CLIENT 3814

**LEVY, SAPIN, KO & FREEMAN**
**4221 WILSHIRE BLVD STE 430**
**LOS ANGELES, CA 90010**
**(323) 936-8256**

March 9, 2020

REGENERATION, INC.
dba REGENERATION EDUCATION
4221 WILSHIRE BLVD. Suite 430
LOS ANGELES, CA 90010

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 8453-EO - Exempt Organization Declaration and Signature for Electronic Filing. 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. No tax is payable with the filing of this return.

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 $50 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,

Andrew P. Sapin

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

# Exempt Organization Declaration and Signature for Electronic Filing

**For calendar year 2018, or tax year beginning** 7/01 **, 2018, and ending** 6/30 , 2019

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

OMB No. 1545-1879

**2018**

Name of exempt organization
REGENERATION, INC.
DBA REGENERATION EDUCATION

**Employer identification number**
20-5457823

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-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 of 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-). 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.

| | | | |
|---|---|---|---|
| **1a Form 990** check here ▶ ☐ | **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | **1b** | |
| **2a Form 990-EZ** check here ▶ ☒ | **b Total revenue,** if any (Form 990-EZ, line 9) | **2b** | 118,604. |
| **3a Form 1120-POL** check here ▶ ☐ | **b Total tax** (Form 1120-POL, line 22) | **3b** | |
| **4a Form 990-PF** check here ▶ ☐ | **b Tax based on investment income** (Form 990-PF, Part VI, line 5) | **4b** | |
| **5a Form 8868** check here ▶ ☐ | **b Balance due** (Form 8868, line 3c) | **5b** | |

## Part II Declaration of Officer

**6** ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named 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.

**Sign Here** ▶ Signature of officer | Date ▶ Title

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, 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. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|---|---|---|---|---|---|
| **ERO's Use Only** | ERO's signature ▶ | Date 3/09/20 | Check if also paid preparer ☒ | Check if self-employed ☐ | ERO's SSN or PTIN P00537972 |
| | Firm's name (or yours if self-employed), address, and ZIP code ▶ LEVY, SAPIN, KO & FREEMAN<br>4221 WILSHIRE BLVD STE 430<br>LOS ANGELES, CA 90010 | | | EIN 95-2904018 | Phone no. (323) 936-8256 |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

| | | | | | |
|---|---|---|---|---|---|
| **Paid Preparer Use Only** | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed ☐ | PTIN |
| | Firm's name ▶ | | | Firm's EIN ▶ | |
| | Firm's address ▶ | | | Phone no. | |

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8453-EO** (2018)

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

► **Do not enter social security numbers on this form as it may be made public.**

► **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-1150

**2018**

**Open to Public Inspection**

**A** For the 2018 calendar year, or tax year beginning 7/01 , 2018, and ending 6/30 , 2019

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C**
REGENERATION, INC.
DBA REGENERATION EDUCATION
4221 WILSHIRE BLVD. #430
LOS ANGELES, CA 90010

**D** Employer identification number
20-5457823

**E** Telephone number
818-707-1837

**F** Group Exemption Number ►

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

**I** Website: ► WWW.REGENERATIONEDU.ORG

**J** Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◄(insert no.) ☐ 4947(a)(1) or ☐ 527

**H** Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 120,284.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 119,558. |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | |
| | 6 | Gaming and fundraising events: | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | 726. | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | 1,680. | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | -954. |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe in Schedule O) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | | 9 | 118,604. |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O | | 10 | 40,448. |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 47,760. |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | |
| | 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | | 16 | 13,475. |
| | 17 | **Total expenses.** Add lines 10 through 16 ► | | 17 | 101,683. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 16,921. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 70,186. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ► | | 21 | 87,107. |

**Part II Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II. X

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 70,244. | 22 | 85,920. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) SEE SCHEDULE O | 1,678. | 24 | 1,245. |
| 25 | **Total assets** | 71,922. | 25 | 87,165. |
| 26 | **Total liabilities** (describe in Schedule O) SEE SCHEDULE O | 1,736. | 26 | 58. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 70,186. | 27 | 87,107. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III. X

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses** (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants $ 44,448. ) If this amount includes foreign grants, check here ► X — 28a 5,297.

29

(Grants $ ) If this amount includes foreign grants, check here ► — 29a

30

(Grants $ ) If this amount includes foreign grants, check here ► — 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here ► — 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 5,297.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| SHEPHA SCHNEIRSOHN-VAINSTEIN<br>PRESIDENT | 0 | 0. | 0. | 0. |
| DEBORAH LESHON<br>SEC / TREAS | 0 | 0. | 0. | 0. |
| NOOR-MALIKA CHRISHTI<br>VICE PRESIDENT | 0 | 0. | 0. | 0. |
| MARK ZUCKER<br>DIRECTOR | 0 | 0. | 0. | 0. |
| JIHAD TURK<br>DIRECTOR | 0 | 0. | 0. | 0. |
| | | | | |
| | | | | |
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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCHEDULE O ☐

| | | | Yes | No |
|---|---|---|---|---|
| **33** | Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. | 33 | | X |
| **34** | Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | X |
| **35a** | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| **b** | If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. | 35b | | |
| **c** | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III | 35c | | X |
| **36** | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. | 36 | | X |
| **37a** | Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. | | | |
| **b** | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| **38a** | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| **b** | If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A | | | |
| **39** | Section 501(c)(7) organizations. Enter: | | | |
| **a** | Initiation fees and capital contributions included on line 9. 39a N/A | | | |
| **b** | Gross receipts, included on line 9, for public use of club facilities. 39b N/A | | | |
| **40a** | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0. | | | |
| **b** | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 40b | | X |
| **c** | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► 0. | | | |
| **d** | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0. | | | |
| **e** | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. | 40e | | X |
| **41** | List the states with which a copy of this return is filed ► NONE | | | |

**42a** The organization's books are in care of ► SHEPHA VAINSTEIN Telephone no. ► 818-422-2026
Located at ► 29476 LAKE VISTA DRIVE AGOURA HILLS CA ZIP + 4 ► 91301

| | | | Yes | No |
|---|---|---|---|---|
| **b** | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► | 42b | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| **c** | At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ► | 42c | | X |

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ► ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43 N/A

| | | | Yes | No |
|---|---|---|---|---|
| **44a** | Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | 44a | | X |
| **b** | Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | 44b | | X |
| **c** | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| **d** | If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' *provide an explanation in Schedule O* | 44d | | |
| **45a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| **b** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | X |

| | | 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 | 46 | | 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 | 47 | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If 'Yes,' was the related organization a section 527 organization? | 49b | | |

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 — Date

SHEPHA VAINSTEIN — PRESIDENT

Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| ANDREW P. SAPIN | | 3/09/20 | | P00537972 |

Firm's name ► LEVY, SAPIN, KO & FREEMAN

Firm's address ► 4221 WILSHIRE BLVD STE 430, LOS ANGELES, CA 90010

Firm's EIN ► 95-2904018

Phone no. (323) 936-8256

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

► **Attach to Form 990 or Form 990-EZ.**

► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| REGENERATION, INC.<br>DBA REGENERATION EDUCATION | 20-5457823 |

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 53,407. | 54,608. | 64,360. | 48,856. | 118,658. | 339,889. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 **Total.** Add lines 1 through 3 | 53,407. | 54,608. | 64,360. | 48,856. | 118,658. | 339,889. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 339,889. |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 53,407. | 54,608. | 64,360. | 48,856. | 118,658. | 339,889. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 339,889. |

12 Gross receipts from related activities, etc. (see instructions) **12** 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | **14** | 100.00 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | **15** | 100.00 % |

16a **33-1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

### Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2017** Schedule A, Part III, line 17 | 18 | % |

19a **33-1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| **1** | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| **2** | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| **3a** | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below.* | 3a | | |
| **b** | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| **c** | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If 'Yes,' explain in* ***Part VI*** *what controls the organization put in place to ensure such use.* | 3c | | |
| **4a** | Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.* | 4a | | |
| **b** | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If 'Yes,' describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 4b | | |
| **c** | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| **5a** | Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| **b** | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| **c** | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| **6** | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in* ***Part VI.*** | 6 | | |
| **7** | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).* | 7 | | |
| **8** | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).* | 8 | | |
| **9a** | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If 'Yes,' provide detail in* ***Part VI****.* | 9a | | |
| **b** | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in* ***Part VI****.* | 9b | | |
| **c** | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in* ***Part VI****.* | 9c | | |
| **10a** | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer 10b below.* | 10a | | |
| **b** | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

| | | Yes | No |
|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | **11a** | |
| **b** | A family member of a person described in (a) above? | **11b** | |
| **c** | A 35% controlled entity of a person described in (a) or (b) above? *If 'Yes' to a, b, or c, provide detail in* ***Part VI.*** | **11c** | |

## Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| **1** | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If 'No,' describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year. | **1** | | |
| **2** | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* | **2** | | |

## Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| **1** | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If 'No,' describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | **1** | | |

## Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| **1** | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | **1** | | |
| **2** | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If 'No,' explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | **2** | | |
| **3** | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | **3** | | |

## Section E. Type III Functionally Integrated Supporting Organizations

**1** *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

**a** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

**b** ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

**c** ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

| | | Yes | No |
|---|---|---|---|
| **2** | Activities Test. ***Answer (a) and (b) below.*** | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | **2a** | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? ***If 'Yes,' explain in Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | **2b** | | |
| **3** | Parent of Supported Organizations. ***Answer (a) and (b) below.*** | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.*** | **3a** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* ***Part VI*** *the role played by the organization in this regard.* | **3b** | | |

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

### Section A – Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) | 8 | | |

### Section B – Minimum Asset Amount

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in **Part VI**): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

### Section C – Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

| **Section D – Distributions** | **Current Year** |
|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| **4** Amounts paid to acquire exempt-use assets | |
| **5** Qualified set-aside amounts (prior IRS approval required) | |
| **6** Other distributions (describe in **Part VI**). See instructions. | |
| **7** **Total annual distributions.** Add lines 1 through 6. | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions. | |
| **9** Distributable amount for 2018 from Section C, line 6 | |
| **10** Line 8 amount divided by line 9 amount | |

| **Section E – Distribution Allocations (see instructions)** | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2018** | **(iii) Distributable Amount for 2018** |
|---|---|---|---|
| **1** Distributable amount for 2018 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2018 | | | |
| **a** From 2013 . . . . . | | | |
| **b** From 2014 . . . . . | | | |
| **c** From 2015 . . . . . | | | |
| **d** From 2016 . . . . . | | | |
| **e** From 2017 . . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2018 distributable amount | | | |
| **i** Carryover from 2013 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| **4** Distributions for 2018 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2018 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from 4. | | | |
| **5** Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| **6** Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| **7** **Excess distributions carryover to 2019.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2014 . . . . . | | | |
| **b** Excess from 2015 . . . . . | | | |
| **c** Excess from 2016 . . . . . | | | |
| **d** Excess from 2017 . . . . . | | | |
| **e** Excess from 2018 . . . . . | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**

Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2018**

| **Name of the organization** | **Employer identification number** |
|---|---|
| REGENERATION, INC.<br>DBA REGENERATION EDUCATION | 20-5457823 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ► $ _____

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: REGENERATION, INC.

Employer identification number: 20-5457823

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | JEWISH COMMUNITY FOUNDATION<br>6505 WILSHIRE BLVD. SUITE 120<br>LOS ANGELES, CA 90048 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | JEWISH COMMUNITY FEDERATION - SF<br>121 STEUART ST. #7<br>SAN FRANCISCO, CA 94105 | $ 25,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | MOHAMMAD AND RANA MALAS<br>31591 BLUFF DRIVE<br>LAGUNA BEACH, CA 92651-8323 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 4 | CATHERINE RUSOFF O'NEILL<br>244 16TH ST<br>SANTA MONICA , CA 90402-2216 | $ 5,500. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 5 | INTERFAITH INVENTIONS<br>PO BOX 7367<br>LOS ANGELES, CA 90007-0367 | $ 41,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 6 | ALNOOR BAHDUR MANDANI & KARIMA HIRA<br>9736 VENICE BLVD<br>CULVER CITY, CA 90232-2717 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| REGENERATION, INC. | 20-5457823 |

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | N/A | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

Name of organization: REGENERATION, INC.
Employer identification number: 20-5457823

**Part III** ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ► $ N/A
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | N/A | | |

| (e) Transfer of gift: Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift: Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift: Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift: Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

**SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
► **Attach to Form 990 or 990-EZ.**
► **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization: REGENERATION, INC.
DBA REGENERATION EDUCATION

**Employer identification number:** 20-5457823

## FORM 990-EZ, PART I, LINE 10
## GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF $5,000

| | | |
|---|---|---|
| DONEE'S NAME: | SUPPORTING HOPE | |
| DONEE'S ADDRESS: | P.O. BOX 80334<br>MINNEAPOLIS MN 55408 | |
| RELATIONSHIP OF DONEE: | NONE | |
| CASH AMOUNT GIVEN: | | $ 33,457. |

## FORM 990-EZ, PART I, LINE 16
## OTHER EXPENSES

| | |
|---|---|
| BANK CHARGES | $ 111. |
| BOOKS AND PERIODICALS | 251. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | 461. |
| DEPRECIATION | 537. |
| FEES & PERMITS | 2,246. |
| GIFTS | 25. |
| INTERNET SERVICES | 1,614. |
| MEALS & ENTERTAINMENT | 920. |
| OFFICE EXPENSES | 1,334. |
| POSTAGE | 24. |
| PRINTING & REPRODUCTION | 401. |
| SUPPLIES | 337. |
| TELEPHONE | 100. |
| TRAVEL | 984. |
| WEBSITE | 4,130. |
| TOTAL | $ 13,475. |

## FORM 990-EZ, PART II, LINE 24
## OTHER ASSETS

| | BEGINNING | ENDING |
|---|---|---|
| LOAN RECEIVABLE | $ 25. | $ 129. |
| MACHINERY AND EQUIPMENT | 633. | 505. |
| MISCELLANEOUS | 1,020. | 611. |
| TOTAL | $ 1,678. | $ 1,245. |

## FORM 990-EZ, PART II, LINE 26
## TOTAL LIABILITIES

| | BEGINNING | ENDING |
|---|---|---|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | $ 1,436. | $ 58. |
| EXCHANGE | 300. | 0. |
| TOTAL | $ 1,736. | $ 58. |

## FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OUR MISSION

REGENERATION IS AN AMERICAN INTERFAITH NON-PROFIT ORGANIZATION THAT ADVANCES

Name of the organization REGENERATION, INC.
DBA REGENERATION EDUCATION

**Employer identification number**
20-5457823

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE (CONTINUED)**

PEACEBUILDING THROUGH INNOVATIVE APPROACHES TO EDUCATION, DEVELOPMENT, AND RESILIENCE FOR YOUNG CHILDREN IN CRISIS ZONES AFFLICTED BY CONFLICT, NATURAL DISASTER AND POVERTY SO THAT THEY CAN IMAGINE AND CREATE A BETTER FUTURE. WE BUILD BRIDGES LOCALLY TO EFFECT SUSTAINABLE CHANGES GLOBALLY.

OUR VISION

CHILDREN OF ALL FAITHS, NATIONALITIES, ECONOMIC LEVELS, AND ETHNICITIES HAVE A BASIC RIGHT TO EXPERIENCE A WHOLESOME ENVIRONMENT THAT CULTIVATES THE EMPATHIC FOUNDATION, THE MOTIVATIONAL DRIVE, AND THE PERSONAL AND SOCIAL RESOURCES TO BE ABLE TO CREATE A SUSTAINABLY PEACEFUL, PRODUCTIVE, AND PROSPEROUS SOCIETY AS ADULTS.

OUR GOALS

CONTRIBUTING TO THE FIELDS OF PEACEBUILDING, EQUAL ACCESS TO EDUCATION, AND IMPROVING OUTCOMES FOR CHILDREN IN CONFLICT ZONES, REGENERATION SEEKS

• TO LEVERAGE THE TRANSFORMATIVE POWER OF EARLY CHILDHOOD EDUCATION BY NARROWING THE GAP BETWEEN CHILDREN FROM ADVANTAGED AND DISADVANTAGED COMMUNITIES

• TO EDUCATE CHILDREN IN CRISIS ZONES TOWARD RESILIENCE AND HEALTH SO THEY CAN ACHIEVE ACADEMIC EXCELLENCE AS WELL AS A FEELING IF LIFELONG WELLBEING.

• TO BACK GRASSROOTS, INTERFAITH AND MULTICULTURAL EDUCATION THAT FOSTERS COOPERATION BETWEEN JEWS, MUSLIMS, AND CHRISTIANS.

Name of the organization REGENERATION, INC.
DBA REGENERATION EDUCATION

**Employer identification number** 20-5457823

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE (CONTINUED)**

• TO BRING EDUCATIONAL ACHIEVEMENT AMONG ARAB CITIZENS OF ISRAEL AND PALESTINIANS OF THE WEST BANK ON PAR WITH JEWISH ISRAELIS THROUGH INCREASING ACCESS TO HIGH CALIBER TRAUMA-INFORMED EDUCATION FOR ALL CHILDREN; AND,

• TO SEED A DIVERSE CADRE OF SUPPORTERS IN SOUTHERN AND NORTHERN CALIFORNIA, WHO USE THEIR FINANCIAL AND HUMAN CAPITAL TO PROMOTE OUR MISSION.

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

OUR OBJECTIVES

1. SPIRIT OF CHILDHOOD: TRAUMA-INFORMED EDUCATION IN CRISIS ZONES
HOST MICROTRAININGS, CONFERENCES AND WORKSHOPS FOR TEACHERS WORKING IN CRISIS ZONES WHILE ALSO DEVELOPING A TOOLBOX FOR TEACHERS AND VOLUNTEERS WHICH IDENTIFIES, HIGHLIGHTS AND DISSEMINATES BEST EDUCATIONAL PRACTICES FOR CHILDREN IN CRISIS ZONES - INCLUDING A SPECIAL FOCUS ON EARLY CHILDHOOD DEVELOPMENT AND EDUCATION.

2) AWE - ARAB WALDORF EDUCATION
SUPPORT ONGOING DEVELOPMENT OF ARAB WALDORF EDUCATION THROUGH TUITION ASSISTANCE FOR WALDORF TEACHER TRAINING FOR ARABIC SPEAKING TEACHERS, TRANSLATING WALDORF PARENTING AND TEACHER TRAINING MATERIALS INTO ARABIC, MAKING WALDORF ARABIC RESOURCES AVAILABLE ON-LINE, AND SUPPORTING BI-LINGUAL AND ARABIC WALDORF KINDERGARTENS.

3) FOSTERING KINSHIP
SUPPORTING BRIDGE-BUILDING AND COMMUNICATION SKILL DEVELOPMENT

Name of the organization REGENERATION, INC.
DBA REGENERATION EDUCATION

**Employer identification number** 20-5457823

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

FOR CHILDREN'S INFLUENCERS BY PARTNERING WITH OTHER ORGANIZATIONS TO ORGANIZE AND SUPPORT WORKSHOPS AND EVENTS INTRODUCING AND TEACHING SOCIAL TECHNOLOGIES THAT CULTIVATE SOCIAL-EMOTIONAL SKILL DEVELOPMENT TO FURTHER ENHANCE A PEACEFUL AND WHOLESOME ENVIRONMENT FOR CHILDREN.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

**REGENERATION, INC.**
**DBA REGENERATION EDUCATION**

**CLIENT 3814** **20-5457823**

3/09/20 01:14PM

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FORM 990/990-PF | | | | | | | | | | | | | | | | |
| 4 | SPEAKERS-PROJECTOR | 7/29/16 | | 321 | | | | | | | 321 | 167 | 200DB HY | 5 | .19200 | 62 |
| 5 | MAC BOOK AIR | 2/10/17 | | 1,805 | | | | | | | 1,805 | 939 | 200DB HY | 5 | .19200 | 347 |
| | TOTAL | | | 2,126 | | 0 | 0 | 0 | 0 | 0 | 2,126 | 1,106 | | | | 409 |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | | |
| 1 | COMPUTER | 6/30/11 | | 1,553 | | | | | | | 1,553 | 1,242 | 200DB HY | 5 | | 0 |
| 2 | IPAD | 1/24/13 | | 876 | | | | | | | 876 | 876 | 200DB HY | 5 | | 0 |
| 3 | PROJECTOR | 6/13/16 | | 1,114 | | | | | | | 1,114 | 793 | 200DB HY | 5 | .11520 | 128 |
| | TOTAL MACHINERY AND EQUIPME | | | 3,543 | | 0 | 0 | 0 | 0 | 0 | 3,543 | 2,911 | | | | 128 |
| | TOTAL DEPRECIATION | | | 5,669 | | 0 | 0 | 0 | 0 | 0 | 5,669 | 4,017 | | | | 537 |
| | GRAND TOTAL DEPRECIATION | | | 5,669 | | 0 | 0 | 0 | 0 | 0 | 5,669 | 4,017 | | | | 537 |

**REGENERATION, INC.**
**DBA REGENERATION EDUCATION**

**CLIENT 3814** **20-5457823**

3/09/20 01:14PM

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FORM 990/990-PF | | | | | | | | | | | | | | | | |
| 4 | SPEAKERS-PROJECTOR | 7/29/16 | | 321 | | | | | | | 321 | 229 | 200DB HY | 5 | .11520 | 37 |
| 5 | MAC BOOK AIR | 2/10/17 | | 1,805 | | | | | | | 1,805 | 1,286 | 200DB HY | 5 | .11520 | 208 |
| | TOTAL | | | 2,126 | | 0 | 0 | 0 | 0 | 0 | 2,126 | 1,515 | | | | 245 |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | | |
| 1 | COMPUTER | 6/30/11 | | 1,553 | | | | | | | 1,553 | 1,242 | 200DB HY | 5 | | 0 |
| 2 | IPAD | 1/24/13 | | 876 | | | | | | | 876 | 876 | 200DB HY | 5 | | 0 |
| 3 | PROJECTOR | 6/13/16 | | 1,114 | | | | | | | 1,114 | 921 | 200DB HY | 5 | .11520 | 128 |
| | TOTAL MACHINERY AND EQUIPME | | | 3,543 | | 0 | 0 | 0 | 0 | 0 | 3,543 | 3,039 | | | | 128 |
| | TOTAL DEPRECIATION | | | 5,669 | | 0 | 0 | 0 | 0 | 0 | 5,669 | 4,554 | | | | 373 |
| | GRAND TOTAL DEPRECIATION | | | 5,669 | | 0 | 0 | 0 | 0 | 0 | 5,669 | 4,554 | | | | 373 |

**REGENERATION, INC.**
**DBA REGENERATION EDUCATION**

**CLIENT 3814** **20-5457823**

3/09/20 01:14PM

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FORM 199 | | | | | | | | | | | | | | | | |
| 4 | SPEAKERS-PROJECTOR | 7/29/16 | | 321 | | | | | | | 321 | 167 | 200DB HY | 5 | .19200 | 62 |
| 5 | MAC BOOK AIR | 2/10/17 | | 1,805 | | | | | | | 1,805 | 939 | 200DB HY | 5 | .19200 | 347 |
| | TOTAL | | | 2,126 | | 0 | 0 | 0 | 0 | 0 | 2,126 | 1,106 | | | | 409 |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | | |
| 1 | COMPUTER | 6/30/11 | | 1,553 | | | | | | | 1,553 | 1,242 | 200DB HY | 5 | | 0 |
| 2 | IPAD | 1/24/13 | | 876 | | | | | | | 876 | 876 | 200DB HY | 5 | | 0 |
| 3 | PROJECTOR | 6/13/16 | | 1,114 | | | | | | | 1,114 | 793 | 200DB HY | 5 | .11520 | 128 |
| | TOTAL MACHINERY AND EQUIPME | | | 3,543 | | 0 | 0 | 0 | 0 | 0 | 3,543 | 2,911 | | | | 128 |
| | TOTAL DEPRECIATION | | | 5,669 | | 0 | 0 | 0 | 0 | 0 | 5,669 | 4,017 | | | | 537 |
| | GRAND TOTAL DEPRECIATION | | | 5,669 | | 0 | 0 | 0 | 0 | 0 | 5,669 | 4,017 | | | | 537 |

**REGENERATION, INC.**
**DBA REGENERATION EDUCATION**

**CLIENT 3814** **20-5457823**

3/09/20 01:14PM

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FORM 199 | | | | | | | | | | | | | | | | |
| 4 | SPEAKERS-PROJECTOR | 7/29/16 | | 321 | | | | | | | 321 | 229 | 200DB HY | 5 | .11520 | 37 |
| 5 | MAC BOOK AIR | 2/10/17 | | 1,805 | | | | | | | 1,805 | 1,286 | 200DB HY | 5 | .11520 | 208 |
| | TOTAL | | | 2,126 | | 0 | 0 | 0 | 0 | 0 | 2,126 | 1,515 | | | | 245 |
| MACHINERY AND EQUIPMENT | | | | | | | | | | | | | | | | |
| 1 | COMPUTER | 6/30/11 | | 1,553 | | | | | | | 1,553 | 1,242 | 200DB HY | 5 | | 0 |
| 2 | IPAD | 1/24/13 | | 876 | | | | | | | 876 | 876 | 200DB HY | 5 | | 0 |
| 3 | PROJECTOR | 6/13/16 | | 1,114 | | | | | | | 1,114 | 921 | 200DB HY | 5 | .11520 | 128 |
| | TOTAL MACHINERY AND EQUIPME | | | 3,543 | | 0 | 0 | 0 | 0 | 0 | 3,543 | 3,039 | | | | 128 |
| | TOTAL DEPRECIATION | | | 5,669 | | 0 | 0 | 0 | 0 | 0 | 5,669 | 4,554 | | | | 373 |
| | GRAND TOTAL DEPRECIATION | | | 5,669 | | 0 | 0 | 0 | 0 | 0 | 5,669 | 4,554 | | | | 373 |

TAXABLE YEAR **2018**

# California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018 , and ending (mm/dd/yyyy) 6/30/2019 .

| | |
|---|---|
| Corporation/Organization name<br>REGENERATION, INC.<br>DBA REGENERATION EDUCATION | California corporation number<br>3198854 |
| Additional information. See instructions. | FEIN<br>20-5457823 |
| Street address (suite or room)<br>4221 WILSHIRE BLVD. #430 | PMB no. |
| City<br>LOS ANGELES | State<br>CA<br>Zip code<br>90010 |
| Foreign country name | Foreign province/state/county<br>Foreign postal code |

**A** First Return . . . . . ☐ Yes ☒ No

**B** Amended Return . . . . . ● ☐ Yes ☒ No

**C** IRC Section 4947(a)(1) trust . . . . . ☐ Yes ☒ No

**D** Final Information Return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ●

**E** Check accounting method:
1 ☒ 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? See instructions . . . . . ● ☐ Yes ☒ No

**H** Is this organization in a group exemption . . . . . ☐ Yes ☒ No
If 'Yes,' what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions . . . . . ● ☐ Yes ☒ No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities?
See instructions . . . . . ● ☐ Yes ☒ No

**K** Is the organization exempt under R&TC Section 23701g? . . . ● ☐ Yes ☒ No
If 'Yes,' enter the gross receipts from nonmember sources . . . . . $

**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 ☒ No

**N** Did the organization file Form 100 or Form 109 to report taxable income? . . . . . ● ☐ Yes ☒ No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . . ● ☐ Yes ☒ No

**P** Is federal Form 1023/1024 pending? . . . . . ☐ Yes ☐ No
Date filed with IRS

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

| | | | | | |
|---|---|---|---|---|---|
| **Receipts and Revenues** | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . ● | | 1 | 726. |
| | 2 | Gross dues and assessments from members and affiliates . . . . . ● | | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received . . . . . SEE SCH. B ● | | 3 | 119,558. |
| | 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 | 120,284. |
| | 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 . . . . . ● | | 8 | 120,284. |
| **Expenses** | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 . . . . . ● | | 9 | 103,363. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . . ● | | 10 | 16,921. |
| **Filing Fee** | 11 | Total payments . . . . . ● | | 11 | |
| | 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 | |
| | 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 Information F . . . . . | | 15 | |
| | 16 | Penalties and Interest. See General Information J . . . . . | | 16 | |
| | 17 | **Balance due.** Add line 12, line 15, and line 16. Then subtract line 11 from the result . . . . . ◉ | | 17 | 0. |

**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 ► | Title | Date | ● Telephone |
|---|---|---|---|
| | PRESIDENT | | 818-707-1837 |

**Paid Preparer's Use Only**

| Preparer's signature ► | Date | Check if self-employed ► ☐ | ● PTIN |
|---|---|---|---|
| ANDREW P. SAPIN | 3/09/20 | | P00537972 |

| Firm's name (or yours, if self-employed) and address ► | ● Firm's FEIN |
|---|---|
| LEVY, SAPIN, KO & FREEMAN<br>4221 WILSHIRE BLVD STE 430<br>LOS ANGELES, CA 90010 | 95-2904018<br>● Telephone<br>(323) 936-8256 |

May the FTB discuss this return with the preparer shown above? See instructions . . . . . ● ☒ Yes ☐ No

**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 | 726. |
| | 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 | 726. |
| **Expenses and Disburse-ments** | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2 | 9 | 40,448. |
| | 10 | Disbursements to or for members | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STMT 3 | 11 | 0. |
| | 12 | Other salaries and wages | 12 | |
| | 13 | Interest | 13 | |
| | 14 | Taxes | 14 | |
| | 15 | Rents | 15 | |
| | 16 | Depreciation and depletion (See instructions) | 16 | 537. |
| | 17 | Other Expenses and Disbursements. Attach schedule SEE STATEMENT 4 | 17 | 62,378. |
| | 18 | **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 103,363. |

## Schedule L Balance Sheet

| **Assets** | | Beginning of taxable year (a) | Beginning of taxable year (b) | End of taxable year (c) | End of taxable year (d) |
|---|---|---|---|---|---|
| 1 | Cash | | 70,244. | | 85,920. |
| 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 | | | | |
| 10a | Depreciable assets | 5,670. | | 5,670. | |
| b | Less accumulated depreciation | 4,017. | 1,653. | 4,554. | 1,116. |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule STM 5 | | 25. | | 129. |
| 13 | **Total assets** | | 71,922. | | 87,165. |
| **Liabilities and net worth** | | | | | |
| 14 | Accounts payable | | 1,436. | | 58. |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule | | 300. | | |
| 19 | Capital stock or principal fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 70,186. | | 87,107. |
| 22 | **Total liabilities and net worth** | | 71,922. | | 87,165. |

## 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 | 16,921. | 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 | | | | |
| 4 | Income not recorded on books this year. Attach schedule | | | | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | | 9 | Total. Add line 7 and line 8 | |
| 6 | Total. Add line 1 through line 5 | 16,921. | 10 | Net income per return. Subtract line 9 from line 6 | 16,921. |

**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

# Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2018**

| **Name of the organization** | **Employer identification number** |
|---|---|
| REGENERATION, INC.<br>DBA REGENERATION EDUCATION | 20-5457823 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ► $ _____

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: REGENERATION, INC.

Employer identification number: 20-5457823

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | JEWISH COMMUNITY FOUNDATION<br>6505 WILSHIRE BLVD. SUITE 120<br>LOS ANGELES, CA 90048 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | JEWISH COMMUNITY FEDERATION - SF<br>121 STEUART ST. #7<br>SAN FRANCISCO, CA 94105 | $ 25,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | MOHAMMAD AND RANA MALAS<br>31591 BLUFF DRIVE<br>LAGUNA BEACH, CA 92651-8323 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 4 | CATHERINE RUSOFF O'NEILL<br>244 16TH ST<br>SANTA MONICA , CA 90402-2216 | $ 5,500. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 5 | INTERFAITH INVENTIONS<br>PO BOX 7367<br>LOS ANGELES, CA 90007-0367 | $ 41,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 6 | ALNOOR BAHDUR MANDANI & KARIMA HIRA<br>9736 VENICE BLVD<br>CULVER CITY, CA 90232-2717 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| REGENERATION, INC. | 20-5457823 |

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | N/A | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

Name of organization: REGENERATION, INC.
Employer identification number: 20-5457823

**Part III** ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ► $ N/A
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | N/A | | |

| (e) Transfer of gift: Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift: Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift: Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift: Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

TAXABLE YEAR

CALIFORNIA FORM

# 2018 Corporation Depreciation and Amortization

# 3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name: REGENERATION, INC.
DBA REGENERATION EDUCATION

California corporation number: 3198854

## Part I Election To Expense Certain Property Under IRC Section 179

| | | | |
|---|---|---|---|
| 1 | Maximum deduction under IRC Section 179 for California | 1 | $25,000 |
| 2 | Total cost of IRC Section 179 property placed in service | 2 | |
| 3 | Threshold cost of IRC Section 179 property before reduction in limitation | 3 | $200,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property (elected IRC Section 179 cost) | 7 | |
| 8 | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12 | 13 | |

## Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|---|---|---|---|---|---|---|---|
| COMPUTER | 6/30/2011 | 1,553. | 1,242. | 200DB | 5 | | |
| IPAD | 1/24/2013 | 876. | 876. | 200DB | 5 | | |
| PROJECTOR | 6/13/2016 | 1,114. | 793. | 200DB | 5 | 128. | |
| SPEAKERS-PROJEC | 7/29/2016 | 321. | 167. | 200DB | 5 | 62. | |
| MAC BOOK AIR | 2/10/2017 | 1,805. | 939. | 200DB | 5 | 347. | |

| | | | | |
|---|---|---|---|---|
| 15 | Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h) | 15 | 537. | |

## Part III Summary

| | | | |
|---|---|---|---|
| 16 | Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or**<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or**<br>Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | |
| 18 | Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

## Part IV Amortization

| 19 (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 20 | Total. Add the amounts in column (g) | 20 | |
| 21 | Total amortization claimed for federal purposes from federal Form 4562, line 44 | 21 | |
| 22 | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 | 22 | |

**STATEMENT 1**
**FORM 199, PART II, LINE 7**
**OTHER INCOME**

| | |
|---|---|
| INCOME FROM SPECIAL EVENTS | $ 726. |
| TOTAL | $ 726. |

**STATEMENT 2**
**FORM 199, PART II, LINE 9**
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

| | | |
|---|---|---|
| CLASS OF ACTIVITY: | EDUCATION | |
| DONEE'S NAME: | WALDORF ASSOCIATION | |
| DONEE'S STREET ADDRESS: | 515 KIMBARK ST 106 | |
| DONEE'S CITY, STATE, ZIP: | LONGMONT CO 80501 | |
| RELATIONSHIP OF DONEE: | NONE | |
| AMOUNT GIVEN: | | $ 2,500. |
| CLASS OF ACTIVITY: | EDUCATION | |
| DONEE'S NAME: | DAVID YELLIN ACADEMIC COLLEGE | |
| DONEE'S STREET ADDRESS: | MA'AGAL BEIT HAMIDRASH ST 7 | |
| DONEE'S CITY, STATE, ZIP: | JERUSALEM ISRAEL | |
| RELATIONSHIP OF DONEE: | NONE | |
| AMOUNT GIVEN: | | 4,491. |
| DONEE'S NAME: | SUPPORTING HOPE | |
| DONEE'S STREET ADDRESS: | P.O. BOX 80334 | |
| DONEE'S CITY, STATE, ZIP: | MINNEAPOLIS MN 55408 | |
| RELATIONSHIP OF DONEE: | NONE | |
| AMOUNT GIVEN: | | 33,457. |
| TOTAL | | $ 40,448. |

**STATEMENT 3**
**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 |
|---|---|---|---|---|
| SHEPHA SCHNEIRSOHN-VAINSTEIN<br>29476 LAKE VISTA DRIVE<br>AGOURA, CA 91301 | PRESIDENT<br>0 | $ 0. | $ 0. | $ 0. |
| DEBORAH LESHON<br>3317 LAKE CREST CT<br>WESTLAKE VILLAGE, CA 91361 | SEC / TREAS<br>0 | 0. | 0. | 0. |
| NOOR-MALIKA CHRISHTI<br>1443 EDGECLIFF LANE<br>PASADENA, CA 91107 | VICE PRESIDENT<br>0 | 0. | 0. | 0. |

**STATEMENT 3 (CONTINUED)**
**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 |
|---|---|---|---|---|
| MARK ZUCKER<br>2218 CAREFUL DR<br>AGOURA, CA 91301 | DIRECTOR<br>0 | $ 0. | $ 0. | $ 0. |
| JIHAD TURK<br>10978 AYRES<br>LOS ANGELES, CA 90064 | DIRECTOR<br>0 | 0. | 0. | 0. |
| | TOTAL | $ 0. | $ 0. | $ 0. |

**STATEMENT 4**
**FORM 199, PART II, LINE 17**
**OTHER EXPENSES**

| | |
|---|---|
| ACCOUNTING FEES | $ 1,463. |
| BANK CHARGES | 111. |
| BOOKS AND PERIODICALS | 251. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | 461. |
| FEES & PERMITS | 2,246. |
| GIFTS | 25. |
| INTERNET SERVICES | 1,614. |
| MEALS & ENTERTAINMENT | 920. |
| OFFICE EXPENSES | 1,334. |
| OTHER FEES | 46,297. |
| POSTAGE | 24. |
| PRINTING & REPRODUCTION | 401. |
| SPECIAL EVENT EXPENSES | 1,680. |
| SUPPLIES | 337. |
| TELEPHONE | 100. |
| TRAVEL | 984. |
| WEBSITE | 4,130. |
| TOTAL | $ 62,378. |

**STATEMENT 5**
**FORM 199, SCHEDULE L, LINE 12**
**OTHER ASSETS**

| | |
|---|---|
| LOAN RECEIVABLE | 129. |
| TOTAL | $ 129. |

059

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 | Identifying number |
|---|---|
| REGENERATION, INC. | 20-5457823 |

## Part I Electronic Return Information (whole dollars only)

| | | | |
|---|---|---|---|
| 1 | Total gross receipts (Form 199, line 4) | 1 | 120,284. |
| 2 | Total gross income (Form 199, line 8) | 2 | 120,284. |
| 3 | Total expenses and disbursements (Form 199, Line 9) | 3 | 103,363. |

## 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) _____ (Date) ▶ PRESIDENT (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 ▶ _____ Date 3/09/20 Check if also paid preparer ☒ Check if self-employed ☐ ERO's PTIN P00537972

Firm's name (or yours if self-employed) and address ▶ LEVY, SAPIN, KO & FREEMAN
4221 WILSHIRE BLVD STE 430
LOS ANGELES CA

FEIN 95-2904018

ZIP code 90010

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 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

IN

**MAIL TO:**
**Registry of Charitable Trusts**
**P.O. Box 903447**
**Sacramento, CA 94203-4470**
**(916) 210-6400**

**WEB SITE ADDRESS:**
**www.ag.ca.gov/charities/**

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Section 12586 and 12587, California Government Code**
**11 Cal. Code Regs. section 301-307, 311, and 312**

**Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.**

State Charity Registration Number 154860

REGENERATION, INC.
DBA REGENERATION EDUCATION
Name of Organization

4221 WILSHIRE BLVD. #430
Address (Number and Street)

LOS ANGELES, CA 90010
City or Town, State and ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 3198854

Federal Employer I.D. No. 20-5457823

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|---|---|---|---|---|---|
| Less than $25,000 | 0 | Between $100,001 and $250,000 | $50 | Between $1,000,001 and $10 million | $150 |
| Between $25,000 and $100,000 | $25 | Between $250,001 and $1 million | $75 | Between $10,000,001 and $50 million | $225 |
| | | | | Greater than $50 million | $300 |

## PART A – ACTIVITIES

**For your most recent full accounting period (beginning** 7/01/18 **ending** 6/30/19 **) list:**
**Gross annual revenue** $ 118,604. **Total assets** $ 87,165.

## PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

| | | Yes | No |
|---|---|---|---|
| 1 | During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | ☐ | ☒ |
| 2 | During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | ☐ | ☒ |
| 3 | During this reporting period, did non-program expenditures exceed 50% of gross revenue? | ☐ | ☒ |
| 4 | During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | ☐ | ☒ |
| 5 | During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | ☐ | ☒ |
| 6 | During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | ☐ | ☒ |
| 7 | During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | ☐ | ☒ |
| 8 | Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | ☐ | ☒ |
| 9 | Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | ☐ | ☒ |

Organization's area code and telephone number 818-707-1837

Organization's e-mail address SHEPHAV@EARTHLINK.NET

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.**

| Signature of authorized officer | Printed Name | Title | Date |
|---|---|---|---|
| | SHEPHA VAINSTEIN | PRESIDENT | |