## California Exempt Organization Annual Information Return

F	O	R	N	١

202	0 Annual Information	Return				199
Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy)					poration number	·
Additional in	oformation. See instructions.			FEIN		
	iomation. See instructions.			I LIN		
Street addre	ess (suite or room)				PMB no.	
City				State	e Zip code	
Foreign cou	ntry name	Foreign province/state	/county		Foreign posta	l code
B Amende C IRC Sect D Final info	d return	<ul> <li>Yes</li></ul>	Did the organization han treported to the FTE of rexempt under R&TC engaged in political actions the organization exelf "Yes," enter the gross as the organization a limitation in the organization in the organization under the org	3? See instruction Section 23701d, tivities? See instru mpt under R&TC is receipts from no mited liability com e Form 100 or For ler audit by the IR ?	has the organiza actions. Section 23701g' onmember source apany? rm 109 to report	tion
	omplete Part I unless not required to file this form  1 Gross sales or receipts from other sources. Fro  2 Gross dues and assessments from members an  3 Gross contributions, gifts, grants, and similar a	om Side 2, Part II, line nd affiliates	8		● 2	00 00 00
Receipts and 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>	ss than \$50,000, see (	General Information B		00 00 7	00
Expenses	<ul> <li>9 Total expenses and disbursements. From Side 2</li> <li>10 Excess of receipts over expenses and disburser</li> </ul>	2, Part II, line 18			● 9	00
	11 Total payments	12, subtract line 12 fro subtract line 11 from J.	m line 11line 12		11 12 13 14 15 15	00 00 00 00 00 00
Sign Here	Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other Signature of officer	this return, including accorr than taxpayer) is based of Title	on all information of which	statements, and to the preparer has any kno Date	he best of my know owledge.  Telephone	rledge and belief, it is
Paid Preparer's Use Only	Preparer's signature		1	Check if self- employed ▶ □	• PTIN	
	Firm's name (or yours, if self-employed) and address				Firm's FEIN      Telephone	
	May the FTB discuss this return with the prepa	rer shown above? Se	ee instructions		. ● □ Yes □ I	No

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.

Receipts from			Gross sales or receipts from all business ac						00
			Interest						00
		1 -	Dividends						00
Oth		l	Gross royalties						00
Sou	rces	1	Gross amount received from sale of assets (						00
		7	Other income. Attach schedule		 				00
		1	<b>Total</b> gross sales or receipts from other source						00
			Contributions, gifts, grants, and similar amo						00
			Disbursements to or for members						00
		11	1 Compensation of officers, directors, and trustees. Attach schedule						00
		12	2 Other salaries and wages						00
•	enses		Interest						00
and	burse-	1	Taxes						00
mei		1	Rents						00
		16	Depreciation and depletion (See instructions	8)			16		00
		1/	Other expenses and disbursements. Attach s Total expenses and disbursements. Add line	Schedule	 . hore	and on Cida 1 Dort I			00
Scl	nedule	10 	Balance Sheet	Beginning (	if tax	rahle vear	Fnd of ta	axable year	100
Ass			Dalando Oncot	(a)	,, tu,	(b)	(c)	(d)	
				(a)	+	(6)	(6)	(u)	
			nts receivable						
			receivable						
			d state government obligations						
	6 Investments in other bonds								
			ts in stock					•	
	-	-	loans						
	9 Other investments. Attach schedule								
10	<b>10 a</b> Depreciable assets								
	<b>b</b> Less accumulated depreciation								
								•	
			ts. Attach schedule						
			ts						
Liabilities and net worth									
14 Accounts payable									
<b>15</b> Contributions, gifts, or grants payable									
	<b>16</b> Bonds and notes payable								
			payable						
			lities. Attach schedule						
			•						
	Paid-in or capital surplus. Attach reconciliation								
			lities and net worth						
	nedule			vith income per return					
			Do not complete this schedule if the a		ne 13	, column (d), is less t	han \$50,000		
1	Net inc	come	e per books	•	7	Income recorded on	books this year		
2	Federa	l inc	come tax						
3	Excess	of	capital losses over capital gains	•	8	Deductions in this re			
			t recorded on books this year.			against book income			
				•				. •	
5	5 Expenses recorded on books this year not				9		line 8		
-				•	_	Net income per retur			
6	Total. Add line 1 through line 5				։"		ii. Iine 6		
_		Oubtract fille 3 Hot					. 1		