FORM

California Exempt Organization Annual Information Return 2022

_	
-	uu
	77

	Z Allindra Illionination ilo	141111					100	
Calendar Ye	ar 2022 or fiscal year beginning (mm/dd/yyyy)		, and end	ing (mm/dd/yyy	y)			
Corporation	/Organization name			Californ	ia corpo	ration numb	er	
Additional information. See instructions. FEIN								
Street addre	ess (suite or room)					PMB no.		
City	ty State Zip code							
Foreign cou	ntry name Foreig	n province/state	e/county			Foreign po	stal code	
A First retu		/es □No ■	Did the organization	have any chan	aes to it	s auideline	S	
	d return●□Y	/aa 🗆 Na	not reported to the F	TB? See instru	ictions		● □ Yes	□No
	tion 4947(a)(1) trust	/ □N.J	If exempt under R&T engaged in political a	C Section 237	01d, ha	s the organ	ization	□No
D Final info	ormation return?	K	Is the organization ex					
	issolved Surrendered (Withdrawn) Merged/Reorga	anized	If "Yes," enter the gro	oss receipts fr	om noni	member so	urces \$	
	te: (mm/dd/yyyy) ● / / ccounting method: (1) □ Cash (2) □ Accrual (3) □ C	7thor	Is the organization a					□No
F Fed <u>era</u> l r	return filed? (1) \bullet \square 990T (2) \bullet \square 990PF (3) \bullet \square S	Sch H (990)	Did the organization taxable income?				● ∐ Yes	□No
` '	ther 990 series group filing? See instructions	∕es □No	Is the organization unaudited in a prior year	nder audit by t ır?	he IRS (or has the I	RS ● □ Yes	□No
	rganization in a group exemption		Is federal Form 1023	/1024 pending	j?		Yes	□No
If "Yes,"	what is the parent's name?		Date filed with IRS _					
Dord L C	omplete Part I unless not required to file this form. See G	Canaval Inform	nation D and C					
Part I C						_ 4		
	1 Gross sales or receipts from other sources. From Side 2 Gross dues and assessments from members and affilia	2, Part II, line	8			2		00
	3 Gross contributions, gifts, grants, and similar amounts							00
Receipts	4 Total gross receipts for filing requirement test. Add line							100
and	This line must be completed. If the result is less than			R		4		00
Revenues	5 Cost of goods sold			D		00		
	6 Cost or other basis, and sales expenses of assets sold		6			00		
	7 Total costs. Add line 5 and line 6							00
	8 Total gross income. Subtract line 7 from line 4							00
_	9 Total expenses and disbursements. From Side 2, Part I							00
Expenses	10 Excess of receipts over expenses and disbursements.	Subtract line 9	from line 8			10		00
	11 Total payments	<u>oabiraoi iirio o</u>	110111 11110 0			1 1		00
	12 Use tax. See General Information K							00
	13 Payments balance. If line 11 is more than line 12, subt							00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtraction	ct line 11 from	line 12			14		00
	15 Penalties and interest. See General Information J							00
	16 Balance due. Add line 12 and line 15. Then subtract lin							00
	Under penalties of perjury, I declare that I have examined this retu	ırn, including acc	ompanying schedules ar	nd statements, a	nd to the	best of my kr	nowledge and belie	
Sign	true, correct, and complete. Declaration of preparer (other than tax	1 7 7	on all information of which			•		
Here	Signature	Title		Date		Telephone	9	
	Signature of officer							
	Propagar's		Date	Check if self-	I^	PTIN		
	Preparer's signature			employed ▶ [
Paid	Firm's name (or yours				(Firm's FE	IN	
Preparer's Use Only	Firm's name (or yours, if self-employed)							
Jac Only	and address				1	Telephone	÷	
	May the FTB discuss this return with the preparer sho	wn above? S	ee instructions		(■ ☐ Yes □	□ No	

613 3651224 Form 199 2022 **Side 1** 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 Other Sources Expenses and Disburse ments	2 3 3 4 5 6 6 7 8 9 10 11 12 12 13 13 14 15 16 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	Gross sales or receipts from all business act Interest	See instructions)	7. Enter here and on Side	2 3 4 4 5 6 7 1, Part I, line 1 8 9 10 11 12 13 14 15 16	00 00 00 00 00 00 00 00 00 00 00 00 00			
Cobodi	18	Total expenses and disbursements. Add line Balance Sheet	9 through line 17. Enter I	nere and on Side 1, Part I taxable year	, line 9 18	xable year			
Assets	iie L	balance Sheet	(a)	(b)	(c)	(d)			
2 Net a 3 Net r 4 Inver 5 Fede 6 Inver 7 Inver 8 Mort 9 Othe 10 a De b Le 11 Land 12 Othe 13 Total Liabilitie 14 Accord 15 Cont 16 Bond 17 Mort 18 Othe 19 Capit 20 Paid 21 Reta	notes ntorie ral an stmer stmer gage r inverses accurate sance unts ributi ds ance gage: r liabital storin or ined e	nts receivable receivable s d state government obligations its in other bonds its in stock loans stments. Attach schedule able assets cumulated depreciation ets. Attach schedule payable ons, gifts, or grants payable d notes payable s payable lities. Attach schedule eck or principal fund capital surplus. Attach reconciliation earnings or income fund							
Schedu	le M	-1 Reconciliation of income per books we Do not complete this schedule if the a		e 13, column (d), is less tl	han \$50,000.				
2 Fede3 Exce4 Inco Attac5 Expe dedu	ral income no characteristics of the scheme	e per books	•	7 Income recorded on books this year not included in this return. Attach schedule. 8 Deductions in this return not charged against book income this year. Attach schedule					
dedu	cted	_	•						