

TAXABLE YEAR **2021** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name LOT318		California corporation number 3346515	
Additional information. See instructions.		FEIN 80-0692677	
Street address (suite or room) 536 DARTMOUTH DRIVE		PMB no.	
City PLACENTIA		State CA	Zip code 92870
Foreign country name	Foreign province/state/county	Foreign postal code	

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	103	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	216,720	00
	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	216,823	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets 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	216,823	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	144,506	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	72,317	00
Filing Fee	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	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer u	Title CEO	Date	Telephone 714-993-9411
Paid Preparer's Use Only	Preparer's signature u BRAID DEWESE, CPA	Date 03/09/2022	Check if self-employed <input type="checkbox"/>	PTIN P00994067
	Firm's name (or yours, if self-employed) and address u SACKETT FINANCIAL GROUP 915 W IMPERIAL HWY STE 160 BREA, CA 92821			Firm's FEIN 33-0946321
				Telephone 714-671-9330
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOT318

80-0692677

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.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1		00	
	2 Interest	2	103	00	
	3 Dividends	3		00	
	4 Gross rents	4		00	
	5 Gross royalties	5		00	
	6 Gross amount received from sale of assets (See instructions)	6		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	103	00	
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 1	9	800	00	
	10 Disbursements to or for members	10		00	
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	11		00	
	12 Other salaries and wages	12		00	
	Expenses and Disbursements	13 Interest	13		00
		14 Taxes	14		00
		15 Rents	15	8,578	00
		16 Depreciation and depletion (See instructions)	16	3,887	00
		17 Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	131,241	00
		18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	144,506	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		210,455		248,735
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets			102,663	
b Less accumulated depreciation			68,513	34,150
11 Land				
12 Other assets. Attach schedule STMT 4				1,710
13 Total assets		210,455		284,595
Liabilities and net worth				
14 Accounts payable		588		-2,300
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		209,867		286,895
22 Total liabilities and net worth		210,455		284,595

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	72,317	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		Subtract line 9 from line 6	72,317
6 Total. Add line 1 through line 5	72,317		

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

2021

Name of the organization

Employer identification number

LOT318

80-0692677

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

LOT318

Employer identification number

80-0692677

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Stanton 7800 Katella Avenue Stanton CA 90680	\$ 21,711	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Forrester, Graham and April 536 Dartmouth Drive Placentia CA 92870	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Global Gift Fund 536 Dartmouth Drive Placentia CA 92870	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Sambar Private Foundation 536 Dartmouth Drive Placentia CA 92870	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Yorba Linda Friends Church 5091 Mountain View Ave Yorba Linda CA 92886	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

California Statements

Statement 1 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
1		Scholarship	800			800		

Statement 2 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
Savana Beal	536 Dartmouth Drive	Placentia	CA	92870	Board Member		
Daryl Mayfield	536 Dartmouth Drive	Placentia	CA	92870	Board Member		
Rhonda Shader	536 Dartmouth Drive	Placentia	CA	92870	Board Member		
Ward Smith	536 Dartmouth Drive	Placentia	CA	92870	Board Member		
Laura Muniz	536 Dartmouth Drive	Placentia	CA	92870	Board Member		
Greg Welburn	536 Dartmouth Drive	Placentia	CA	92870	Board Member		
Jay Scott	536 Dartmouth Drive	Placentia	CA	92870	Board Member		
Leticia Gali	536 Dartmouth Drive	Placentia	CA	92870	CEO	30.00	
Total							0

California Statements

Statement 3 - Form 199, Part II, Line 17 - Other Expenses

<u>Description</u>	<u>Amount</u>
Auto Fuel	\$ 3,183
Auto License	638
Auto Repairs	10,419
Club Program	1,246
Community Events	775
Community Health Fair	10,366
Community Movie Nights	61
Community Serve Days	103
Community Soccer Tourname	30
Community Sporting Events	1,476
Community Student Outreac	2,651
Community Thanksgiving Ev	9,722
Dues and Subscriptions	2,030
Licenses Fees and Permits	155
Loss on Donation of Vehic	137
Meals	3,122
Mentorship Programs	22,243
Mission Trip	826
Orphanage Outreach	7,841
Postage	370
Resource Center	2,311
School Year Programs	1,370
School Year HW Programs	4,312
Staff Development	739
Summer Program	1,619
Telephone	507
Volunteer Development Gif	1,279
Winter Camp	718
Bank Charges	369
Supplies	842
Computer & Internet	1,949
General Liability	1,213
Property Insurance	500
Officers & Directors Insuranc	846
Workers Comp	725
Auto Insurance	7,009
Fundraising Costs	2,745
	42
Admin Payroll Tax	681
Admin Salary	6,116
HWC Payroll Tax	1,607
HWC Salary	15,222
	1,126
Total	<u>\$ 131,241</u>

California Statements

Statement 4 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Security Deposit	\$ <u> </u>	\$ <u>1,710</u>
Total	\$ <u> 0</u>	\$ <u>1,710</u>

TAXABLE YEAR

CALIFORNIA FORM

2021

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name LOT318	California corporation number 3346515
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	
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	
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)		
(c) Elected cost		
6		
7 Listed property (elected IRC Section 179 cost)	7	
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 2022. 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 of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						3,887	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						3,887	15

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)	16	3,887
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)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
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

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
Ford Shuffle	1/02/21	\$ 30,000	\$	MACRS	5	\$ 3,560	\$
10 Motorola Radio	9/21/19	5,490	2,855	MACRS	5	149	
2015 Ford F350	5/01/16	37,128	34,990	MACRS	5	178	
Total		<u>\$ 72,618</u>	<u>\$ 37,845</u>			<u>\$ 3,887</u>	<u>\$ 0</u>