

California Exempt Organization Annual Information Return

2020

FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020

and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name

Education Foundation at Black Mountain Middle School

California corporation number

CT0203659

Additional information. See instructions.

FEIN

061703158

Street address (suite or room)

9353 Oviedo Street

PMB no.

City

San Diego

State

CA

Zip code

92129-2918

Foreign country name

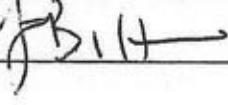
Foreign province/state/county

Foreign postal code

- | | | | | | |
|--|----------------------------------|--|--|--------------------------------------|--|
| A First return | <input type="checkbox"/> Yes | <input type="checkbox"/> No | I Did the organization have any changes to its guidelines not reported to the FTB? See instructions..... | <input checked="" type="radio"/> Yes | <input type="checkbox"/> No |
| B Amended return..... | <input checked="" type="radio"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| C IRC Section 4947(a)(1) trust..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| D Final information return? | | | K Is the organization exempt under R&TC Section 23701g?.. | <input checked="" type="radio"/> | <input type="checkbox"/> Yes |
| <input checked="" type="radio"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized | | | If "Yes," enter the gross receipts from nonmember sources.. \$ _____ | | |
| Enter date: (mm/dd/yyyy) <input type="radio"/> _____ / <input type="radio"/> _____ / <input type="radio"/> _____ | | | L Is the organization a limited liability company?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other | | | M Did the organization file Form 100 or Form 109 to report taxable income?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input checked="" type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series | | | N 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 |
| G Is this a group filing? See instructions..... | <input checked="" type="radio"/> | <input type="checkbox"/> Yes | O Is federal Form 1023/1024 pending?..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| H Is this organization in a group exemption | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Date filed with IRS _____ | | |
| If "Yes," what is the parent's name? | | | | | |

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.....	<input checked="" type="radio"/> 1	2 00
	2 Gross dues and assessments from members and affiliates	<input checked="" type="radio"/> 2	00
	3 Gross contributions, gifts, grants, and similar amounts received.....	<input checked="" type="radio"/> 3	143,618 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.....	<input checked="" type="radio"/> 4	143,620 00
	5 Cost of goods sold	<input checked="" type="radio"/> 5	00
	6 Cost or other basis, and sales expenses of assets sold	<input checked="" type="radio"/> 6	00
	7 Total costs. Add line 5 and line 6.....	<input checked="" type="radio"/> 7	00
	8 Total gross income. Subtract line 7 from line 4.....	<input checked="" type="radio"/> 8	143,620 00
	9 Total expenses and disbursements. From Side 2, Part II, line 18	<input checked="" type="radio"/> 9	37,605 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.....	<input checked="" type="radio"/> 10	106,015 00
Expenses	11 Total payments	<input checked="" type="radio"/> 11	00
	12 Use tax. See General Information K	<input checked="" type="radio"/> 12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<input checked="" type="radio"/> 13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<input checked="" type="radio"/> 14	00
	15 Penalties and Interest. See General Information J	<input checked="" type="radio"/> 15	00
Filing Fee	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<input checked="" type="radio"/> 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 ► 	Title Treasurer	Date 11/17/21 Telephone (619) 709-8774
Paid Preparer's Use Only	Preparer's signature ►	Date	<input checked="" type="checkbox"/> PTIN
	Firm's name (or yours, if self-employed) and address ►		<input checked="" type="checkbox"/> Firm's FEIN
			<input checked="" type="checkbox"/> Telephone
May the FTB discuss this return with the preparer shown above? See instructions			
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	● 1	00
	2 Interest	● 2	00
	3 Dividends	● 3	00
	4 Gross rents	● 4	00
	5 Gross royalties	● 5	00
	6 Gross amount received from sale of assets (See instructions)	● 6	00
	7 Other income. Attach schedule	● 7	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	● 8	2 00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9	33,796 00
	10 Disbursements to or for members	● 10	00
	11 Compensation of officers, directors, and trustees. Attach schedule	● 11	00
	12 Other salaries and wages	● 12	00
	13 Interest	● 13	00
	14 Taxes	● 14	50 00
	15 Rents	● 15	00
	16 Depreciation and depletion (See instructions)	● 16	00
	17 Other expenses and disbursements. Attach schedule	● 17	3,759 00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	● 18	37,605 00

Schedule L Balance Sheet

		Beginning of taxable year	End of taxable year
	(a)	(b)	(c)
Assets			
1 Cash		48,040	● 154,055
2 Net accounts receivable			
3 Net notes receivable			
4 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		48,040	154,055
Liabilities and net worth			
14 Accounts payable			
15 Contributions, gifts, or grants payable			●
16 Bonds and notes payable			●
17 Mortgages payable			●
18 Other liabilities. Attach schedule			●
19 Capital stock or principal fund			●
20 Paid-in or capital surplus. Attach reconciliation			●
21 Retained earnings or income fund		48,040	●
22 Total liabilities and net worth		48,040	154,055
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

1 Net income per books	● 106,015	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return. Subtract line 9 from line 6	106,015
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		
6 Total. Add line 1 through line 5	106,015		