TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

202		i neturii			1	<u>99</u>
	r 2023 or fiscal year beginning (mm/dd/yyyy) Drganization name	n/dd/yyyy) California corpo	unting growther			
orporation/C	Organization name			California corpo	oration number	
dditional info	ormation. See instructions.	FEIN				
reet addres	ss (suite or room)				PMB no.	
ty				State	ZIP code	
reign coun	try name	Foreign province/state/county	1		Foreign postal code	
				A		
First retur	m	□Yes □No □ Did the	organization have a	ny changes to i	ts guidelines	
Amended	return					Yes ∐N
IRC Section	on 4947(a)(1) trust	Yes No lf exem	npt under R&TC Sect	ion 23701d, ha	is the organization tions • □	Yes □N
Final info	rmation return?				ection 23701g?	
	solved 🔲 Surrendered (Withdrawn) 🗌 Merge	ed/Reorganized If "Yes	" enter the gross rec	eipts from non	member sources \$	162 LIV
	e: (mm/dd/yyyy) • / /	■ Is the			any?	
	counting method: (1) \square Cash (2) \square Accrual	(3) U Other	organization file For			
	turn filed? (1) $lacktriangle$ 990T (2) $lacktriangle$ 990PF ((3) ● □ Sch H (990) taxable	income?	,	● ∐	Yes □N
-	er 990 series		rganization under au	ıdit by the IRS	or has the IRS	
	group filing? See instructions					
Is this org	ganization in a group exemption			pending?		Yes ∐N
ii res, v	what is the parent's name?	Date fil	ed with IRS			
rt I Co	mplete Part I unless not required to file this for					
	${f 1}$ Gross sales or receipts from other sources. F	rom Side 2, Part II, line 8		,	• 1	00
	2 Gross dues and assessments from members					00
oo o into	3 Gross contributions, gifts, grants, and similar4 Total gross receipts for filing requirement test				• 3	00
eceipts and	This line must be completed. If the result is		I Information B		• 4	00
evenues	5 Cost of goods sold			1	00	
	6 Cost or other basis, and sales expenses of as	sets sold	6	+	00	
	7 Total costs. Add line 5 and line 6				. 7	0
	8 Total gross income. Subtract line 7 from line	4		<u> </u>	● 8	00
penses	9 Total expenses and disbursements. From Side				• 9	00
1	10 Excess of receipts over expenses and disburs				● 10	0
	11 Total payments				• 11	00
	12 Use tax. See General Information K					00
	13 Payments balance. If line 11 is more than line	•				00
•	14 Use tax balance. If line 12 is more than line 1: 15 Penalties and interest. See General Information	· ·			1-1	0
1 '	16 Balance due. Add line 12 and line 15. Then s				• 16	0
	Under penalties of perjury, I declare that I have examine	ed this return, including accompany	ing schedules and state	ments, and to the	best of my knowledge and	
gn	true, correct, and complete. Declaration of preparer (oth	ner than taxpayer) is based on all in Title	formation of which prepa Date		nedge. ● Telephone	
ere	Signature of officer	Titlo	Bato		Тогорионо	
	of officer	Date	01	. ' !.	● PTIN	
	Preparer's		Crieck	_	→ 1 1114	
nid	signature •		Tempio	yed ▶ ∐	Firm's FEIN	
eparer's	Firm's name (or yours,				Eliv	
se Only	if self-employed) and address				Telephone	
oc Omy	Janu address					

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		<u>1</u>	00				
Receipts		2	Interest		00						
	eints	3	Dividends		00						
fron	•	4	Gross rents			4	00				
Oth		5	Gross royalties			<u>5</u>	00				
Sou	rces	6	Gross amount received from sale of assets	00							
		7	Other income. Attach schedule			7	00				
		8	Total gross sales or receipts from other source		00						
			Contributions, gifts, grants, and similar amo				00				
		10	Disbursements to or for members $\ldots \ldots$	<u>10</u>	00						
		11	Compensation of officers, directors, and tru	stees. Attach schedule		11	00				
Expenses		12	12 Other salaries and wages				00				
			3 Interest				00				
and			Taxes		00						
Disburse- ments		15	Rents	15	00						
			Depreciation and depletion (See instructions		00						
			Other expenses and disbursements. Attach				00				
201	nedul		Total expenses and disbursements. Add line Balance Sheet		taxable year	line 9 18	xable year				
Ass		e L	Datatice Street								
				(a)	(b)	(c)	(d)				
							•				
			nts receivable				•				
3	Net no	Net notes receivable									
		nventories									
			d state government obligations		•						
6	Invest	men	ts in other bonds				•				
	Invest			•							
8	Mortgage loans										
9	Other	inves	stments. Attach schedule				•				
10	a Depreciable assets										
	b Less accumulated depreciation										
	11 Land										
12	Other	asse	ts. Attach schedule				•				
13	Total a	asse	ts								
			net worth								
14	Accou	nts p	payable				•				
15	Contri	butic	ons, gifts, or grants payable				•				
16	Bonds	and	notes payable				•				
17	Mortga	ages	payable				•				
18	Other	liabil	ities. Attach schedule								
19	Capita	apital stock or principal fund									
20	Paid-ir	n or (capital surplus. Attach reconciliation				•				
21	Retain	ed e	arnings or income fund				•				
22	Total I	iabil	lities and net worth								
Scł	nedule	е M-	1 Reconciliation of income per books very Do not complete this schedule if the a		e 13, column (d), is less t	nan \$50,000.					
1	Net ind	come	e per books								
2	Federa	al inc	ome tax	not included in this return. Attach schedule							
3	Excess	s of o	apital losses over capital gains								
			not recorded on books this year. against book income this year.								
			chedule				•				
5		enses recorded on books this year not 9 Total. Add line 7 and line 8									
_		ucted in this return. Attach schedule									
6	is Total. Add line 1 through line 5										
				1	1 2227401 1170 0 110111	V					