

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2018

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name **HOW2LOVEYOURCOP** Identifying number **82-0852381**

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	50,240.
2	Total gross income (Form 199, line 8)	2	50,240.
3	Total expenses and disbursements (Form 199, Line 9)	3	19,460.

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 _____
6 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 amount listed 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 originator (ERO), 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 2018 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 is filing 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 fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Richard Manies | 5/1/2019 | **TREASURER**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have 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 FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date 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 penalties of perjury, 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 belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature **RICHARD MANIES** Date **4/30/19** Check if also paid preparer Check if self-employed ERO's PTIN **P00834907**
Firm's name (or yours if self-employed) and address **CENTENAL TAX GROUP, INC.**
600 COOLIDGE DR. SUITE 300 FEIN **83-2055905**
FOLSOM CA ZIP code **95630**

Paid Preparer Must Sign

Paid preparer's signature _____ Date _____ Check if self-employed Paid preparer's PTIN _____
Firm's name (or yours if self-employed) and address _____ FEIN _____
ZIP code _____

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name: HOW2LOVEYOURCOP
California corporation number: 4132205
FEIN: 82-0852381
Street address, City, State (CA), Zip code, Foreign country name, Foreign province/state/county, Foreign postal code

A First Return [X] Yes [] No
B Amended Return [] Yes [X] No
C IRC Section 4947(a)(1) trust [] Yes [X] No
D Final Information Return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized
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? [] Yes [X] No
H Is this organization in a group exemption? [] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? [] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required []
M Is the organization a Limited Liability Company? [] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No
P Is federal Form 1023/1024 pending? [] Yes [] No

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

Table with 17 rows and 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total gross receipts: 50,240), Expenses (Total expenses: 19,460), and Filing Fee (Balance due: 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: [Signature] Title: TREASURER Date: 5/1/2019 Telephone: 916-220-2657
Preparer's signature: RICHARD MANIES Date: 4/30/19 Check if self-employed: [] PTIN: P00834907
Firm's name and address: CENTENAL TAX GROUP, INC., 600 COOLIDGE DR. SUITE 300, FOLSOM, CA 95630 Firm's FEIN: 83-2055905 Telephone: (916) 863-2388

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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 amount of other compensation
NONE				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Cory Howard* Date: 5/1/2019
 Type or print name and title: CORY HOWARD TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: RICHARD MANIES Preparer's signature: RICHARD MANIES Date: 4/30/19
 Firm's name: CENTENAL TAX GROUP, INC. Check if self-employed PTIN: P00834907
 Firm's address: 600 COOLIDGE DR. SUITE 300 FOLSOM, CA 95630 Firm's EIN: 83-2055905
 Phone no.: (916) 863-2388

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2018

8453-EO

Exempt Organization name

HOW2LOVEYOURCOP

Identifying number

82-0852381

Part I Electronic Return Information (whole dollars only)

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6 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 amount listed 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 originator (ERO), 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 2018 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 is filing 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 fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

▶ *Richard Manies* 15/1/2019 ▶ TREASURER
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have 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 FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date 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 penalties of perjury, 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 belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ RICHARD MANIES Date 4/30/19 Check if also paid preparer Check if self-employed ERO's PTIN P00834907
Firm's name (or yours if self-employed) and address ▶ CENTENAL TAX GROUP, INC.
600 COOLIDGE DR. SUITE 300 FEIN 83-2055905
FOLSOM CA ZIP code 95630

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed Paid preparer's PTIN _____
Firm's name (or yours if self-employed) and address ▶ _____ FEIN _____
ZIP code _____

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20_____

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

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.	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b	
2 a Form 990-EZ check here.	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b	<u>50,240.</u>
3 a Form 1120-POL check here.	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here.	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

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. 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

I authorize CENTENAL TAX GROUP, INC. to enter my PIN 00001 as my signature
ERO firm name 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 ▶

Cory Howard

Date ▶

5/1/2019

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's signature ▶

RICHARD MANIES

Date ▶

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

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

Department of the Treasury
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**
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Name of exempt organization

Employer identification number

HOW2LOVEYOURCOP

82-0852381

Name and title of officer

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.	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b	
2 a Form 990-EZ check here.	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b	50,240.
3 a Form 1120-POL check here.	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here.	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here.	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

Part II Declaration and Signature Authorization of Officer


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Officer's PIN: check one box only

I authorize CENTENAL TAX GROUP, INC. to enter my PIN 00001 as my signature
ERO firm name 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 ►  Date ► 5/1/2019

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's signature ► RICHARD MANIES Date ► _____

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