

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)
Corporation/Organization name LOT318
California corporation number 3346515
FEIN *****2677
Street address (suite or room) 536 DARTMOUTH DRIVE
City PLACENTIA State CA Zip code 92870
Foreign country name Foreign province/state/county Foreign postal code

A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method: 1 X Cash 2 Accrual 3 Other
F Federal return filed? 1 990T 2 990-PF 3 Sch H (990) 4 Other 990 series
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. 21.
2 Gross dues and assessments from members and affiliates.
3 Gross contributions, gifts, grants, and similar amounts received. 95,172.
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 Instruction B... 95,193.
5 Cost of goods sold. 5
6 Cost or other basis, and sales expenses of assets sold. 6
7 Total costs. Add line 5 and line 6. 7
8 Total gross income. Subtract line 7 from line 4. 95,193.
Expenses
9 Total expenses and disbursements. From Side 2, Part II, line 18. 71,919.
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. 23,274.
Filing Fee
11 Total payments. 11
12 Use tax. See General Instruction K. 12
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. 13
14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. 14
15 Filing fee \$10 or \$25. See General Instruction F. 10.
16 Penalties and Interest. See General Instruction J. 16
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result. 10.
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 VICE PRESIDENT
Date
Telephone 714-993-9411
PTIN *****5312
Paid Preparer's Use Only
Firm's name (or yours, if self-employed) and address A & L CERTIFIED PUBLIC ACCOUNTANTS
1475 S STATE COLLEGE BLVD #106
ANAHEIM, CA 92806
FEIN *****3941
Telephone (714) 563-2727
May the FTB discuss this return with the preparer shown above? See instructions. X Yes

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	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule SEE STATEMENT 1	●	7	21.
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	21.	
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 2	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule SEE STATEMENT 3	●	17	71,919.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	71,919.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		37,774.		35,548.
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	25,083.		64,237.	
b Less accumulated depreciation	18,187.	6,896.	28,747.	35,490.
11 Land				
12 Other assets. Attach schedule		187.		
13 Total assets		44,857.		71,038.
Liabilities and net worth				
14 Accounts payable				2,907.
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		44,857.		68,131.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		44,857.		71,038.

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	●	23,274.	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. Subtract line 9 from line 6		23,274.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		23,274.				

LOT318

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Statement 1
Form 199, Part II, Line 7
Other Income

Other Investment Income..... Total \$ 21.
 Total \$ 21.

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SAVANA BEAL 5673 GRANDVIEW AVE. YORBA LINDA, CA 92886	President 0	\$ 0.	\$ 0.	\$ 0.
LETICIA GALI 536 DARTMOUTH DRIVE PLACENTIA, CA 92870	Vice President 0	0.	0.	0.
SAVANA BEAL 5673 GRANDVIEW AVE. YORBA LINDA, CA 92886	Secretary 0	0.	0.	0.
LETICIA GALI 536 DARTMOUTH DRIVE PLACENTIA, CA 92870	Treasurer 0	0.	0.	0.
Total		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

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

BEREAVEMENT EXPENSE.....	\$ 1,590.
CAMPS.....	1,815.
COMMUNITY EVENTS.....	18,775.
DEVELOPMENT EXPENSES.....	1,451.
FUNDRAISING COSTS.....	1,411.
Insurance.....	6,128.
MEALS.....	1,218.
Office Expenses.....	5,000.
OUTREACH EXPENSES.....	677.
Postage and Shipping.....	268.
PROGRAM EXPENSES.....	7,362.
RENT.....	6,000.
TRANSPORTATION EXPENSES.....	18,977.
VOLUNTEER GIFTS.....	1,247.
Total	\$ <u><u>71,919.</u></u>