California Exempt Organization
Annual Information Return

FORM

199

2010	and ending ((mm/dd/vvvv)	12-31-2018
	12010 of floodifyed: 20g		poration number
Corporation/Org INFORMA		3988420	
	nation. See instructions.	FEIN	
/ to different mass.		81-5393558	7
Street address			PMB no.
P.O. BC	X 367	State	Zip code
City WILLIAN	ICTOWN	MA	01267
Foreign country	Fareign province (state (county)		Foreign postal code
1 oreign country			
A First Retu	n	Section 23701	d, has the organization
	Return	ities? See ins	structions Yes X No
	on 4947(a)(1) trust Yes X No K is the organization exempt un	nder R&TC Secti	on 23701g? ● 🗌 Yes 💢 No
D. Final Infor	If "Yes." enter the gross recei	pts from nonmer	nber sources \$
Diss	olved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public common structure of the first struc	c charity exer iling fee exce	npt under R&TC Section otion, check box.
	unting method: (1) Cash (2) X Accrual (3) Other No filing fee is required.		
F Federal re	turn filed? (1) 990T (2) 990PF (3) Sch H (990) M Is the organization a Lim	nited Liability	Company? ● Yes X No
(4) X Othe	n 990 series N Did the organization file	Form 100 or	Form 109 to
G Is this a g	roup filing? See instructions Yes ☒ No report taxable income?		
H Is this org	anization in a group exemption Yes X No O Is the organization unde	er audit by the	IRS or has the Yes X No
If "Yes," w	hat is the parent's name?	124 nending?	Yes X No
I Did the ex	ganization have any changes to its guidelines Date filed with IRS	24 pending.	
not report	ed to the FTB? See instructions Yes X No		
	omplete Part I unless not required to file this form. See General Information B and C.		
1 4111	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		1 315 00
	2 Gross dues and assessments from members and affiliates		2 0 00
	3 Gross contributions, gifts, grants, and similar amounts received.		3 134,475 00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		1 404 700 00
and Revenues	This line must be completed. If the result is less than \$50,000, see General Information	on B	4 134,790 00
	5 Cost of goods sold 5	0 00	
	6 Cost or other basis, and sales expenses of assets sold		7 0 00
	7 Total costs. Add line 5 and line 6	_	101700 00
	8 Total gross income. Subtract line 7 from line 4		8 134,790 00 9 97,639 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		11 0 00
	11 Total payments		12 0 00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13 0 00
F10 F	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 12.		14 0 00
Filing Fee	15 Filing fee \$10 or \$25. See General Information F		15 10 00
*	16 Penalties and Interest. See General Information J		16 0 00
	47 Palance due Add line 12 line 15 and line 16. Then subtract line 11 from the result		17 10 00
			and to the best of my knowledge and
Sign	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inform	Date .	
Here	Signature INDIAR ALLE ON - Fex dir SCTY	5/13/1	9 617-448-6600
	Date C	Check if self-	• PTIN
	Preparer's signature ► Billie Jo Sawyer 05/13/2019	employed >	P01071637
Paid			• Firm's FEIN 27-1294850
Preparer's Use Only	if self-employed)		■ Telephone
,	and address 1310 MASS MOCA WAY, NORTH ADAMS, MA 01247		(413) 664-6777
-			• X Yes No
	May the FTB discuss this return with the preparer shown above? See instructions		V. V

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 informati

	regardless of amount of gross receipts — complete Par	rt II or furnish substitute i	nformation.		
	1 Gross sales or receipts from all business act	ivities. See instructions	.		0 00
	2 Interest			2	108 00
into	3 Dividends				0 00
Receipts	4 Gross rents		over a server a serve i i i i i i i i i	4	0 00
Other	5 Gross royalties		**************	5	0 00
Sources	6 Gross amount received from sale of assets ((See Instructions)		6	0 00
	7 Other income. Attach schedule				207 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	315 00
	9 Contributions, gifts, grants, and similar amou	unts paid. Attach sched	lule	9	0 00
	10 Disbursements to or for members.				0 00
	11 Compensation of officers, directors, and trus	stees Attach schedule	31 2 2 3 12 2 3 12 4 3 30 4 4 10 10 X 4 10 1 X		33,167 00
	12 Other salaries and wages			12	0 00
	13 Interest				0 00
Expenses	14 Taxes				0 00
and Disburse					0 00
ments	16 Depreciation and depletion (See instructions	e)			0 00
	17 Other Expenses and Disbursements. Attach	schedule		17	64,472 00
	18 Total expenses and disbursements. Add line	e 9 through line 17 En	ter here and on Side 1. P	art I. line 9 18	97,639 00
Cabadul		Beginning of t	axable year	End of taxa	ble year
Schedul	E L Balance Sneet	(a)	(b)	(c)	(d)
Assets		(2)	8,133.		78,451.
	counts receivable		0.		0.
	otes receivable		0.		0.
			0.		0.
	tories	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	7. Tarrett	0.
	al and state government obligations		0.		0.
	ments in other bonds		0.		• 0.
	ments in stock		0.		0.
	age loans		0		0.
	investments. Attach schedule	0.		0.	
	epreciable assets	0.)	0. (0.)	0.
	ess accumulated depreciation (0.)	0.		0.
			0.		0.
	assets. Attach schedule		8,133.		78,451.
	assets		0,100.		
	s and net worth		0.		0.
	unts payable		0.		0.
	ibutions, gifts, or grants payable		0.		0.
	s and notes payable		0.		0.
	gages payable		0.		0.
	r liabilities. Attach schedule		0.		0.
	al stock or principal fund		0.		0.
	in or capital surplus. Attach reconciliation		8,133.		● 78,451.
	ned earnings or income fund		8,133.		78,451.
	liabilities and net worth	ith income nor rot			
Schedu	le M-1 Reconciliation of income per books Do not complete this schedule if the ar	mount on Schedule I	ine 13 column (d), is less	than \$50,000	
			7 Income recorded on	hooks this year	
	ncome per books			eturn. Attach schedule	0.
	ral income tax				<u> </u>
	ss of capital losses over capital gains		8 Deductions in this re-		
4 Inco	me not recorded on books this year.		against book income		0.
	ch schedule	0.		Eas O	0.
	enses recorded on books this year not	_	9 Total. Add line 7 and		U.
	icled in this return. Attach schedule		10 Net income per retur		70,318.
6 Tota	. Add line 1 through line 5	70,318.	Subtract line 9 from	line 6	10,010.

Line 3, Part I (CA 199) - Contributor Detail Schedule

									130,400
								Date	Total Amount
	Momo of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Received	of Contribution
	Name of Continuous	COO INC. COO INC.		14.64	13				20 400
1 William Donnelly	N.	2369 Fairview Ave E Slip 6	Seattle	WA	201.08				000
F	And Observed Charles Transfer	100 A Ealls Comprete Ofr Ste 202	Conshohocken	PA	19428				000,01
2 I he sandy Kiver Charitable I fust	er chantable itust	100 4 Falls colpulate ou ote 202	100000000000000000000000000000000000000				en provinció en		25 000
3 Local Media Consortium Inc	onsortium Inc	476 Shotwell Road Ste 102	Clayton	2	27520				00,07
Tidolihi Oboriol	Figure Observable Donor Advised Find	DO Box 770001	Cincinnati	공	45277				000,67
4 Fluelly Citalia	DIE DOIIOI-Advised I dila				000000000000000000000000000000000000000				
ı									