TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM	
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199

200	9 Annual Ir	nformation Ref	turn							19	99	
Calendar	Year 2009 or fiscal year beg	inning month <u>07</u> day _	01 year <u>2</u>	.009_, and	ending month	n <u>60</u> (day	3 <mark>0</mark> ye	ear_2	010		
A First Ret	163	Irn Filed? If Yes					CORP #					
	□No	IRC Section 4947(a)(1) t	rust	ietter)		3	1 0	3	2	5	5	
	Organization Name					FEIN						
	geles Robotics					2 0	<u> </u>	5 , 7	7 , 2	ր5	3	0
Address												
1457 3r City	d Street					State	ZIP Co	40				
•	tan Beach					CA	ZIF CO		266-6	3335		
	Return?	• □	Yes 🗹 No o	heck hox. See G	eneral Instructio	1	fee is ren					V
(a) Is this (b) If "Ye (c) Are al (If "Ni (d) Is this group (e) Feder (f) Is a ro Final retu No If a box is F Check the (1) C G If organiz education	Surrendered (With Merged/Reorganized (attach explanates checked, enter date explanates box if the organization filed the following poor (2) explanates = 990F (3) explanation is exempt under R&TC Section and, or charitable, and is supported page 1.	eneral Instruction L	Yes	exempt under far any political cases and earlier exempt and earlier exempts. The complete an explosion of the organization of	nod used (1) \(\subseteq \) (2) at the control of	701d, has the tempted to in Section 2370 n FTB 3509, F control of the copies of receipts from n the IRS or has all the IRS or Form 109	e organiza fluence le 14.5 (relat Political or tivities, g ported to the evised do n 23701g onmember as the IRS	tion duri gislation ing to lol Legislat coverning the Franc cuments cuments cuments der source de audited taxable	ng the y or any t bbying b ive Activ instrum hise Tax s \$ in	pallot may publicities by ent, art Board	reasure, c charitie Section Yes icles of Yes Yes Yes Yes Yes Yes Yes	or es)? No No No
Part I C	omplete Part I unless not red	quired to file this form. See (General Instruct	ions B and C								_
Receipts and Revenues	 2 Gross dues and assessm 3 Gross contributions, gifts 4 Total gross receipts for fil This line must be complete 	om other sources. From Side ents from members and affilias, grants, and similar amounts ling requirement test. Add line eted. If the result is less than	atess received e 1 through line \$25,000, see G		ction C		•	1 2 3		6	9,730 0 8,535 8,265	00
		sales expenses of assets sold					00					
		d line 6						7				00
		ract line 7 from line 4						8				00
Expenses	9 Total expenses and disbu	rsements. From Side 2, Part I	I, line 18				●	9		3	9,516	00
Ехропосо	10 Excess of receipts over ex	xpenses and disbursements.	Subtract line 9 f	rom line 8			•	10		3	8,749	00
	11 Filing fee \$10 or \$25. See	e General Instruction F					<u>L</u>	11			10	00
Filing	12 Total payments						<u> </u>	12				00
Fee	13 Penalties and Interest. Se	ee General Instruction J					<u>L</u>	13			0	00
	14 Use tax. See General Inst	ruction K					● _	14			0	00
	Under penalties of perjury, I de	I, line 13, and line 14. Then suclare that I have examined this reti	urn, including acco	mpanying sche	dules and state	ments, and to	the bes		nowledg	ge and		00 is
Sign	true, correct, and complete. De	claration of preparer (other than ta		n all informatio		arer has any						
Here	Signature		Title		Date		● Te	lephone				
	Signature of officer		Treasurer		11/	15/2010	(310)	937	-722	6	
Paid	Preparer's signature			Date		if self- yed ▶□	• Pr	eparer's	SSN/F	PTIN		
Preparer's Use Only	Firm's name (or yours, if self-employed)						• FE	IN .		_		
	and address						● Te	lephone				
							()				
	Manually ETD III			- 1				· · ·	7 N:			
	I way the FTB discuss this	return with the preparer sh	own above? Se	e instruction	<u>ıs</u>		. ● ⊔	Yes ∟	J I/I/O			

Part II	Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts —
	complete Part II or furnish substitute information. See Specific Line Instructions.

	1 Gross sales or receipts from all business a	activities. See instructions		1	00		
	2 Interest				00		
	3 Dividends				00		
Recei	ipts 4 Gross rents				00		
from Other	F Owner we altitud				00		
Source	•				00		
	7 Other income. Attach schedule	· ·			00		
	8 Total gross sales or receipts from other so				100		
	Enter here and on Side 1, Part I, line 1	•		8	00		
	9 Contributions, gifts, grants, and similar an				00		
	10 Disbursements to or for members				00		
	11 Compensation of officers, directors, and to				00		
F	40.00				00		
Exper and	13 Interest.				00		
Disbu					00		
ment	15 Rents				00		
	16 Depreciation and depletion (See instruction				00		
	17 Other. Attach schedule	,			00		
	18 Total expenses and disbursements. Add li				00		
	nedule L Balance Sheets		f taxable year		axable year		
Asset		(a)	(b)	(c)	(d)		
	Cash		(1)	(6)	(u)		
	Net accounts receivable						
	Net notes receivable. Attach schedule						
	nventories						
	Federal and state government obligations						
	nvestments in other bonds. Attach schedule						
	nvestments in stock. Attach schedule						
	Wortgage loans (number of loans)						
	Other investments. Attach schedule						
	Depreciable assets						
	1 Less accumulated depreciation			(1		
	and			\			
	Other assets. Attach schedule						
	Fotal assets						
	lities and net worth						
	Accounts payable						
	Bonds and notes payable. Attach schedule						
	Mortgages payable				•		
	Other liabilities. Attach schedule						
	Capital stock or principle fund				•		
	Retained earnings or income fund				•		
					•		
22 T Sch	Total liabilities and net worthedule M-1 Reconciliation of income per book	s with income ner return					
	Do not complete this schedule if the	amount on Schedule L, lir	ne 13, column (d), is less t	than \$25,000			
1 N	Net income per books		7 Income recorded on	hooks this year			
	Federal income tax			•			
	Excess of capital losses over capital gains		not included in this return.				
	Income not recorded on books this		Attach schedule				
	year. Attach schedule	8 Deductions in this return not charged					
-	Expenses recorded on books this year not	against book income this year. Attach schedule					
	deducted in this return. Attach schedule			line 8			
	Total.		10 Net income per retur				
				line 6			
F	Add line 1 through line 5		Subtract lille 3 HOIII	IIIIE U			
Side	2 Form 199 c1 2009	36520	93				