

034

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2021****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**Exempt Organization name **CATALINA ISLAND CHAMBER OF COMMERCE  
AND VISITORS BUREAU**Identifying number  
**95-1550614****Part I Electronic Return Information** (whole dollars only)

|   |   |                  |
|---|---|------------------|
| 1 Total gross receipts (Form 199, line 4)             | 1 | <b>2,540,542</b> |
| 2 Total gross income (Form 199, line 8)               | 2 | <b>2,540,459</b> |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | <b>2,172,664</b> |

**Part II Settle Your Account Electronically for Taxable Year 2021**

|  |                 |                                       |
|--|-----------------|---------------------------------------|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount _____ | 4b Withdrawal date (mm/dd/yyyy) _____ |
|--|-----------------|---------------------------------------|

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

|                        |   |
|------------------------|---|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ |   |

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here****u**

Signature of officer

**11/07/22**

Date

**u CEO**

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO  
Must  
Sign**ERO's  
signature **u**

Date

Check if  
also paid  
preparer ☒Check  
if self-  
employed ☐

ERO's PTIN

**P00103739**Firm's name (or yours  
if self-employed)  
and address**u MCGINTY, KNUDTSON & ASSOCIATES, LLP  
20422 BEACH BLVD. SUITE 450  
HUNTINGTON BEACH CA**

Firm's FEIN

**27-1848365**

ZIP code

**92648**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid  
Preparer  
Must  
Sign**Paid  
preparer's  
signature **u**

Date

Check  
if self-  
employed ☐

Paid preparer's PTIN

Firm's name (or yours  
if self-employed)  
and address**u**

Firm's FEIN

ZIP code

TAXABLE YEAR

# California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021** , and ending (mm/dd/yyyy) **06/30/2022** .

Corporation/Organization name **CATALINA ISLAND CHAMBER OF COMMERCE  
AND VISITORS BUREAU**

California corporation number  
**0236720**

Additional information. See instructions.

FEIN  
95-1550614

Street address (suite or room)

P.O. BOX 217

PMB no.

City

# AVALON

State

CA

Zip code

90704

Foreign country name

Foreign province/state/county

Foreign postal code

- |   |                              |  |
|---|------------------------------|--|
| <b>A</b> First return .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>B</b> Amended return .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>C</b> IRC Section 4947(a)(1) trust .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>D</b> Final information return?  |                              |  |
| <b>I</b> <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                |                              |  |
| Enter date: (mm/dd/yyyy) <b>I</b> _____   |                              |  |
| <b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other  |                              |  |
| <b>F</b> Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) |                              |  |
| (4) <input type="checkbox"/> Other 990 series   |                              |  |
| <b>G</b> Is this a group filing? See instructions .....   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>H</b> Is this organization in a group exemption .....  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If "Yes," what is the parent's name?  | _____                        |  |

|   |   |  |
|---|---|--|
| <b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ....                                | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <b>N/A</b> <b>I</b> ..... | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| <b>K</b> Is the organization exempt under R&TC Section 23701g? ....   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| If "Yes," enter the gross receipts from nonmember sources .....   | \$                                      | _____                                  |
| <b>L</b> Is the organization a limited liability company? ....  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? .....   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? .....   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>O</b> Is federal Form 1023/1024 pending? .....   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Date filed with IRS   | _____                                   |  |

**Part I** Complete Part I unless not required to file this form. See General Information B and C.

|   |  |           |              |                              |   |                   |
|---|--|-----------|--------------|------------------------------|---|-------------------|
| Receipts and Revenues   | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8   |           |              | 1                            | 493,006   | 00                |
|   | 2 Gross dues and assessments from members and affiliates   |           |              | 2                            | 72,541  | 00                |
|   | 3 Gross contributions, gifts, grants, and similar amounts received   |           |              | 3                            | 1,974,995   | 00                |
|   | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.   |           |              |                              |   |                   |
|   | This line must be completed. If the result is less than \$50,000, see General Information B  |           |              | 4                            | 2,540,542   | 00                |
|   | 5 Cost of goods sold   | 5         |              | 00                           |   |                   |
|   | 6 Cost or other basis, and sales expenses of assets sold   | 6         | 83           | 00                           |   |                   |
|   | 7 Total costs. Add line 5 and line 6   | 7         | 83           | 00                           |   |                   |
| 8 Total gross income. Subtract line 7 from line 4                               | 8  | 2,540,459 | 00           |                              |   |                   |
| Expenses  | 9 Total expenses and disbursements. From Side 2, Part II, line 18  |           |              | 9                            | 2,172,664   | 00                |
|   | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   |           |              | 10                           | 367,795   | 00                |
| Filing Fee  | 11 Total payments  |           |              | 11                           |   | 00                |
|   | 12 Use tax. See General Information K  |           |              | 12                           |   | 00                |
|   | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11  |           |              | 13                           |   | 00                |
|   | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12   |           |              | 14                           |   | 00                |
|   | 15 Penalties and interest. See General Information J   |           |              | 15                           |   | 00                |
|   | 16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result  |           |              | 16                           |   | 00                |
| Sign Here   | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |           |              |                              |   |                   |
|   | Signature of officer u   |           | Title<br>CEO | Date                         | Telephone   |                   |
| Paid  | Preparer's signature u   |           |              | Date<br>11/07/2022           | Check if self-employed „ <input type="checkbox"/> | PTIN<br>P00103739 |
| Preparer's Use Only   | Firm's name (or yours, if self-employed) and address<br>u MCGINTY, KNUDTSON & ASSOCIATES, LLP<br>20422 BEACH BLVD. SUITE 450<br>HUNTINGTON BEACH, CA 92648   |           |              |                              | Firm's FEIN<br>27-1848365                         |                   |
|   |  |           |              |                              | Telephone<br>714-536-7777                         |                   |
| May the FTB discuss this return with the preparer shown above? See instructions |  |           |              |                              |   |                   |
|   |  |           |              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No            |                   |

**CATALINA ISLAND CHAMBER OF COMMERCE**  
**95-1550614**

**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.

|                                    |  |           |                  |           |
|------------------------------------|--|-----------|------------------|-----------|
| <b>Receipts from Other Sources</b> | <b>1</b> Gross sales or receipts from all business activities. See instructions  | <b>1</b>  | <b>396,169</b>   | <b>00</b> |
|                                    | <b>2</b> Interest  | <b>2</b>  | <b>1,009</b>     | <b>00</b> |
|                                    | <b>3</b> Dividends   | <b>3</b>  |                  | <b>00</b> |
|                                    | <b>4</b> Gross rents   | <b>4</b>  |                  | <b>00</b> |
|                                    | <b>5</b> Gross royalties   | <b>5</b>  |                  | <b>00</b> |
|                                    | <b>6</b> Gross amount received from sale of assets (See instructions) <b>SEE STATEMENT 1</b>                                   | <b>6</b>  |                  | <b>00</b> |
|                                    | <b>7</b> Other income. Attach schedule <b>SEE STATEMENT 2</b>  | <b>7</b>  | <b>95,828</b>    | <b>00</b> |
|                                    | <b>8</b> Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | <b>8</b>  | <b>493,006</b>   | <b>00</b> |
|                                    | <b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule   | <b>9</b>  |                  | <b>00</b> |
|                                    | <b>10</b> Disbursements to or for members  | <b>10</b> |                  | <b>00</b> |
|                                    | <b>11</b> Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>                            | <b>11</b> |                  | <b>00</b> |
|                                    | <b>12</b> Other salaries and wages   | <b>12</b> | <b>468,420</b>   | <b>00</b> |
|                                    | <b>13</b> Interest   | <b>13</b> | <b>4,137</b>     | <b>00</b> |
|                                    | <b>14</b> Taxes  | <b>14</b> | <b>5,135</b>     | <b>00</b> |
|                                    | <b>15</b> Rents  | <b>15</b> | <b>71,040</b>    | <b>00</b> |
|                                    | <b>16</b> Depreciation and depletion (See instructions)  | <b>16</b> | <b>3,842</b>     | <b>00</b> |
|                                    | <b>17</b> Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 4</b>   | <b>17</b> | <b>1,620,090</b> | <b>00</b> |
|                                    | <b>18</b> Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9               | <b>18</b> | <b>2,172,664</b> | <b>00</b> |

| <b>Schedule L Balance Sheet</b>                                 |  | <b>Beginning of taxable year</b> |                | <b>End of taxable year</b> |                  |
|---|--|----------------------------------|----------------|----------------------------|------------------|
| <b>Assets</b>   |  | <b>(a)</b>                       | <b>(b)</b>     | <b>(c)</b>                 | <b>(d)</b>       |
| <b>1</b> Cash   |  |                                  | <b>165,858</b> |                            | <b>315,468</b>   |
| <b>2</b> Net accounts receivable                                |  |                                  | <b>512,721</b> |                            | <b>590,097</b>   |
| <b>3</b> Net notes receivable                                   |  |                                  |                |                            |                  |
| <b>4</b> Inventories  |  |                                  |                |                            |                  |
| <b>5</b> Federal and state government obligations <b>STMT 5</b> |  |                                  | <b>26,028</b>  |                            | <b>23,752</b>    |
| <b>6</b> Investments in other bonds                             |  |                                  |                |                            |                  |
| <b>7</b> Investments in stock <b>STMT 6</b>                     |  |                                  | <b>44,274</b>  |                            | <b>19,855</b>    |
| <b>8</b> Mortgage loans   |  |                                  |                |                            |                  |
| <b>9</b> Other investments. Attach schedule <b>STMT 7</b>       |  |                                  | <b>14,224</b>  |                            | <b>69,281</b>    |
| <b>10 a</b> Depreciable assets                                  |  | <b>169,383</b>                   |                | <b>186,498</b>             |                  |
| <b>b</b> Less accumulated depreciation                          |  | <b>77,390</b>                    | <b>91,993</b>  | <b>77,452</b>              | <b>109,046</b>   |
| <b>11</b> Land  |  |                                  |                |                            |                  |
| <b>12</b> Other assets. Attach schedule <b>STMT 8</b>           |  |                                  | <b>14,330</b>  |                            | <b>30,466</b>    |
| <b>13 Total assets</b>  |  |                                  | <b>869,428</b> |                            | <b>1,157,965</b> |
| <b>Liabilities and net worth</b>                                |  |                                  |                |                            |                  |
| <b>14</b> Accounts payable                                      |  |                                  | <b>124,520</b> |                            | <b>187,260</b>   |
| <b>15</b> Contributions, gifts, or grants payable               |  |                                  |                |                            |                  |
| <b>16</b> Bonds and notes payable                               |  |                                  |                |                            |                  |
| <b>17</b> Mortgages payable                                     |  |                                  |                |                            |                  |
| <b>18</b> Other liabilities. Attach schedule <b>STMT 9</b>      |  |                                  | <b>339,704</b> |                            | <b>201,603</b>   |
| <b>19</b> Capital stock or principal fund                       |  |                                  |                |                            |                  |
| <b>20</b> Paid-in or capital surplus. Attach reconciliation     |  |                                  |                |                            |                  |
| <b>21</b> Retained earnings or income fund                      |  |                                  | <b>405,204</b> |                            | <b>769,102</b>   |
| <b>22 Total liabilities and net worth</b>                       |  |                                  | <b>869,428</b> |                            | <b>1,157,965</b> |

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

|  |                |   |                |
|--|----------------|---|----------------|
| <b>1</b> Net income per books  | <b>367,795</b> | <b>7</b> Income recorded on books this year not included in this return. Attach schedule      |                |
| <b>2</b> Federal income tax  |                | <b>8</b> Deductions in this return not charged against book income this year. Attach schedule |                |
| <b>3</b> Excess of capital losses over capital gains                                       |                | <b>9</b> Total. Add line 7 and line 8   |                |
| <b>4</b> Income not recorded on books this year. Attach schedule                           |                | <b>10</b> Net income per return. Subtract line 9 from line 6                                  | <b>367,795</b> |
| <b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule |                |   |                |
| <b>6</b> Total. Add line 1 through line 5  | <b>367,795</b> |   |                |

95-1550614

**California Statements**

FYE: 6/30/2022

**Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets**

| <u>Description</u>     |                | <u>Date</u>     | <u>Date</u> | <u>Gross</u>    | <u>Cost &amp;</u> |             | <u>Net</u>   |
|------------------------|----------------|-----------------|-------------|-----------------|-------------------|-------------|--------------|
| <u>How</u>             | <u>Whom</u>    | <u>Acquired</u> | <u>Sold</u> | <u>Proceeds</u> | <u>Expense</u>    | <u>Depr</u> | <u>Basis</u> |
| <u>Received</u>        | <u>Sold To</u> |                 |             |                 |                   |             |              |
| COMPUTER               | PURCHASE       | 8/01/13         | 8/15/21     | \$              | \$ 520            | \$ 520      | \$           |
| DELL DESKTOP - MICHELL | PURCHASE       | 12/09/14        | 6/15/22     |                 | 1,412             | 1,412       |              |
| DELL DESKTOP - JIM     | PURCHASE       | 12/19/14        | 8/15/21     |                 | 1,295             | 1,295       |              |
| COMPUTER - AMELIA      | PURCHASE       | 7/06/17         | 6/30/22     |                 | 719               | 636         | 83           |
| TOTAL                  |                |                 |             | \$ 0            | \$ 3,946          | \$ 3,863    | \$ 83        |

**California Statements**

**Statement 2 - Form 199, Part II, Line 7 - Other Income**

| Description           | Amount           |
|-----------------------|------------------|
| UNREALIZED GAIN(LOSS) | \$ -4,063        |
| PPP LOAN FORGIVENESS  | 99,306           |
| OTHER REVENUE         | 585              |
| TOTAL                 | \$ <u>95,828</u> |

**California Statements****Statement 3 - Form 199, Part II, Line 11 - Officer Compensation**

| Name              |        | Address    |       |                 | Title | Avg<br>Hrs | Compensation<br>Amount |
|-------------------|--------|------------|-------|-----------------|-------|------------|------------------------|
|                   | City   | State      | Zip   |                 |       |            |                        |
| TIM KIELPINSKI    |        |            |       | CHAIR           |       | 0.50       |                        |
| BRYCE NOLL        |        |            |       | CHAIR ELECT     |       | 0.50       |                        |
| DAVE STEVENSON    |        |            |       | MARKETING CHAIR |       | 0.50       |                        |
| BEN VILLALOBOS    |        |            |       | CFO             |       | 0.50       |                        |
| JIM LUTTJOHANN    |        | PO BOX 217 |       |                 |       |            |                        |
|                   | AVALON | CA         | 90704 | CEO             |       | 40.00      |                        |
| NICOLE HOHENSTEIN |        |            |       | PAST CHAIR      |       | 0.50       |                        |
| THOMAS SALINAS    |        |            |       | DIRECTOR        |       | 0.10       |                        |
| GAIL FORNASIERE   |        |            |       | DIRECTOR        |       | 0.25       |                        |
| LEVENT ALKIBAY    |        |            |       | DIRECTOR        |       | 0.25       |                        |
| MICHAEL PONCE     |        |            |       | DIRECTOR        |       | 0.25       |                        |
| STEVE HOEFS       |        |            |       | DIRECTOR        |       | 0.25       |                        |
| JASON PARET       |        |            |       | DIRECTOR        |       | 0.25       |                        |
| DAVID MAISTROS    |        |            |       | DIRECTOR        |       | 0.10       |                        |
| AMANDA BOMBARD    |        |            |       | DIRECTOR        |       | 0.25       |                        |
| BART GLASS        |        |            |       | DIRECTOR        |       | 0.25       |                        |
| DANIEL TENG       |        |            |       | DIRECTOR        |       | 0.10       |                        |
| TIM FOLEY         |        |            |       | DIRECTOR        |       | 0.25       |                        |

**California Statements****Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)**

| Name               |       | Address |  | Title    | Avg<br>Hrs | Compensation<br>Amount |
|--------------------|-------|---------|--|----------|------------|------------------------|
| City               | State | Zip     |  |          |            |                        |
| ROBERTO PERICO     |       |         |  | DIRECTOR | 0.25       |                        |
| DENISE RADDE       |       |         |  | DIRECTOR | 0.15       |                        |
| MESA BRADLEY       |       |         |  | DIRECTOR | 0.25       |                        |
| JANET FLATHERS     |       |         |  | DIRECTOR | 0.10       |                        |
| SHARON GORELCZENKO |       |         |  | DIRECTOR | 0.25       |                        |
| TOTAL              |       |         |  |          |            | <u>0</u>               |

**California Statements**

**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

| Description             | Amount  |
|-------------------------|---------|
|                         | \$      |
| INFORMATION BOOKLETS    |         |
| EMPLOYEE BENEFITS       | 1,789   |
| POSTAGE & FREIGHT       | 8,688   |
| PRINTING & REPRODUCTION | 147,931 |
| ALLOCATED TO READERSHIP | -69,662 |
| TRAVEL                  | 80      |
| TELEPHONE               | 1,317   |
| ADVERTISING             | 7,000   |
| MARKETING               | 1,155   |
| STORAGE                 | 7,981   |
| UTILITIES               |         |
| ENTERTAINMENT           | 34      |
| ALLOCATED FROM DIRECT   | 69,662  |
| INTERNET ADVERTISING    |         |
| EMPLOYEE BENEFITS       | 408     |
| WEBSITE DESIGN          | 3,806   |
| WEBSITE HOSTING         | 2,079   |
| WEBSITE MAINTENANCE     | 6,609   |
| EMPLOYEE BENEFITS       | 13,777  |
| EMPLOYEE BENEFITS       | 1,519   |
| HEALTH INSURANCE        | 32,721  |
| HEALTH INSURANCE        | 6,504   |
| REPORTED ON 990-T       | -408    |
| REPORTED ON 990-T       | -1,789  |
| PAYROLL TAXES           | 32,053  |
| PAYROLL TAXES           | 5,409   |
| REPORTED ON 990-T       | -951    |
| REPORTED ON 990-T       | -4,184  |
| ACCOUNTING SERVICES     | 15,912  |
| CONSULTING              | 217,096 |
| OTHER PROFESSIONAL FEES | 16,035  |
| PRINTING & REPRODUCTION | 17,255  |
| PRINTING & REPRODUCTION | 2,626   |
| POSTAGE & FREIGHT       | 4,387   |
| POSTAGE & FREIGHT       | 320     |
| POSTAGE & FREIGHT       | 2,663   |
| LODGING                 | 4,498   |
| LODGING                 | 2,130   |
| PARKING                 | 233     |
| PARKING                 | 38      |
| TRANSPORTATION          | 5,704   |
| TRANSPORTATION          | 141     |
| TRANSPORTATION          | 2,363   |
| MEETINGS & EVENTS       | 8,643   |
| MEETINGS & EVENTS       | 4,548   |
| CONFERENCES & SEMINARS  | 6,701   |
| BANK CHARGES            | 1,064   |
| CREDIT CARD PROCESSING  | 9,612   |
| DUES & SUBSCRIPTIONS    | 19,917  |
| DUES & SUBSCRIPTIONS    | 300     |
| EVENT SUPPLIES          | 183     |
| EVENT SUPPLIES          | 2,137   |



**California Statements**

**Statement 4 - Form 199, Part II, Line 17 - Other Expenses (continued)**

| Description                  | Amount       |
|------------------------------|--------------|
| GOVERNMENT RELATIONS         | \$           |
| LICENSES & PERMITS           | 163          |
| MEALS & ENTERTAINMENT        | 3,718        |
| MEALS & ENTERTAINMENT        | 125          |
| MISCELLANEOUS                | 336          |
| SPECIAL EVENTS               | 267          |
| SPECIAL EVENTS               | 152,135      |
| REPORTED ON 990-T            |              |
| REPORTED ON 990-T            |              |
| PRINT ADVERTISING            | 69,249       |
| PRINT ADVERTISING            | 875          |
| BROADCAST ADVERTISING        | 83,000       |
| INTERNET ADVERTISING         | 512,645      |
| MARKETING                    | 34,881       |
| MARKETING                    | 3,184        |
| OTHER ADVERTISING            | 2,250        |
| OFFICE SUPPLIES              | 4,718        |
| OFFICE SUPPLIES              | 1,452        |
| OFFICE SUPPLIES              | 132          |
| EQUIPMENT MAINTENANCE        | 2,814        |
| EQUIPMENT RENTALS            | 6,469        |
| TELEPHONE                    | 6,255        |
| TELEPHONE                    | 1,317        |
| WEBSITE DESIGN & DEVELOPMENT | 25,373       |
| WEBSITE HOSTING              | 13,860       |
| WEBSITE MAINTENANCE          | 44,062       |
| WEBSITE DESIGN & DEVELOPMENT | 13,373       |
| WEBSITE HOSTING              | 13,860       |
| WEBSITE MAINTENANCE          | 863          |
| REPORTED ON 990-T            | -12,494      |
| WORKERS COMP INSURANCE       | 2,472        |
| GENERAL LIABILITY            | 4,741        |
| WEBSITE MAINTENANCE          | 9,961        |
| TOTAL                        | \$ 1,620,090 |

**Statement 5 - Form 199, Schedule L, Line 5 - Federal and State Government**

| Description | Beginning<br>of Year | End of<br>Year |
|-------------|----------------------|----------------|
| BOND FUNDS  | \$ 26,028            | \$ 23,752      |
| TOTAL       | \$ 26,028            | \$ 23,752      |

## California Statements

### **Statement 6 - Form 199, Schedule L, Line 7 - Investments in Stock**

| Description           | Beginning<br>of Year | End of<br>Year |
|-----------------------|----------------------|----------------|
| EXCHANGE TRADED FUNDS | \$ 44,274            | \$ 19,855      |
| TOTAL                 | \$ 44,274            | \$ 19,855      |

### **Statement 7 - Form 199, Schedule L, Line 9 - Other Investments**

| Description            | Beginning<br>of Year | End of<br>Year |
|------------------------|----------------------|----------------|
| DEMAND DEPOSIT ACCOUNT | \$ 14,224            | \$ 69,281      |
| TOTAL                  | \$ 14,224            | \$ 69,281      |

### **Statement 8 - Form 199, Schedule L, Line 12 - Other Assets**

| Description      | Beginning<br>of Year | End of<br>Year |
|------------------|----------------------|----------------|
| PREPAID EXPENSES | \$ 14,330            | \$ 30,466      |
| TOTAL            | \$ 14,330            | \$ 30,466      |

### **Statement 9 - Form 199, Schedule L, Line 18 - Other Liabilities**

| Description                       | Beginning<br>of Year | End of<br>Year |
|-----------------------------------|----------------------|----------------|
| ACCRUED WAGES                     | \$ 62,307            | \$ 51,603      |
| SBA PPP LOAN                      | 99,306               |                |
| DEFERRED REVENUE                  | 28,091               |                |
| UNSECURED NOTES AND LOANS PAYABLE | 150,000              | 150,000        |
| TOTAL                             | \$ 339,704           | \$ 201,603     |