FTB 8453-EO 2018

Date Accept						IL TI	HIS FC	DRM TO THE FIR
TAXABLE Y	EAR Califor	nia e-file Return Au	uthor	ization for				FORM
2018	Exemp	t Organizations						8453-EO
Exempt Organiz	ation name						dentifying	
	EYOURCOP						82-08	52381
		nformation (whole dollars only)					1	50,240.
		99, line 4)						50,240.
2 Total 6	gross income (Form 19	9, line 8) ments (Form 199, Line 9)					3	19,460.
	•							
Part II	Settle Your Accou	int Electronically for Taxab	ole Yea	r 2018				
4	ectronic funds withdray	wal 4a Amount		4b Withdra	wal date (mm/d	ld/yyy	y) _	
		on (Have you verified the exemp	ot organiz	zation's banking ir	nformation?)			
5 Routin			-	Type of account	: Checking	,	Псо	vings
	nt number			Type of account	. Criecking	3		ivings
Part IV	Declaration of Off	n's account to be settled as design	onated in	Part II. If I check	Part II. Box 4.	l auth	orize a	n electronic funds
withdrawal f	for the amount listed or	n line 4a. that I am an officer of the above ex						
corresponding organization' Tax Board (for the fee light statements in	ng lines of the exempt s return is true, correct, FTB) does not receive iability and all applicat the transmitted to the FTE	er, or intermediate service provide organization's 2018 California eleand complete. If the exempt organifull and timely payment of the explete interest and penalties. I author by the ERO, transmitter, or intermediate the FTB to disclose to the	ectronic ization is xempt or orize the rediate se ERO or	return. To the bes filing a balance due ganization's fee li- exempt organization ervice provider. If the	it of my knowled e return, I unders ability, the exem on return and a e processing of ice provider the	ige are stand to opt ore ccomp the ex	nd belle hat if the ganizati panying empt or	f, the exempt e Franchise on will remain liable schedules and ganization's
Here	Signature of officer	Lava	Date	Title	O L LLIS			
Part V	Declaration of Ele	ctronic Return Originator	(ERO)	and Paid Prepa	arer. See instr	uction	s.	V
the best of organization officer's sign forms and in Authorized exempt orga under penal statements,	my knowledge. (If I ar n's return. I declare, ho nature on form FTB 84 nformation that I will fi e-file Providers. I will k nization return is filed, v lities of periury. I declai	above exempt organization's retunded on the service processes, that form FTB 8453-EO a service processes, that form FTB 8453-EO a service transmitting this rele with the FTB, and I have follow seep form FTB 8453-EO on file for whichever is later, and I will make a re that I have examined the above knowledge and belief, they are to	covider, I accurately aturn to to ved all of or four year copy ava- re exemp	understand that I reflects the data he FTB; I have protect ther requirements ears from the due allable to the FTB u t organization's re	am not respons on the return.) ovided the organ described in FT date of the retu pon request. If I seturn and accom-	sible for the si	or reviee obtain office or 1345, four years of the party	wing the exempt ed the organization or with a copy of all 2018 Handbook for ars from the date the aid preparer, edules and
				Date		Check i	f _	ERO's PTIN
EDO	ERO's signature RICHA	RD MANIES		4/30/19		self- employe	ed 🔲	P00834907
ERO Must	Firm's name (or yours		INC.		La companya di Com		FEIN	
Sign	if self-employed) and address	600 COOLIDGE DR. SUITE 300				~ ·	83-2055905 ZIP code 95630	
Under nenalties	of nerium I declare that I ha	FOLSOM ave examined the above organization's return above organization.	rn and acco	mnanving schedules an		CE		95630 mowledge and helief they
		declaration based on all information of w			June 1101100, UITU U			and solver, they
Paid	Paid preparer's signature			Date	Check it	f ployed		Paid preparer's PTIN
Preparer	arginoture.	· · · · · · · · · · · · · · · · · · ·			1 300 300	T	FEIN	
Must Sign	Firm's name (or yours if self- employed) and address						ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

2018 California Exempt Organization Annual Information Return

	-		
1	0	0	

Calendar Y	Year 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)			
	Organization name		California corporation number	
HOW2LO		4132205		
Additional infe	ormation. See instructions.		FEIN	
Street address	s (suite or room)	_	82-0852381 PMB no.	
City	State		Zip code	
Foreign count	CA try name Foreign province/state/county	_	Foreign postal code	
A First Rel	turn X Yes No J If exempt under R&TC Section 23701d, has the	е		
B Amende	d Return		Yes X No	
C IRC Sect	tion 4947(a)(1) trust Yes X No		i ics in	
	formation Return? Dissolved Surrendered (Withdrawn) Merced / Reorganized K Is the organization exempt under R&TC Section	n 227	701g? • Yes X No	
Enter dat	te: (mm/dd/yyyy) • If 'Yes,' enter the gross receipts from nonmember sources	11 23/	\$	
	coounting method:	er		
	Cash 2 Accrual 3 Uther R&TC Section 23701d and meets the filing fee return filed? 1 ● 990T 2 ● 990-PF 3 ● Sch H (990) exception, check box. No filing fee is required		• 🗆	
	ther 990 series MI Is the organization a Limited Liability Company			
	group filling? See instructions Yes X No No Did the organization file Form 100 or Form 105 taxable income?	9 to r	eport	
H Is this o	rganization in a group exemption. Yes X No O Is the organization under audit by the IRS or h			
	what is the parent's name? audited in a prior year?		• Yes X No	
	P Is federal Form 1023/1024 pending?	estat t	Yes No	
	organization have any changes to its guidelines red to the FTB? See instructions Yes X No			
Part I	Complete Part I unless not required to file this form. See General Information B and C.	_		
Larer	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	-I	
	2 Gross dues and assessments from members and affiliates.	2		
Receipts	3 Gross contributions, gifts, grants, and similar amounts received.	3		
and Revenues	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	50,240.	
	5 Cost of goods sold			
	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.	8		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18.	9	19,460.	
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	30,780.	
	12 Use tax. See General Information K.	12		
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13		
F::::	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		
Filing Fee	15 Filing fee \$10 or \$25. See General Information F.	15	+	
	16 Penalties and Interest. See General Information J.	16	10.	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	_		
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other, than taxpayer) is based on all information of which preparer has any knowledge.	17	v knowledge and belief, it is true	
Sign Here	Signature Date Declaration of preparer (other than 16xpayer) is based on all information of which preparer has any knowledge.	1	Telephone	
	of officer 7 100 TREASURER 5 1201	9	916-220-2657	
	Preparer's Date Check if self-		• PTIN	
Paid Preparer's	signature RICHARD MANIES 4/30/19 employed		P00834907	
Use Only	Firm's name (or yours, if	_	Firm's FEIN	
	self-employed) 800 COOLIDGE DR. SOITE 300	-	83-2055905 Telephone	
	FOLSOM, CA 95630	-	(916) 863-2388	
	May the FTB discuss this return with the preparer shown above? See instructions	. (X Yes No	

Form 990-	EZ (2018) HOW2LOVEYOURCOP			82-085	52381	P	age 4		
·						Yes	No		
46 Did to	the organization engage, directly or indire didates for public office? If 'Yes,' complet	ectly, in political campa e Schedule C, Part I.	aign activities on behalf o	f or in opposition to	46		X		
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organizati for lines 50 and 51. Check if the organization used Schedu	ons must answer o					П		
	Check if the organization used Schedu	le O to respond to any	question in this rait vi.						
47 Did t	the organization engage in lobbying activities plete Schedule C, Part II	s or have a section 501(h) election in effect during	the tax year? If 'Yes,'	47	Yes	No		
49 a Did	e organization a school as described in s the organization make any transfers to a	n exempt non-charitabl	le related organization?		49 a		X		
50 Com	es,' was the related organization a section plete this table for the organization's five high loyees) who each received more than \$100,0	hest compensated emp	loyees (other than officers,	directors, trustees, and l					
70.00	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other com				
NONE						5			
		4							
						Americanic			
	I number of other employees paid over \$ plete this table for the organization's five high pensation from the organization. If there	THE STATE OF THE S	pendent contractors who ea	ach received more than \$	100,000 of				
<u> </u>	(a) Name and business address of each independent	contractor	(b) Type (of service	(c) Comp	ensation	1		
NONE			-						
				70					
		1141							
			-						
			-						
52 Did t	I number of other independent contractor he organization complete Schedule A? No pleted Schedule A	ote: All section 501(c)	하는 일이 경기를 보고 하는 바람이는 그렇게 하는데 하나 되는 것이 없다. 그렇게 되었다면서		. ► X Yes		No		
Under penaltic true, correct,	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office			be best of my knowledge and beliedge.					
Sign	Signature of officer	<u> </u>		5/1/20	019				
Here	CORY HOWARD Type or print harme and title			TREASURER	A CONTRACTOR OF THE CONTRACTOR				
Paid	Print/Type preparer's name RICHARD MANIES	Preparer's signature RICHARD MANIE	S 2/30/1	9 Check if PT self-employed P	0083490	7			
Preparer Use Only		Firm's name ► CENTENAL TAX GROUP, INC.							
	FOLSOM, CA 9563		00 200000						
May the IR	S discuss this return with the preparer si		uctions		. ► X Yes		No		
	The state of the s				Form 990				

Page 4

TAXABLE YE	AR Califor	nia e-file Returi	n Author	ization for	3		FORM
2018		ot Organizations		imortio i i i v			8453-EO
Exempt Organiza		/ Organizations	·			Identifyin	g number
HOW2LOVE	YOURCOP					82-0	852381
Part I E	lectronic Return I	nformation (whole dollars					
1 Total gr	ross receipts (Form 1	99, line 4)				1	50,240.
2 Total gr	ross income (Form 19	99, line 8)				2	50,240. 19,460.
		ements (Form 199, Line 9).				3	19,400.
Part II S	ettle Your Accou	int Electronically for	Taxable Year	r 2018			
	ctronic funds withdra				wal date (mm/dd	⁽ уууу) _	
Part III E	Banking Informat	ion (Have you verified the	exempt organiz	ation's banking in	nformation?)		
5 Routing6 Account				Type of account	: Checking	s	avings
	Declaration of Off						
withdrawal fo	or the amount listed of						
return original correspondin organization's Tax Board (F for the fee lia statements be return or reference.	ator (ERO), transmitted in the exemption of the exemption	that I am an officer of the aber, or intermediate service per organization's 2018 Califo, and complete. If the exempter full and timely payment of ble interest and penalties. But by the ERO, transmitter, or thorize the FTB to disclose	provider and the rnia electronic rate organization is the exempt organization is the exempt organization is to the exempt organization in the exempt organization in the exempt or intermediate set to the ERO or intermediate set to the ERO or intermediate.	e amounts in Pari return. To the bes filing a balance du ganization's fee li exempt organizati rvice provider. If th ntermediate serv	it I above agree with of my knowledge return, I understand ability, the exemplon return and acceprocessing of the iceprovider the sure.	th the amore and beliched that if the torganiza companying exempt of reason(s) the companying exempt of the torganization of the torgan	ounts on the ef, the exempt he Franchise tion will remain liable g schedules and organization's
		ctronic Return Origin					
the best of m organization' officer's sign forms and in Authorized e exempt organ under penalt statements,	ny knowledge. (If I and some return. I declare, he ature on form FTB 84 formation that I will find the providers. I will find its providers. I will find the providers. I will find the providers. I will find the providers. I declar the providers of perjury, I declar the soft perjury, I declar the soft perjury, I declar the providers of perjury, I declar the soft perjury the soft per	above exempt organization only an intermediate senowever, that form FTB 8453-153-EO before transmitting lile with the FTB, and I have keep form FTB 8453-EO on whichever is later, and I will not that I have examined the knowledge and belief, they	vice provider, I is a second and a second at least this return to the followed all other four years a copy availed above exempted.	understand that I reflects the data ne FTB; I have proher requirements tars from the due to the FTB ut organization's reference to the FTB ut to organization's reference to the total unit to the total uni	am not responsible on the return.) I have been been continued the organized described in FTB date of the return pon request. If I are turn and accomp	ole for revienave obtain ration office Pub. 1345 For four your also the panying sch	ewing the exempt ned the organization er with a copy of all 5, 2018 Handbook for ears from the date the baid preparer, sedules and
	ERO's		1	Date	Check if also paid v se	eck if	ERO's PTIN
ERO	signature RICHA	ARD MANIES		4/30/19		ployed	P00834907
Must	Firm's name (or yours if self-employed)	CENTENAL TAX GRO				FEIN	83-2055905
Sign	and address	FOLSOM	20115 200	0	C	A ZIP code	
		ave examined the above organizatio					
Paid	Paid preparer's signature	s declaration based on all informat	ION OF Which I have	knowledge.	Check if self-emplo		Paid preparer's PTIN
Preparer Must	Firm's name					FEIN	
Sign	(or yours if self- employed) and address					ZIP code	
For Privacy	Notice, get FTB 1131	ENG/SP.					FTB 8453-EO 2018

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878 For calendar year 2018, or fiscal year beginning _____ , 2018, and ending ____ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number HOW2LOVEYOURCOP 82-0852381 CORY HOWARD TREASURER Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1 a Form 990 check here..... b Total revenue, if any (Form 990, Part VIII, column (A), line 12)....... 50,240. 3 a Form 1120-POL check here. b Total tax (Form 1120-POL, line 22). 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5 a Form 8868 check here ... • D Balance Due (Form 8868, line 3c) Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only CENTENAL TAX GROUP, INC. to enter my PIN 00001 as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Part III Certification and Authentication ERO's EFIN/PIN. Enter your six digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 68126411310 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

RICHARD MANIES

ERO's signature

Form 8879-EO (2018)

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMAD	NIa	1545 1	070
CIAID	INO.	1545-1	0/0

For calendar year 2018, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number 82-0852381 HOW2LOVEYOURCOP TREASURER CORY HOWARD Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 2a Form 990-EZ check here > X b Total revenue, if any (Form 990-EZ, line 9)..... 50,240 **b** Total tax (Form 1120-POL, line 22)..... 3 a Form 1120-POL check here..... > 4a Form 990-PF check here ▶ D Tax based on investment income (Form 990-PF, Part VI, line 5). . . . Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X I authorize CENTENAL TAX GROUP, to enter my PIN 00001 as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five digit self-selected PIN 68126411310 I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature RICHARD MANIES ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)