199, line 8) 2 16, 3 Total expenses and disbursements (Form 199, line 9) 3 15, 1 Part II Settle Your Account Electronically for Taxable Year 2018 4 Electronic funds withdrawal 4a Annount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number 7 Type of account: Checking Savings Part IV Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II, If I check Part II, Box 4, I authorize an electronic funds withdrawal for the online 4a. 1 Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return rejurbation income 4a. 1 Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return rejurbation incare and that it file Franchise Tax Board (File) Boos not receive the amounts on the tamounts on the the amounts on the amounts on the tamounts on the amounts on the tamounts of the tamounts on the tamounts on the tamounts of the tamounts on the tamounts on the tamounts of the tamounts of the exempt organization will remain liable for the fee liability, the organization will remain liable for the fee liability, the organization will remain liable for the fee liability, the organization will rema	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rt I Electronic	Part I
2 1.6 , 3 Total expenses and disbursements (Form 199, line 9)	16,348,172	ss receipts (Form 199, line 4)	Total gross rece	1 To
3 Total expenses and disbursements (Form 199, line 9) 3 15, Part II Settle Your Account Electronically for Taxable Year 2018 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 7 Type of account: Checking Savings Part IV Declaration of Officer Lauthorize the exempt organization's account to be settled as designated in Part III. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originant transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization at the second origination return. I rate, correct, and complete. If the exempt organization is return and accompanying schedulers a balance due return, I understand that if the Franchise Tax Board (FIB) does not receive full and timely payment of the exempt organization's term is received understand that if the Franchise Tax Board (FIB) does not receive full and timely payment of the exempt organization's return or refudelayed, I authorize the FIB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return and accompanying schedulers and replaced that I have reviewed the above exempt organization service provider. In the receive in the exempt organization's return and that the entries on form FIB 8453-EO are complete and correct to the best of my knowledge and belief, they exempt organization return in the provider, lunderstand that all more responsible for reviewing the exempt organization's return to refude layed, I authorize the FIB to disclose to the ERO or intermediate service provider, lunderstand that all more responsible for reviewing the exempt organization's return to	16,348,172		Total gross inco	2 To
Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)	15,463,805		Total expenses	3 To
Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)		le Your Account Electronically for Taxable Year 2018	rt II Settle You	Part II
Part II Banking Information (Have you verified the exempt organization's banking information?) Routing number Account number 7 Type of account: Checking Savings Part IV Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the online 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return original transmitter, or informatical service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization California electronic return, I understand that if the Franchise Tax Board (FIB) does not receive full and timely payment of the exempt organization California electronic return, I understand that if the Franchise Tax Board (FIB) does not receive full and timely payment of the exempt organization's return and accompanying schedules and statements be transmitted to the FIB by the ERO, I transmitter, or intermediate service provider. If the processing of the exempt organization's return and accompanying schedules and the I am of the sempt organization's return or refue delayed, I authorize the FIB to disclose to the ERO or intermediate service provider the reason(s) for the delay. Signature of officer Date Signature of officer Tax BASS-EO before transmitting this return to the FIB provided the organization officer's signature on form FIB 8453-EO before transmitting this return to the FIE provided the organization officer's signature on form FIB 8453-EO before transmitting this return to the FIE provided the organization officer's signature on form FIB 8453-EO before transmitting this return to the FIE provided the organization return and properties of the seventh organization serving the second o				4
5 Routing number 6 Account number 7 Type of account: Checking Savings Part IV Declaration of Officer Lauthorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the on line 4a. Londer penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originat transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's California electronic return. To the best of my knowledge and belief, the exempt organization and that the information I provided to my electronic return or intermediate service provider and the amounts on the corresponding lines of the exempt organization's california electronic return. I on the best of my knowledge and belief, the exempt organization and the corresponding lines of the exempt organization's beliability, the companies of the exempt organization's programation and the corresponding lines of the exempt organization's beliability, the constitution of the feel lability and all applicable interest and penalties. Lauthorize the exempt organization return and accompanying best statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider, If the processing of the exempt organization's return or refuelled layed, I authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization's return or refuelled layed, I authorize the FTB to disclose to the ERO or intermediate service provider, I the exempt organization's return or refuelled layed, I authorize the ERO or intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return or the exempt organization or return of the exempt organization's return and completes in the exempt organization's return or the responsible for reviewing the			rt III Banking Ir	Part III
Part IV Declaration of Officer Authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originate transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization a balance due return. To the best of my knowledge and belief, the exempt organization is return as a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's feel liability, the organization is limited in the payment of the exempt organization's feel liability, the organization is return and accompanying scheet statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refudelayed, I authorize the ERB to disclose to the ERO or intermediate service provider the reason(s) for the delay. Sign				5 Rou
Part IV Declaration of Officer Authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originate transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization's ablance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization's fee liability and penalties. I authorize the exempt organization's fee liability and all applicable interest and penalties. I authorize the exempt organization's return and accompanying scheet statements be transmitted to the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization's return or refudelayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. Part V	vinas	umber 7 Type of account: Checking Savi	Account number	6 Acc
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originat transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization. California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization ablance due return, I understand that if the Franchise Tax Board (FIB) does not receive full and timely part of tengenization or granization or granization statements be transmitted to the FIB by the FRO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refudelayed, I authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization's return or refudelayed, I authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization's return or refudelayed, I authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization's return or refudelayed, I authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization's return or refudelayed, I authorize the FTB to disclose to the ERO or intermediate service provider. If the processing of the exempt organization's return or refudelayed, I authorize the FTB to disclose to the ERO or intermediate service providers and that the entries on form FTB 8453-EO are complete and correct to the best of my kname or the provider that I have examined the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my kname organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in 13455, 2018 than the provide		aration of Officer	rt IV Declaration	Part IV
transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's California electronic return. To the best of my knowledge and belief, the exempt organization's return is truch in the provider of the part of the pa	al for the amount listed	tempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal	thorize the exempt of the first the thick the	l authoriz on line 4a
Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge and only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmitting this return to the FTE provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for four years from the due date of the return or four years from the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under pena I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. I make this declaration based on all information of which I have knowledge. ERO's- Firm's name (or yours) Firm's name (or yours) Firm's name (or yours) Another Denalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid preparer's PT if self-employed Paid preparer's PT if self-employed Paid preparer's PT if self-employed FEIN 45-0.25(ganization is filing bility, the exempt ing schedules and	inic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liabi remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying ansmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return	fornia electronic reti alance due return, I u anization will remain ements be transmitt	California a balance organizat statemen
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Must Sign Firm's name (or yours if self-employed) and address EIDE BAILLY LLP 10681 FOOTHILL BLVD., STE. 300 RANCHO CUCAMONGA, CA ZIP code 91730 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Paid Paid Preparer's Signature Paid Paid Paid Preparer's PT FEIN	11294460	also paid if self- preparer X employed P 0	The second secon	ERO
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For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018



Product: Exempt

Name: Learning For Life Charter School

FEIN: ****4185

Category:

IRS Center: Ogden

e-Postmark: 7/2/2020 1:32 PM

Notification:

Fiscal Year Begin Date: 7/1/2018

Fiscal Year End Date: 6/30/2019

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
06/22/2020	18X:202376:V1	Upload Started			Gray,Catherine	
06/22/2020	18X:202376:V1	Ready to Release by Customer				
07/02/2020	18X:202376:V1	Released for Transmission - Validation in Progress			Garza, Brenna C	
07/02/2020	18X:202376:V1	Ready to transmit - Validation Complete				
07/02/2020	18X:202376:V1	Transmitted to CA	8119932020184032an08			
07/02/2020	18X:202376:V1	Transmitted to FD	81199320201840349e08			
07/02/2020	18X:202376:V1	Accepted by CA - on 7/2/2020				
07/02/2020	18X:202376:V1	Accepted by FD on 7/2/2020				