TAXABLE YEAR

California Exempt Organization Annual Information Return

202	1 Annual Information	Return				199			
	ear 2021 or fiscal year beginning (mm/dd/yyyy)		, and endir	ng (mm/dd/yyyy)	rporation number				
Corporation	/Organization name			California co	rporation number				
Additional in	nformation. See instructions.			FEIN					
Street addre	ess (suite or room)				PMB no.				
City				Stat	e Zip code				
Foreign cou	intry name	Foreign province/state	/county		Foreign posta	al code			
	urn		Did the organization h	ave any changes t	o its guidelines	●□V □N-			
	ed return	· • - 103 - 100 - 1	not reported to the FT If exempt under R&TC	B? See Instruction	hae the organiz	● LLYes LLNo			
	tion 4947(a)(1) trust	∐Yes ∐No	engaged in political ac	tivities? See instr	uctions	● □ Yes □ No			
● 🗌 D	ormation return? issolved Surrendered (Withdrawn) Merge	d/Reorganized K	Is the organization exe If "Yes," enter the gro	empt under R&TC ss receipts from n	Section 23701g onmember sour	? ● □ Yes □ No			
	ate: (mm/dd/yyyy) • / /	L I	Is the organization a li	imited liability con	npany?	● □ Yes □ No			
	ccounting method: (1) ☐ Cash (2) ☐ Accrual return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3	` ' — IMI	Did the organization fitaxable income?	le Form 100 or Fo	rm 109 to repor	●□Yes □No			
	ther 990 series	' ' '			the IRS or has the IRS				
	group filing? See instructions		audited in a prior year						
H Is this o	rganization in a group exemption		ls federal Form 1023/			∐Yes ∐No			
IT "Yes,"	what is the parent's name?		Date filed with IRS	 	\				
David 0	town late Double unless not very lived to file this for	n Con Conord Inform	etian D and C						
Part I C	complete Part I unless not required to file this for		$\overline{}$			00			
	1 Gross sales or receipts from other sources. Fr2 Gross dues and assessments from members					00			
	3 Gross contributions, gifts, grants, and similar	amounts received				00			
Receipts	4 Total gross receipts for filing requirement test								
and Revenues	This line must be completed. If the result is I			<u></u>		00			
Hevenues	5 Cost of goods sold		5		00				
	6 Cost or other basis, and sales expenses of ass	sets sold		100	00				
	7 Total costs. Add line 5 and line 6	1			8	00			
Expenses	9 Total expenses and disbursements. From Side	2. Part II. line 18			9	00			
Exhelises	10 Excess of receipts over expenses and disburse				-	00			
	11 Total payments					00			
	12 Use tax. See General Information K			00					
Filing Foo	13 Payments balance. If line 11 is more than line		13	00					
i iiiiiy i cc	14 Use tax balance. If line 12 is more than line 11			00					
	15 Penalties and interest. See General Informatio 16 Balance due. Add line 12 and line 15. Then st		result			00			
	Under penalties of perjury, I declare that I have examine	d this return, including acco	ompanying schedules and	d statements, and to	the best of my know				
Sign	true, correct, and complete. Declaration of preparer (other	er than taxpayer) is based o		n preparer has any kr Date	nowledge.				
Here	Signature of officer				Гегерпопе				
	of officer		Date	Check if self-	● PTIN				
	Preparer's signature			employed ▶ □					
Paid					● Firm's FEIN				
Preparer's Use Only	Firm's name (or yours, if self-employed)								
USE UTILY	and address				● Telephone				
	May the FTB discuss this return with the prep	arer shown above? Se	ee instructions		. • 🗆 Yes 🗆	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.

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		1	Gross sales or receipts from all business ac	tivities. See instructions.				•	1		00
Receipts		2	2 Interest					•	2		00
	3	Dividends					•	3		00	
from Other Sources			Gross rents								00
			Gross royalties						5		00
Suu	rces	6	Gross amount received from sale of assets	(See instructions)				●	6		00
		1	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,						8		00
		9	Contributions, gifts, grants, and similar amo	ounts paid. Attach schedu	le .			•	9		00
			Disbursements to or for members						00		
			1 Compensation of officers, directors, and trustees. Attach schedule					•	11		00
		12	2 Other salaries and wages					●	12		00
•	enses		3 Interest								00
and	urse-		Taxes								00
mer			Rents								00
		16	Depreciation and depletion (See instructions	S)				•	16		00
		17	Other expenses and disbursements. Attach	schedule	iedule						00
Sak	nedul	18 L	Total expenses and disbursements. Add line Balance Sheet	e 9 through line 17. Enter Beginning o f	nere	and on Side 1, Part I.	, iine 9	End	18	axable year	00
Asse		e L	Datalice Sileet		La)				ו טו נמ		(4)
				(a)		(b)		(c)			(d)
-	0 40										
			nts receivable		-					•	
3	Net no	tes r	receivable							•	
4	Invent	ories	8							•	
5	Federa	al and	d state government obligations							•	
6	Invest	ment	ts in other bonds							•	
7	Invest	men	ts in stock							•	
8	Mortga	age I	loans		L,					•	
9	Other	inves	stments. Attach schedule								
10	a Dep	recia	able assets								
	b Less	s acc	cumulated depreciation								
11	Land.										
12	Other :	asse	ts. Attach schedule								
			ts								
			net worth								
14	Accou	nts p	payable							•	
			ons, gifts, or grants payable							•	
			notes payable							•	
			payable							•	
			lities. Attach schedule								
			ck or principal fund							•	
			capital surplus. Attach reconciliation								
			arnings or income fund							•	
Sch	edule	• M-	lities and net worth	with income per return							
			Do not complete this schedule if the a	mount on Schedule L, line	e 13	, column (d), is less th	nan \$50,000				
		income per books									
2	Federa	al income tax									
3	Excess	excess of capital losses over capital gains									
4	Income not recorded on books this year. against book income this year.										
						Attach schedule					
					9 Total. Add line 7 and line 8						
	5 Expenses recorded on books this year not deducted in this return. Attach schedule			•	10 Net income per return.						
	Total. Add line 1 through line 5										
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