

California Exempt Organization Annual Information Return

Disaster

2020

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 2020-01-01, and ending (mm/dd/yyyy) 2020-12-31.

Corporation/Organization name **INFO** California corporation number **3988420**

Information Trust Exchange Governing Association

Additional information. See instructions. FEIN **815393558**

Street address (suite or room) **PO Box 367** PMB no.

City **Williamstown** State **MA** Zip code **01267**

Foreign country name Foreign province/state/county Foreign postal code

- A** First return. Yes No
- B** Amended return. *Superseded Return* Yes No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 - Dissolved Surrendered (Withdrawn) Merged/Reorganized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) 990PF (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	65,958	00
	2 Gross dues and assessments from members and affiliates. ●	2		00
	3 Gross contributions, gifts, grants, and similar amounts received. ●	3	57,000	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	122,958	00
	5 Cost of goods sold. ●	5		00
	6 Cost or other basis, and sales expenses of assets sold. ●	6		00
	7 Total costs. Add line 5 and line 6. ●	7		00
	8 Total gross income. Subtract line 7 from line 4. ●	8	122,958	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18. ●	9	96,440	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ●	10	26,518	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 **William Densmore** Title **Secretary** Date **2021-03-30** Telephone **(617) 448-6600**

Preparer's signature **Billie Jo Sawyer** Date **2021-04-14** Check if self-employed PTIN **P01071637**

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address **Sawyer LLC**
1310 MASS MoCA Way
North Adams MA 01247 Firm's FEIN **271294850** Telephone **(413) 664-6777**

May the FTB discuss this return with the preparer shown above? See instructions. ● Yes 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	65,889	00
	2	Interest	●	2	49	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	20	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	65,958	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00
	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	26,914	00
	12	Other salaries and wages	●	12		00
	13	Interest	●	13		00
	14	Taxes	●	14		00
	15	Rents	●	15		00
	16	Depreciation and depletion (See instructions)	●	16		00
	17	Other expenses and disbursements. Attach schedule	●	17	69,526	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	96,440	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		7,912	●	34,430
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		7,912		34,430
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		7,912	●	34,430
22	Total liabilities and net worth		7,912		34,430

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

Itemized Other Income (Loss) Schedule

Line Number	Description	Amount
1	Other Income	20

