TAXABLE YEAR

2017

California Exempt Organization Annual Information Return

-	RM
- 1	JIVI

199

Calendar Yea	r 2017 or fiscal year beginning (mm/dd/yyyy) 06/01/20	17	, and en	ding (mm/dd/yyyy)_			
	Organization name			California co	rporation	number	
PSI DEL	TA SIGMA, INC.			0 3 0	9 5	2 5	
Additional inf	ormation. See instructions.		^	FEIN			
				95-6135	755		
				33-0133			
	ss (suite or room)				PMB	no.	
3818 E.	Longridge Drive						
City				Stat		ode	
Orange,	CA			CA	9	2 8 6 7	
Foreign coun	try name For	eign province/s	state/county		Forei	gn postal code	
▲ First Retu	urn	Ves VNo	J If exempt under R&T	C Section 23701d	has the	organization	
	I Return			activities? See instr	uctions.	● ☐ Yes [□No
			K Is the organization ex	xempt under R&TC	Section	23701g? ● ☐ Yes	√ No
	ion 4947(a)(1) trust	⊥Yes ≝INO	If "Yes." enter the gr	oss receipts from n	onmemb	per sources \$	
	rmation Return?		■ If organization is exe	10.5			1000000000
	ssolved 🔲 Surrendered (Withdrawn) 🗌 Merged/Reo	rganized	meets the filing fee e	exception, check bo	X.		
	e: (mm/dd/yyyy) • / /	_	No filing fee is requir				
	counting method: (1) 🗹 Cash (2) 🗆 Accrual (3)		M Is the organization a	Limited Liability Co	mpany?	● □ Yes	✓No
F Federal re	eturn filed? (1) $lacktriangle$ 990T (2) $lacktriangle$ 990PF (3) $lacktriangle$ cher 990 series	□Sch H (990)	N Did the organization taxable income?	file Form 100 or Fo	rm 109 t	to report	✓No
G Is this a	group filing? See instructions		Is the organization up	nder audit by the IF	S or has		√No
H Is this or	ganization in a group exemption \dots	Yes ☑No	P Is federal Form 1023				✓No
It "Yes,"	what is the parent's name?					L 165 L	<u>-1110</u>
			Date filed with IRS _	771.111.111.111.111.111.111.111.111.111			
Did the o	rganization have any changes to its guidelines ted to the FTB? See instructions	Type Ma					
			40000				
Part I Co	omplete Part I unless not required to file this form. Se	e General Inf	ormation B and C.				
	1 Gross sales or receipts from other sources. From Si	ide 2, Part II,	line 8				
	2 Gross dues and assessments from members and af	filiates			2		00 0
	3 Gross contributions, gifts, grants, and similar amou	nts received.					0 00
Receipts	4 Total gross receipts for filing requirement test. Add					T	
and	This line must be completed. If the result is less th			В		56,585	5 00
Revenues	5 Cost of goods sold		5		0 00		
	6 Cost or other basis, and sales expenses of assets so	old	6		0 00	T .	
	7 Total costs. Add line 5 and line 6						00
	8 Total gross income. Subtract line 7 from line 4				0.181		100
Expenses	9 Total expenses and disbursements. From Side 2, Pa						100
-	10 Excess of receipts over expenses and disbursement	s. Subtract lir	<u>ne 9 from line 8</u>			1	00
3	11 Total payments				11		00
	12 Use tax. See General Information K					-	00
	13 Payments balance. If line 11 is more than line 12, so						00
	14 Use tax balance. If line 12 is more than line 11, sub				1000		0 00
	15 Filing fee \$10 or \$25. See General Information F					7	100
	16 Penalties and Interest. See General Information J				16	'	00 00
	17 Balance due. Add line 12, line 15, and line 16. Ther Under penalties of perjury, I declare that I have examined this	Subtract line	11 from the result	nd statements, and to	. (a) 17		
C:	true, correct, and complete Declaration of preparer (other than	taxpayer) is ba	sed on all information of whi	ch preparer has any k	nowledge.	i my knowledge and beller, i	115
Sign Here	Simulation of the state of the	Title		Date	● Tele	ephone	
11010	Signature of officer May Sand	Corpora	ite Treasurer	10-10-18	(714	998-1086	
	Danasada		Date	Check if self-	● PTII	N	
	Preparer's signature			employed ▶ □			
Paid	5		A CONTRACTOR OF THE PARTY OF TH	· · · · · · · · · · · · · · · · · · ·	• FEI	N	
Preparer's	Firm's name (or yours, if self-employed)					100	
Use Only	and address				● Tele	ephone	
					()	
9-12	May the FTB discuss this return with the preparer s	shown above	2 See instructions			Ves □ No	
	Imay the Fre discuss this return with the preparer s	שוטשוו מטטענ	: Out mondentino		. 🗕 📙	100 110	

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. 1 Gross sales or receipts from all business activities. See instructions..... 56,195 00 0 00 0 00 Receipts from 0 00 Other 0 00 Sources 6 Gross amount received from sale of assets (See Instructions). 0 00 0 00 56,195 00 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . L 49,558 00 0 00 0 00 0 00 0 00 Expenses and 14 Taxes...... 0 00 Disburse-0 00 ments 0 00 7,027 00 56,585 00 Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (c) (d) 1 Cash..... 4,000 4.000 0 0 • Net notes receivable..... 0 0 0 0 5 Federal and state government obligations 0 0 0 0 7 0 0 0 0 9 Other investments. Attach schedule..... 0 0 0 0) 0 0) 0 11 Land..... 0 0 0 0 4,000 000 Liabilities and net worth 14 Accounts payable..... 0 0 Contributions, gifts, or grants payable..... 15 0 0 16 0 0 Mortgages payable..... 0 0 18 Other liabilities. Attach schedule 0 0 Capital stock or principal fund..... 0 0 20 Paid-in or capital surplus. Attach reconciliation 0 0 0 0 22 Total liabilities and net worth..... 4,000 4.000 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 7 Income recorded on books this year 2 Federal income tax..... not included in this return. Attach schedule.. 3 Excess of capital losses over capital gains..... 8 Deductions in this return not charged 4 Income not recorded on books this year. against book income this year. 5 Expenses recorded on books this year not 9 Total, Add line 7 and line 8 deducted in this return. Attach schedule 10 Net income per return. 6 Total. Add line 1 through line 5.....

2017

CALIFORNIA FORM 199 - STATEMENTS PSI DELTA SIGMA, INC.

D-0309525 95-6135755

STATEMENT 1

FORM 199, PART II, LINE 1

OTHER INCOME

Income From Special Event

\$ 28,025 28,000

Chapter Welfare Donations

170

Other Donations

\$ 56,195

STATEMENT 2

FORM 199, PART II, LINE 9

CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

Amount

DONEE'S NAME & ADDRESS

EIN

Given

Purpose of grant

UCP of LA, Ventura & Santa Barbara Counties

95-1648203

\$ 30,303 Support UCP

6430 Independence Avenue, Woodland Hills, CA 91367

UCP of Orange County

95-1856340

19,255 Support UCP

980 Roosevelt, Irvine, CA 92620

\$ 49,558

STATEMENT 3

FORM 199, PART II, LINE 17

OTHER EXPENSES

Accounting Fees, postage

State of Calif. Reporting Requirements

34 65

Special Event Expenses

6,928

TOTAL

7,027

Psi Delta Sigma, Inc.

2017 # 03

0309525

FEIN: 95-6135755

CA 199, Part II, Line 11 - Compensation of Officers, Directors, and Trustees

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C		3.500 500 500 500 500 500 500 500 500 500	Call	3	90732	Vice President	1.0	0
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c	Dhyllis Mackio	C 117000 V 047				0000	2.	>
	- Hyma Machie	450 Alcadia Drive	San Pedro	CA	90731	Trustee	10	
_	Martha Anne Woodson	12671 Overbrook Drive	North Tuetin	<	1000		2.	
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0	Elleen Labares	26847 Westvale Road	Palos Verdes Penin.	CA	90274	Tristee		0
σ	Sharon Barrott	L 0700			1	2000	0	>
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