TAXABLE YEAR

California Exempt Organization Annual Information Return 2022

| 202 | 2 Annual Information Re | turn | | 199 |
|---|--|-----------------------------|--|---|
| Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy) Corporation/Organization name | | | | |
| corporation | | | | |
| Additional in | nformation. See instructions. | | FEIN | |
| Street addre | ess (suite or room) | | | PMB no. |
| City | | | Stat | te Zip code |
| | | | | |
| Foreign cou | Intry name Foreig | n province/state/county | | Foreign postal code |
| | urn | /es □No not reported t | | ns●□Yes □No |
| | tion 4947(a)(1) trust \ldots | J If exempt und | er R&TC Section 23701d, blitical activities? See instru | has the organization uctions ●□Yes □Nc |
| • 🗆 D | ormation return? issolved | | | Section 23701g? Yes No |
| Enter date: $(mm/dd/yyyy) \oplus \/\/\$ E Check accounting method: (1) \Box Cash (2) \Box Accrual (3) \Box Other H Did the organization a limited liability company? $\oplus \Box$ Yes \Box | | | | |
| F Federal return filed? (1) \oplus 990T (2) \oplus 990PF (3) \oplus Sch H (990) taxable income? \oplus Yes | | | | |
| (4) □Other 990 series ■ Is the organization under audit by the IRS or has the IRS audited in a prior year? | | | | RS or has the IRS |
| | rganization in a group exemption \ldots | | | |
| lf "Yes," | what is the parent's name? | Date filed with | ו IRS | |
| Part I C | omplete Part I unless not required to file this form. See | General Information B and (|). | |
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side | | | |
| | 2 Gross dues and assessments from members and affili | | | |
| | 3 Gross contributions, gifts, grants, and similar amounts received 00 4 Total gross receipts for filing requirement test. Add line 1 through line 3. 0 | | | |
| | This line must be completed. If the result is less than | | <u>mation B</u> | ● 4 00 |
| | 5 Cost of goods sold | | 5 | 00 |
| | 6 Cost or other basis, and sales expenses of assets sold | | | 00 |
| | 7 Total costs. Add line 5 and line 6 | | | |
| | 8 Total gross income. Subtract line 7 from line 4. 9 Total expenses and disbursements. From Side 2, Part II, line 18. | | | |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part 10 Excess of receipts over expenses and disbursements. | | | |
| | 11 Total payments | | | |
| Filing Fee | 12 Use tax. See General Information K | | | |
| | 13 Payments balance. If line 11 is more than line 12, sub | | | |
| | | | | |
| | | | | |
| | 16 Balance due. Add line 12 and line 15. Then subtract li Under penalties of perjury. I declare that I have examined this retu | | | |
| 0. | true, correct, and complete. Declaration of preparer (other than ta | | | |
| Sign Here | | Title | Date | Telephone |
| | Signature of officer | | | |
| | | Date | Check if self- | ● PTIN |
| | Preparer's signature | | employed ► | |
| Paid | Firm's name (or yours, | | · · · · | ● Firm's FEIN |
| Preparer's Use Only | if self-employed) | | | |
| Job Olly | and address | | | Telephone |
| | May the FTB discuss this return with the preparer shown above? See instructions | | | . ● □ Yes □ No |



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** Taxes. • 14 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 1 6 • 7 Investments in stock 8 Mortgage loans C 9 Other investments. Attach schedule 10 **b** Less accumulated depreciation Land..... 11 8 12 13 Liabilities and net worth 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