California Exempt Organization Annual Information Return

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202	1 Annual Information	Return					199)
	ear 2021 or fiscal year beginning (mm/dd/yyyy) //Organization name		, and endi	ng (mm/dd/yyyy)		ration number		
Corporation	a Signification Hame			Gamornia	corpor	adon number		
Additional in	nformation. See instructions.			FEIN				
Street addre	ess (suite or room)					PMB no.		
City				5	State	Zip code		
Foreign cou	intry name	Foreign province/state/	/county			Foreign postal	code	
B Amende C IRC Sec D Final info	urn	Yes	Did the organization hot reported to the FI fexempt under R&Tongaged in political as the organization ex f "Yes," enter the grows the organization of axable income?s the organization unudited in a prior years federal Form 1023/Date filed with IRS	FB? See instruct C Section 2370 ctivities? See in tempt under R& toss receipts fror limited liability of file Form 100 or the file form 100 or	tions Id, has structions TC Sem nonicompa Form	s the organizations. ction 23701g? member source ny? 109 to report or has the IRS	on Yes Yes	□ No □ No □ No □ No □ No □ No
Part I C	omplete Part I unless not required to file this form	n. See General Inform	ation B and C.					
Receipts and Revenues	 Gross sales or receipts from other sources. From 2 Gross dues and assessments from members a 3 Gross contributions, gifts, grants, and similar a 4 Total gross receipts for filing requirement test. This line must be completed. If the result is less to 5 Cost of goods sold	nd affiliates	e 3. General Information E	3		2 3 4 00 00		00 00 00 00
Expenses	8 Total gross income. Subtract line 7 from line 4.9 Total expenses and disbursements. From Side				((• 8 • 9		00
Filing Fee	 10 Excess of receipts over expenses and disburse 11 Total payments	12, subtract line 12 fro subtract line 11 from IJbtract line 11 from the	m line 11line 12result			11 12 13 14 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 (othe Signature of officer	I this return, including accorr than taxpayer) is based of Title	empanying schedules an on all information of whic	nd statements, and th preparer has an Date	y knowl	best of my knowledge. Telephone	edge and belief	, it is
Paid Preparer's	Preparer's signature		Date	Check if self- employed ▶ ☐		PTIN Firm's FEIN		
Use Only	and address May the FTB discuss this return with the prepa	arer chown above? Co	a instructions			■ Telephone	0	

Form 199 2021 **Side 1** 3651213

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 1			1	Gross sales or receipts from all business ac	tivities. See instructions.			1		00
4 Gross rents	•									00
5 5 5	Rece	ipts								00
Sources 6 Gross amount received from sale of assets (See instructions) 7 0 00 00 00 00 00 00 00 00 00 00 00 00			4	Gross rents				_		00
To Christ amount received from said of assets (see instructions) 7 Other income. Attach schedule 8 Total gross saids or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 9 Contributions, office, sorgans, and similar amounts paid. Attach schedule 10 Disbursements to or for members 11 Compensation of officers, directors, and trustees. Attach schedule 12 Other salaries and wages 12 Other salaries and wages 13 Interest. 14 Taxes. 15 Sents. 16 Dispuraciation and depletion (See instructions) 17 Other caponses and disbursements. Attach schedule 18 Total segments and disbursements. Attach schedule 19 Totals caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and disbursements. Attach schedule 10 Control of the caponses and caponses a										
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18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 00 Schedule L Balance Sheet										00
Assets (a) (b) (c) (d) 1 Cash.			18	Total expenses and disbursements. Add line	9 through line 17. Enter	here and on Side 1, Part I	, line 9	. 18		00
1 Cash.			e L	Balance Sheet	Beginning of	taxable year	En	d of	taxable	year
2 Net accounts receivable	Asse	ts			(a)	(b)	(c)			(d)
3 Net notes receivable	1 (Cash.							•	
A Inventories. 5 Federal and state government obligations. 6 Investments in other bonds. 7 Investments in stock. 8 Mortgage loans. 9 Other investments. Attach schedule. 10 a Depreciable assets. b Less accumulated depreciation. 11 Land. 12 Other assets. Attach schedule. 13 Total assets. Liabilities and net worth 14 Accounts payable. 15 Contributions, gifts, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 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 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule 9 Total Add line 7 and line 8. 6 Deductions in this return. Attach schedule. 9 Total Add line 7 and line 8. 10 Attach schedule. 9 Total Add line 7 and line 8. 10 Net income per return.	2 [let ac	cour	nts receivable					•	
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