Department of the Treasury  ■ Go to www.lis.gov/Form990T for instructions and latest information.  ■ Check box if address changed  ■ Exempt under section  ■ S01(G) 2	Form 990-T	E	xempt Orgai	NDED TO NOVE nization Bus nd proxy tax und	ine	ss Incom	e Ta			OMB No 1545-0047	-
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C Bests values at all assets  If Group exemption number (She instructions)  If Content the number of the organizations were all sets of businesses  If the number of the organizations were all sets of businesses  If the number of the organizations were all sets of businesses  If the organizations were all sets of businesses  If only one, complete Parts I-V. If more than one, describe the Institute in the blank space at the end of the prenous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts II-V. If more than one, describe the Institute in the blank space as the end of the prenous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts II-V. If more than or the parent corporation is subsidiary with a set of the parent corporation in the parent corporation is subsidiary controlled group?  If Yes, enter the name and identifying number of the parent corporation is under the parent corporation in the parent corporation is under the parent corporation of the parent corporation is under the parent corporation in the parent corporation is under the parent corporation of the pare						n postal code					
Enter the number of the organization's unrelated trade or business   Describe the only of instruction's unrelated trade or business here   If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V.  1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes   No		L	OAKLAND, CA	94612					900	099	_
H Enter the number of the organization's unrelated trades or businessizes     Describe the only (or first) unrelated trade or business here     If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III. If the control of the parent coporation is a complete Parts III. If the coporation is a coporation is a coporation is a coporation is a coporat	C Book value of all assets at end of year	12			orațio	n [ 601/o) 1	truct	401(2)	truct	Other truct	-04
If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule Mi for each additional trade or business, then complete Parts IIII.					JUIALIU						_ ' '
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III Juring that key ray was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I During that keys ray was the corporation as the parent corporation of III Yes, enter the name and identifying number of the parent corporation in III Yes, enter the name and identifying number of the parent corporation in III Yes, enter the name and identifying number of the parent corporation in III Yes, enter the name and identifying number of the parent corporation in III Yes, enter III		-									
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?				, , , , , , , , , , , , , , , , , , , ,		,					
The books are in care of   REZA BADIEE   Telephone number   415-967-6300				iffiliated group or a parer	it-subs	idiary controlled gro	oup?	▶ [	Ye	es X No	<del></del>
Part II   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net	If "Yes," enter the name a	ınd identi	fying number of the paren	t corporation			•				_
1a Gross recepts or sales b Less returns and allowances							elephor	ne number 🕨 $4$	15-	967-6300	_
b Less returns and allowances c salance 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract the 2 from line to 3 3 4 4 Capital gain net income (attach Schedule D) 4 4 4 4 4 Capital gain net income (attach Schedule D) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Part I Unrelated	d Trad	e or Business Inc	ome	<b>,</b>	(A) Income		(B) Expenses		(C) Net	<del>_</del>
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4 Capital gain net income (lattach Schedule D) 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) (Form a 4797, Part II, line 17) (attach Form 4797) 6 Rent income (Schedule C) 7 Unrelated debt-Inlanced income (Schedule E) 6 Rent income (Schedule C) 7 Unrelated debt-Inlanced income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Complements 3 through 12 15 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Taxes and kicenses 19 Depreciation (attach Form 4562) 19 Less deprecation claimed phi Schedule A and elsewhere on return 20 Depletion 21 Contributions to defered compensation plans 22 Excess readership costs (Schedule J) 23 Contributions to defered compensation plans 24 Employee benefityforgarms 24 Employee benefityforgarms 24 Employee benefityforgarms 25 Excess readership costs (Schedule J) 26 Excess readership costs (Schedule J) 27 Other defluctions, Add lines 14 through 27 28 Other defluctions, Add lines 14 through 27 29 Uprelated business taxable income before net operating loss deduction Subtract line 28 from line 13	*										-
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4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Schedule C)  7 Unrelated debt-financed income (Schedule E)  8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G)  9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  10 Exploited exempt activity income (Schedule I)  11 Advertising income (Schedule U)  12 Other income (See instructions, attach schedule)  13 Total, Combine lines 3 through 12  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)  (Deductions must be directly connected with the unrelated business income)  14 Compensation of officers, directors, and trustees (Smedule K)  15 Salares and wages  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  10 Taxes and licenses  10 Taxes and licenses  10 Taxes and licenses  10 Taxes and licenses  11 Taxes and licenses  12 Taxes and licenses  12 Taxes and licenses  13 Taxes and licenses  14 Taxes and l	= ,										_'
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The function of the function o	, ,	-	hip or an S corporation (at	tach statement)	$\overline{}$		-			<del>   <u>%</u>                                  </del>	<del></del>
Solution   Interest, annuties, royalties, and rents from a controlled organization (Schedule 6)   Solution   Schedule 7)   Solution   Schedule 8)   Solution   Schedule 9   Solution   Solution   Schedule 9   Solution   Solution   Schedule 9   Solution   Solutio	•		on (Cabadula E)			/	133	NOV 2 3	<u> 202(</u>		<del></del>
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SO preduction for their operating loss arising it tax years beginning on or after January 1, 2018											<u>•</u>
(see instructions) 0.	/	erating id	oss arising in tax years beg	inning on or after Januar	y 1, 20	אוע				_	
		avahlo in	nome Subtract line 20 free	m line 20							
									31	Form <b>990-T</b> (20	

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Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation > N/A				
1 Inventory at beginning of year	1	1	Inventory at end of yea		6			
2 Purchases	7	7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)	1
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				24.52.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%;	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y connec ind 2(b) (	cted with the income in attach schedule)
(1)								
(2)							-	
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)				
			2	Gross income from		3. Deductions directly cor to debt-finan		
Description of debt-fr	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							$\dashv$	
(2)			1					
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)	L			%				······································
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				<b>•</b>		0		0.
Total dividends-received deductions is	ncluded in column	1.8		- 1				0 -

(1) (2) (3) (4) (A) (A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)												
Commence   Controlled Organizations   Controll													
Part   Description of receive   Part   Description	Name of controlled organization		identifica	ition			4. Tot payr	4. Total of specified payments made		included in the controlling		connected with income	
Part   Description of receive   Part   Description	(1)							<del> </del>					
(4)  Nonexempt Controlled Organizations  7, Trassels income  8, Net investigat recome feed  9, Total of special payments  10, Part of olders in the controlling organizators  (1)  (2)  (3)  (4)  Add columns 3 and 10  Enter have and on page 1, Part I, Inst 9, Column (3)  (3)  (4)  Add columns 6 and 11  Columns 6 and 11	•												
Nonexempt Controlled Organizations   State Income													
Nonexempt Controlled Organizations   R. Nati unabled income (pass)   S. Total of specified payments   10. Part of specified payments   11. Disactions deadly control with income on column 10.													
8. Net un selection (1)  (1)  (2)  (3)  (4)  Totals of expecting payments made (1)  Add calumes 3 and 10  Enter from the and 11  Enter fr		zations			I		L		<u> </u>	<del></del>	·		
(1) (2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, Interest point of income (see instructions)  Case (4)  (5)  Case (4)  Add columns 6 and 10 Enter here and on page 1, Part 1, Interest point of income (see instructions)  Case (4)  Case (4)  Case (4)  Case (5)  Case (6)  Case (6)  Case (6)  Case (7)  Case		I	related income	(loss)	0 Total	of specified pays	nents	10 Part of colu	nn 9 thai	Lis included	11 0	leductions directly con	nected
(6)  (7)  (8)  (8)  (9)  (9)  Contains and 10  Enter here and on page 1, Pert I, line 8, column (A)  (9)  Constitutions of contains and 10  Enter here and on page 1, Pert I, line 8, column (A)  (9)  Constitutions of contains and 10  Enter here and on page 1, Pert I, line 8, column (B)  (9)  Constitutions of ceretity convented and ceretity ceretity ceretity ceretity and ceretity ceretity ceretity and ceretity ceretity ceretity ceretity and ceretity ceretit	1.			(1000)	<b>3</b> 10.0.			in the controlli	ng organ	ızatıon's	w w		
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1 Description of income   2, Amount of income   4, Self-status   6 (titleth schedule)   1   1   1   1   1   1   1   1   1	(see inst	ructions)					·- · · · · · · · · · · · · · · · · ·						
(2) (3) (4)  Totals  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2, Gross under from business income from bade or business income from bade or business income from activity that is a first business income from activity that is a first business income from business income from business income from activity that is a first b	1 Desc	ription of incom	10			2. Amount of	income	directly conne	cted			and set-as	ides
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Enter here and on page 1,   Part 1,   line 9, column (A)   Part 1,   line 9, column (B)   P	(2)												
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1. Description of exploited activity  2. Gross unrelated business income from exploited activity  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, Inno 10, coll (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodical Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising costs advertising costs advertising costs (column 5) If a gain, compute (cos 5 through 7)  4. Advertising gain or (loss) (col 2 minus column 5, but not more than column 6 minus column 7)  5. Cross income from continue from end or the foundation of the foundation of the column 6 minus column 6 minus column 7)  (4)  Enter here and on page 1, Part 1, Inno 10, coll (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising costs advertising costs advertising costs (column 6 minus column 6 minus co		-	Activity I	ncome	, Other	Than Adv	ertisin	g Income					
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)					-		
(4)							
Totals from Part I	•	0.	0.			•	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		÷ .		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.		n" -	_	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		. %	
(2)	·	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2019)

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

HONG KONG CHINA