TAXABLE YEAR

## California Exempt Organization Annual Information Return

| - 1 | F | n | R | N | 1 |
|-----|---|---|---|---|---|
|     |   |   |   |   |   |

| 2019                              | 9 Annual Information   | Return  |  |  |  |                                  | 199                |                                  |
|-----------------------------------|--|---|--|--|--|----------------------------------|--------------------|----------------------------------|
|                                   | ar 2019 or fiscal year beginning (mm/dd/yyyy)<br>/Organization name  |   | , and endi   | ng (mm/dd/yyyy<br>California   |  | ation number                     |                    |                                  |
| Additional in                     | nformation. See instructions.  |   |  | FEIN   |  |                                  |                    |                                  |
| Street addre                      | ss (suite or room)   |   |  |  |  | PMB no.                          |                    |                                  |
| City                              |  |   |  |  | State  | Zip code                         |                    |                                  |
| Foreign cour                      | ntry name  | Foreign province/state/   | county   |  |  | Foreign postal                   | code               |                                  |
| B Amended C IRC Sect D Final Info | urn  | Yes No Yes No Yes No K  I/Reorganized  (3) Other Sch H (990) Yes No Yes No P Is  The See General Information affiliates | axable income?s the organization unudited in a prior year s federal Form 1023/20ate filed with IRS | empt under R& empt under R& empt under R& es receipts fro blic charity exe neets the filing e is required imited Liability le Form 100 o der audit by th ? 1024 pending? | nstructi ATC Sec m nonn empt ur fee exc y Comp r Form ee IRS o | ons                              | . •                | No                               |
| Receipts<br>and<br>Revenues       | <ul> <li>4 Total gross receipts for filing requirement test. This line must be completed. If the result is le</li> <li>5 Cost of goods sold</li></ul>                          | Add line 1 through line ass than \$50,000, see 6  | 3. ieneral Information B 5 6   |  | 0  | 4                                |                    | 00                               |
| Expenses                          | <ul> <li>8 Total gross income. Subtract line 7 from line 4.</li> <li>9 Total expenses and disbursements. From Side 10 Excess of receipts over expenses and disburse</li> </ul> | 2, Part II, line 18   |  |  |  | 9                                |                    | 00                               |
| Filing Fee                        | <ul> <li>11 Total payments</li></ul>   | 12, subtract line 12 fron<br>subtract line 11 from l<br>F<br>J  | n line 11ine 12  |  |  | 11<br>12<br>13<br>14<br>15<br>16 |                    | 00<br>00<br>00<br>00<br>00<br>00 |
| Sign<br>Here                      | Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other Signature of officer                                    | I this return, including acco   | mpanying schedules and nall information of which   | d statements, an   | d to the b   | est of my knowle                 | edge and belief, i | it is                            |
| Paid<br>Preparer's<br>Use Only    | Preparer's signature  Firm's name (or yours, if self-employed) and address   |   |  | Check if self-<br>employed ▶   |  | PTIN  Firm's FEIN  Telephone     |                    |                                  |
|                                   | May the FTB discuss this return with the prepa   | arer shown above? Se  | e instructions   |  | •  | 🕽 🔛 Yes 🗌 No                     | 0                  |                                  |

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.

|   |   | 1                               | Gross sales or receipts from all business ac                       | tivities. See instructions. |   |                    | 1    |        | 00     |
|---|---|---------------------------------|--|-----------------------------|---|--------------------|------|--------|--------|
| 2   |   | 2                               | 2 Interest   |                             |   |                    |      |        | 00     |
| Receipts 3 Dividends                        |   |                                 | Dividends  |                             |   |                    |      | 1      | 00     |
| from 4 Gross rents                          |   |                                 |  |                             |   |                    |      | 00     |        |
| Othe  | U 0000 Toyaltio                                   |                                 |  |                             |   |                    |      |        | 00     |
| Juui  | uus   | I                               | Gross amount received from sale of assets                          | ` ,                         |   |                    |      |        | 00     |
|   |   | ı                               | Other income. Attach schedule                                      |                             |   |                    |      |        | 00     |
|   |   | I                               | <b>Total</b> gross sales or receipts from other source             | -                           |   |                    |      |        | 00     |
|   |   | 40                              | Contributions, gifts, grants, and similar amo                      | ounts paid. Attach schedu   | le                                      |                    | _    | 1      | 00     |
|   |   | 10                              | Disbursements to or for members                                    | otaga Attagh aghadula       |   |                    | 11   |        | 00     |
|   |   | 11                              | Compensation of officers, directors, and trustees. Attach schedule |                             |   |                    |      |        | 00     |
| Fyne  | nses  |                                 | Interest   |                             |   |                    |      |        | 00     |
| and   | 11303   |                                 | Taxes  |                             |   |                    |      |        | 00     |
|   | urse-   |                                 | Rents  |                             |   |                    |      |        | 00     |
| men   | is  |                                 | Depreciation and depletion (See instructions                       |                             |   |                    |      |        | 00     |
|   |   |                                 | Other Expenses and Disbursements. Attach                           |                             |   |                    |      |        | 00     |
|   |   | 18                              | Total expenses and disbursements. Add line                         | 9 through line 17. Enter    | here and on Side 1, Part I              | , line 9           | . 18 |        | 00     |
|   |   | e L                             | Balance Sheet  | Beginning o                 | f taxable year                          | 1                  | d of | taxabl | e year |
| Asse  | ts  |                                 |  | (a)                         | (b)                                     | (c)                |      |        | (d)    |
| 1 (   | Cash.   |                                 |  |                             |   |                    |      | •      |        |
| 2   | Vet ac  | cour                            | nts receivable   |                             |   |                    |      | •      |        |
| 3   | Net no  | tes i                           | receivable   |                             |   |                    |      | •      |        |
|   |   |                                 | 8  |                             |   |                    |      | •      |        |
| 5   | edera   | l and                           | d state government obligations                                     |                             |   |                    |      | •      |        |
| 6   | 6 Investments in other bonds                      |                                 | ts in other bonds  |                             |   |                    |      | •      |        |
| 7 Investments in stock                      |   |                                 |  |                             |   | •                  |      |        |        |
| 8   | 8 Mortgage loans                                  |                                 |  |                             |   |                    | •    |        |        |
| <b>9</b> Other investments. Attach schedule |   |                                 |  |                             |   | •                  |      |        |        |
|   |   |                                 | able assets  |                             |   |                    |      |        |        |
|   |   |                                 | cumulated depreciation   |                             |   |                    |      | _      |        |
| <b>11</b> Land                              |   |                                 |  |                             |   |                    |      | •      |        |
|   | <b>12</b> Other assets. Attach schedule           |                                 |  |                             |   |                    | •    |        |        |
|   |   |                                 | ts   |                             |   |                    |      |        |        |
|   |   |                                 | net worth  |                             |   |                    |      |        |        |
|   | 14 Accounts payable                               |                                 |  |                             |   |                    | •    |        |        |
|   | <b>15</b> Contributions, gifts, or grants payable |                                 |  |                             |   |                    | •    |        |        |
|   | 6 Bonds and notes payable                         |                                 |  |                             |   |                    |      | -      |        |
|   |   |                                 | payable  |                             |   |                    |      | •      |        |
|   |   |                                 | lities. Attach schedule  |                             |   |                    |      |        |        |
|   |   |                                 | ck or principal fund   |                             |   |                    |      | •      |        |
|   |   |                                 | capital surplus. Attach reconciliation arnings or income fund      |                             |   |                    |      |        |        |
|   |   |                                 | lities and net worth   |                             |   |                    |      |        |        |
|   | edule   |                                 |  | vith income per return      |   |                    |      |        |        |
|   |   |                                 | Do not complete this schedule if the a                             |                             | e 13, column (d), is less tl            | nan \$50,000       |      |        |        |
| 1   | Net inc   | ome                             | e per books  | •                           | 7 Income recorded on                    | books this year    |      |        |        |
| 2   | edera   | l inc                           | ome tax  | •                           | not included in this r                  | eturn. Attach sche | dule |        |        |
| 3   | 3 Excess of capital losses over capital gains     |                                 |  | •                           | 8 Deductions in this return not charged |                    |      |        |        |
| 4 Income not recorded on books this year.   |   |                                 |  |                             | against book income                     | this year.         |      |        |        |
|   |   |                                 |  | •                           | Attach schedule                         |                    |      |        |        |
| 5   | Expens  | ses r                           | recorded on books this year not                                    |                             | <b>9</b> Total. Add line 7 and          | line 8             |      |        |        |
|   |   |                                 |  | •                           | <b>10</b> Net income per retur          |                    |      |        |        |
|   |   | otal. Add line 1 through line 5 |  |                             |   |                    |      |        |        |
|   |   |                                 | •  |                             |   | ,                  |      |        |        |