

2018 Exempt Org. Return

prepared for:

UMBRELLA OF HOPE
4080 RAILROAD AVENUE
PITTSBURG, CA 94565-6532

CLIENT COPY

CCA LLP
2300 Contra Costa Blvd., Suite 220
Pleasant Hill, CA 94523-3966

CCA LLP

2300 CONTRA COSTA BLVD., SUITE 220
PLEASANT HILL, CA 94523-3966
(925) 685-2911

February 21, 2020

UMBRELLA OF HOPE
4080 RAILROAD AVENUE
PITTSBURG, CA 94565-6532

Dear Client:

Your 2018 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2018 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by November 15, 2019. Mail your California payment voucher, Form 3586, on or before November 15, 2019 to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$25 payable by November 15, 2019. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 15, 2019 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

William A. Coates, C.P.A.

UMBRELLA OF HOPE

45-4103375

	2018	2017	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	55,357	108,813	-53,456
TOTAL REVENUE.....	55,357	108,813	-53,456
EXPENSES			
OTHER EXPENSES.....	58,960	99,852	-40,892
TOTAL EXPENSES.....	58,960	99,852	-40,892
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-3,603	8,961	-12,564
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	16,796	7,835	8,961
NET ASSETS/FUND BAL. AT END OF YEAR.....	13,193	16,796	-3,603

2018**CALIFORNIA 199 TAX SUMMARY****PAGE 1****UMBRELLA OF HOPE****45-4103375**

	2018	2017	DIFF
REVENUE			
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	55,357	108,813	-53,456
 TOTAL INCOME.....	 55,357	 108,813	 -53,456
EXPENSES AND DISBURSEMENTS			
DEPRECIATION AND DEPLETION.....	276	276	0
OTHER DEDUCTIONS.....	58,684	99,576	-40,892
 TOTAL DEDUCTIONS.....	 58,960	 99,852	 -40,892
 EXCESS OF RECEIPTS OVER DISBURSEMENTS....	 -3,603	 8,961	 -12,564
FILING FEE			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0

12/31/18

2018 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
FURNITURE AND FIXTURES										
1	FURNITURE & FIXTURES	5/10/15		2,159			576	S/L	10	216
	TOTAL FURNITURE AND FIXTURE			2,159		0	576			216
MACHINERY AND EQUIPMENT										
2	MEDICAL EQUIPMENT	5/10/15		598			160	S/L	10	60
	TOTAL MACHINERY AND EQUIPME			598		0	160			60
	TOTAL DEPRECIATION			2,757		0	736			276
	GRAND TOTAL DEPRECIATION			2,757		0	736			276

12/31/18

2018 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
FURNITURE AND FIXTURES										
1	FURNITURE & FIXTURES	5/10/15		2,159			576	S/L	10	216
	TOTAL FURNITURE AND FIXTURE			2,159		0	576			216
MACHINERY AND EQUIPMENT										
2	MEDICAL EQUIPMENT	5/10/15		598			160	S/L	10	60
	TOTAL MACHINERY AND EQUIPME			598		0	160			60
	TOTAL DEPRECIATION			2,757		0	736			276
	GRAND TOTAL DEPRECIATION			2,757		0	736			276

Form **8879-EO****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____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2018**Department of the Treasury
Internal Revenue Service

Name of exempt organization

UMBRELLA OF HOPE

Name and title of officer

DEE PETERSENDIRECTOR

Employer identification number

45-4103375**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>55,357.</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 CCA LLP to enter my PIN 20125 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 ▶ 11/01/2019**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

68955015247

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 ▶ WILLIAM A. COATES, C.P.A.

Date ▶ _____

**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)

Voucher at bottom of page.

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION
TAX RETURN WITH THE PAYMENT VOUCHER.**

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, CA SOS file number and '2018 FTB 3586' on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations — File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations — File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations — File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER
CAUTION: You may be required to pay electronically, see instructions.

--- DETACH HERE ---

TAXABLE YEAR

2018

**Payment Voucher for Corporations and
Exempt Organizations e-filed Returns**

CALIFORNIA FORM

3586 (e-file)

3404740 UMBR 45-4103375 000003404740 18 FORM 3
TYB 01-01-18 TYE 12-31-18
UMBRELLA OF HOPE
DR L NOE
4080 RAILROAD AVENUE
PITTSBURG CA 94565-6532

AMOUNT OF PAYMENT

10.

059

6181186

CACA1201L 12/12/18

FTB 3586 2018

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

Identifying number

UMBRELLA OF HOPE

45-4103375

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	55,357.
2	Total gross income (Form 199, line 8)	2	55,357.
3	Total expenses and disbursements (Form 199, Line 9)	3	58,960.

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**

Signature of officer

11/01/2019

Date

DIRECTOR

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

WILLIAM A. COATES, C.P.A.

Date

2/21/20

Check if
also paid
preparer☒Check if
self-
employed☐

ERO's PTIN

P00193206

Firm's name (or yours
if self-employed)
and address

CCA LLP

2300 CONTRA COSTA BLVD., SUITE 220

PLEASANT HILL

FEIN

45-4060696

CA

ZIP code

94523-3966

Under penalties of perjury, I declare that I have examined the above 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.

**Paid
Preparer
Must
Sign**Paid
preparer's
signatureFirm's name
(or yours if self-
employed) and
address

Date

Check if
self-employed☐

Paid preparer's PTIN

FEIN

ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018