DLN: 21-58971467

FL DT: 11/12/2021

TAXABLE YEAR 2020

California Exempt Organization Annual Information Return

☐ Disaster

FORM 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 LAHA
LAHABRA POLICE MEMORIAL FOUNDATION INC

California corporation number 4047402

Additional information. See instructions.

FEIN 822310084

Street address (suite or room) PO BOX 206

PMB no.

City LA HABRA

State CA

Zip code 90633

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 ☐ Superseded Return ● ☐ Yes ☑ No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● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized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	38 00
	2 Gross dues and assessments from members and affiliates			2	00
	3 Gross contributions, gifts, grants, and similar amounts received			3	29,515 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	29,553 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	29,553 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			9	13,854 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	15,699 00
Filing Fee	11 Total payments			11	00
	12 Use tax. See General Information K			12	0 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	0 00
	16 **Balance due.** Add line 12 and line 15. Then subtract line 11 from the result			16	0 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 ▶ CRAIG HENTCY | Title PRESIDENT | Date | ● Telephone (562) 448-5472

Paid Preparer's Use Only

Preparer's signature ▶ JANNON DANSKIN | Date 2021-11-12 | Check if self-employed ▶ ☑ | ● PTIN 563086377

Firm's name (or yours, if self-employed) and address ▶ Jannon Danskin EA, 24395 Village Walk Pl Apt 108, Murrieta CA 92562 | ● Firm's FEIN 330701456 | ● Telephone (714) 905-4551

May the FTB discuss this return with the preparer shown above? See instructions . . . ● ☑ Yes ☐ No

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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	38	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	38	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	11,218	00
Expenses and Disbursements	10 Disbursements to or for members	10		00
	11 Compensation of officers, directors, and trustees. Attach schedule	11	0	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	2,636	00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	13,854	00

Schedule L Balance Sheet

Assets	**Beginning of taxable year (a)**	**(b)**	**End of taxable year (c)**	**(d)**
1 Cash		31,716		47,415
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**		31,716		47,415
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		31,716		47,415
21 Retained earnings or income fund				
22 **Total liabilities and net worth**		31,716		47,415

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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 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	
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5			

CA-CompensationSchedule

Section/Area	Field	Value
CA-CompensationSchedule	documentId	CA-CompensationSchedule-01
Individual	Name	CRAIG HENTCY
Individual	Name	JUSTIN BENDER
Individual	Name	CHRISTINA NUNEZ
Individual	Name	SCOTT IRWIN

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CA-ContributionsGivenSchedule

Section/Area	Field	Value
CA-ContributionsGivenSch	documentId	CA-ContributionsGivenSchedu-01
Contribution	ContributedPropertyDescription	Overflow A-ID#001
Contribution	ContributedPropertyBookValue	11218

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Overflow A

ID	Value
001	GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS

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CA-OtherExpenseDisbursementSch

Section/Area	Field	Value
CA-OtherExpenseDisburse	documentId	CA-OtherExpenseDisbursement-01
OtherExpenseDisbursemen	Description	EXPENSES FROM FUNDRAISING EVENTS
OtherExpenseDisbursemen	Amount	0
OtherExpenseDisbursemen	Description	ACCOUNTING
OtherExpenseDisbursemen	Amount	500
OtherExpenseDisbursemen	Description	ADVERTISING AND PROMOTION
OtherExpenseDisbursemen	Amount	349
OtherExpenseDisbursemen	Description	OFFICE EXPENSES
OtherExpenseDisbursemen	Amount	1787

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Referenced from 'CAForm199 Page 2'. Field: 'OtherIncome'.

Itemized Other Income (Loss) Schedule

Line Number	Description	Amount
1	INCOME FROM INVESTMENT OF TAX EXEMPT BOND PROCEEDS	
2	INCOME FROM FUNDRAISING EVENTS	
3	INCOME FROM GAMING ACTIVITIES	
4	INVESTMENT INCOME	38

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Document has multiple references: Referenced from 'CAForm199 Page 2'. Field: 'PaidInOrCapitalSu

Paid In Or Cap Surplus Recncl Stmt

Line Number	Description	Beginning Amount	Ending Amount
1	UNRESTRICTED NET ASSETS	31,716	47,415

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