TAXABLE YEAR

California Exempt Organization Annual Information Return

201	9 Annual Information R	eturn				19	9	
Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyyy), and ending (ation number		
Additional information. See instructions.				FEIN	FEIN			
Street addre	ess (suite or room)					PMB no.		
City				S	itate	Zip code		
Foreign country name Foreign province/state/county						Foreign postal code		
 B Amended C IRC Sect D Final Info ● □ Di Enter dai E Check act F Federal r (4) □ Ot G Is this a H Is this or If "Yes," I Did the construction 	urn	Yes No e Yes No K Is organized L If Other M Is Sch H (990) No L Yes No No Yes No P Yes No P Yes No D	s the organization exer "Yes," enter the gros organization is a pub section 23701 and m heck box. No filing fee s the organization a Li bid the organization a Li bid the organization ill axable income? s the organization und udited in a prior year? s federal Form 1023/1 Date filed with IRS	ivities? See ins mpt under R&T s receipts from lic charity exer eets the filing f e is required mited Liability e Form 100 or er audit by the 2024 pending?.	structi TC Sec n nonn npt ur ree exc Comp Form IRS o	ons ● Yes ction 23701g? ● Yes nember sources \$ ider R&TC ception, ●	s □No s □No s □No s □No	
Receipts and Revenues Expenses Filing Fee	 and the second second	Side 2, Part II, line 8 affiliates unts received I line 1 through line han \$50,000, see G sold art II, line 18 ts. Subtract line 9 f subtract line 12 from ptract line 11 from I	3. ieneral Information B. 5 6 from line 8. n line 11. ine 12.			2 3 4 00 7 8 9 10 11 12 13 14 15 16	00 00 00 00 00 00 00 00 00 00 00 00 00	
Sign Here	17 Balance due. Add line 12, line 15, and line 16. The Under penalties of perjury, I declare that I have examined this true, correct, and complete. Declaration of preparer (other than Signature of officer	return, including acco	mpanying schedules and n all information of which	statements, and preparer has any Date	to the k	best of my knowledge and beli edge. ▶ Telephone	00 ief, it is	
Paid Preparer's Use Only	Preparer's signature			Check if self- employed ►		PTINFirm's FEINTelephone		
	May the FTB discuss this return with the preparer	shown above? Se	e instructions	· · · · · · · · · · · · · · · · · · ·		🛛 🗌 Yes 🗌 No		

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Organizations with gross receipts of more than \$50,000 and private foundations Part II regardless of amount of gross receipts - complete Part II or furnish substitute information. 00 1 Gross sales or receipts from all business activities. See instructions..... 1 2 00 2 Interest 3 00 **3** Dividends Receipts 00 from 4 Gross rents 4 Other 00 5 Gross royalties -5 Sources 00 6 Gross amount received from sale of assets (See Instructions)....... 6 7 00 7 Other income. Attach schedule 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 ... 8 9 00 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 00 00 00 00 Expenses **13** Interest • 13 and 00 • 14 14 Taxes Disburse-00 • 15 **15** Rents ments 00 00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 00 End of taxable year Schedule L **Balance Sheet** Beginning of taxable year Assets (a) (b) (C) (d) **1** Cash..... 2 3 • 4 5 Federal and state government obligations 6 • 7 Investments in stock 8 Mortgage loans 0 9 Other investments. Attach schedule a Depreciable assets 10 **b** Less accumulated depreciation Land..... 11 • 12 13 Liabilities and net worth Accounts payable 14 0 Contributions, gifts, or grants payable 15 Bonds and notes payable 16 Mortgages payable..... 0 17 18 Other liabilities. Attach schedule 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth. Reconciliation of income per books with income per return Schedule M-1 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 • not included in this return. Attach schedule . . • **3** Excess of capital losses over capital gains 8 Deductions in this return not charged Income not recorded on books this year. against book income this year. 4 • • 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.

Subtract line 9 from line 6