

TAXABLE YEAR

2020

California Exempt Organization  
Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name  
PIEDRAS BLANCAS LIGHT STATION  
ASSOCIATION, INC

California corporation number

2655227

Additional information. See instructions.

FEIN

90-0181171

Street address (suite or room)

P.O. BOX 127

PMB no.

City

SAN SIMEON

State

CA

Zip code

93452

Foreign country name

Foreign province/state/county

Foreign postal code

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☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized  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

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ... ☐ Yes ☒ No  
 If "Yes," enter the gross receipts from nonmember sources. \$ \_\_\_\_\_
- L** Is the organization a limited liability company? ☐ Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- O** Is federal Form 1023/1024 pending? ☐ Yes ☐ 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	33,323.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	10,867.
	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	44,190.
Expenses	5	Cost of goods sold.	5	6,611.
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	6,611.
	8	Total gross income. Subtract line 7 from line 4.	8	37,579.
	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	50,236.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-12,657.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Penalties and Interest. See General Information J.	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.	16	0.

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	Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	Telephone	
		PTIN	
		Firm's FEIN	
May the FTB discuss this return with the preparer shown above? See instructions.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No