California Exempt Organization Annual Information Return

199

202	2 Annual Information Re	eturn					199	
	ar 2022 or fiscal year beginning (mm/dd/yyyy) /Organization name		, and endi			ration number		
Additional in	formation. See instructions.			FEIN				
Street addre	ess (suite or room)					PMB no.		
City					State	Zip code		
Faraign agus	For	eign province/state	/county			Farsian posts	Loodo	
Foreign coul	ntry name Pore	eign province/state	e/county			Foreign posta	i code	
B Amended C IRC Sect D Final info	d return	Yes No Yes No Tother Sch H (990) Yes No Yes No	Did the organization Inot reported to the FT lf exempt under R&T0 engaged in political at Is the organization ex If "Yes," enter the grows is the organization of taxable income? Is the organization unaudited in a prior year Is federal Form 1023/Date filed with IRS	B? See instruct C Section 2370 ctivities? See in empt under R8 iss receipts fro imited liability ile Form 100 o	otions	s the organizations	tion	No No No No No No No No
Part I Co	omplete Part I unless not required to file this form. See	e General Inform	nation B and C.					
	1 Gross sales or receipts from other sources. From Sic 2 Gross dues and assessments from members and aff 3 Gross contributions, gifts, grants, and similar amound 4 Total gross receipts for filing requirement test. Add I This line must be completed. If the result is less that 5 Cost of goods sold	filiates	e 3. General Information E 5 6	3		2 3 4 000 000 . 7 8 9 10 11 12		00 00 00 00 00 00 00 00
Filing Fee	 14 Use tax balance. If line 12 is more than line 11, subt 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract Under penalties of perjury, I declare that I have examined this re 	ract line 11 fromt line 11 from the	line 12			14 15 16	dadge and halief is	00 00 00
Sign Here	Under penalties of perjury, I declare that I have examined this re true, correct, and complete. Declaration of preparer (other than Signature of officer	eturn, including acc taxpayer) is based Title	on all information of whic	h preparer has a Date	ny know	ledge. Telephone	rieuge and beliet, i	ιIS
Paid	Preparer's signature Firm's name (or yours,		Date	Check if self- employed ▶ ☐		PTIN Firm's FEIN		
Preparer's Use Only	if self-employed) and address					■ Telephone		
	May the FTB discuss this return with the preparer s	hown above? S	ee instructions	<u></u>		● □ Yes □ N	lo	

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.

		9 -	in a contract of group roughts completely		••••							
		1	Gross sales or receipts from all business ac	tivities. See instructions				•			0	00
		2	Interest						2		0	00
Receipts		3	3 Dividends						0	00		
from	•	4	Gross rents					•	4			<u>00</u>
Othe		5	Gross royalties					•	5			<u>00</u>
Sour	ces	6	Gross amount received from sale of assets	(See instructions)				•	6		1	00
			Other income. Attach schedule									<u>)0</u>
			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							00		
		9	Contributions, gifts, grants, and similar amo	ounts paid. Attach schedul	е.				9		1	<u>00</u>
		10	Disbursements to or for members					•	10		0	_
		11	Compensation of officers, directors, and tru	stees. Attach schedule				•	11			<u>00</u>
		12	Other salaries and wages					•	12		0	_
	nses		Interest								0	
and Dich	urse-		Taxes									00
men			Rents								1	00
		16	Depreciation and depletion (See instructions	S)					17		0) <u>0</u>
		1/	Other expenses and disbursements. Attach : Total expenses and disbursements. Add line	SCNEGUIE		and on Cido 1 Dart I		•	18		0	
Sch	edul			Beginning of			, 11116 9			axable yea		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Asse				(a)	- T	(b)	(c				(d)	_
				(4)		(5)	(5	,		•	(4)	_
_			nts receivable							-		_
					_							—
			receivable									_
			S									_
			d state government obligations									_
			ts in other bonds									_
			ts in stock									—
	-	-	loans									—
			stments. Attach schedule									
			able assets									
			cumulated depreciation									—
										•		_
			ts. Attach schedule							•		—
			ts									_
			net worth									
			payable							•		_
			ons, gifts, or grants payable							•		_
16	Bonds	and	notes payable							•		_
	-	-	payable							•		_
			lities. Attach schedule									_
			ck or principal fund							•		_
			capital surplus. Attach reconciliation							•		
21	Retain	ed e	arnings or income fund							•		_
			lities and net worth									
Sch	edule	• M-	1 Reconciliation of income per books v Do not complete this schedule if the a	with income per return mount on Schedule L, line	13	, column (d), is less t	han \$50,000.					
1	Net ind	come	e per books	•	7	Income recorded on	books this ye	ar				
			come tax					_				
			capital losses over capital gains									
			t recorded on books this year.									
			edule									
								_				
			recorded on books this year not	9 Total. Add line 7 and line 8								
			n this return. Attach schedule		וו	Net income per retur						
0	otal. <i>i</i>	AUU	line 1 through line 5			Subtract line 9 from	ше ю			.		—

Name of the organization	Employer identification number

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