TAXABLE YEAR

California Exempt Organization Annual Information Return

199

| 202 | 2 Annual Information Ref | turn | | | | | 199 |) | |
|------------------------|---|-------------------------|---|------------------|---------------|------------------|----------------|--------------------|--|
| | ar 2022 or fiscal year beginning (mm/dd/yyyy) | | , and ending | | | | | | |
| Corporation | Organization name INNER CITY YOUTH ORCHE | STRA OF LOS | ANGELES | California o | corporation | on number | | | |
| | | | | 336183 | 38 | | | | |
| Additional in | formation. See instructions. | | | FEIN | | _ | | | |
| Ot | (| | | 45-36 | | | | | |
| | ss (suite or room) | | | | | PMB no. | | | |
| 6820 S City | OUTH LA TIJERA BLVD | | | St | ate Zi | p code | | | |
| • | OPI PC | | | | | 0045 | | | |
| LOS AN Foreign cour | | gn province/state/coun | tv | | - | oreign postal co | de | | |
| | , | g., p | -, | | | д р | | | |
| | | - I | | | | | | | |
| | ırn | | ne organization have ported to the FTB? | e any changes | s to its g | juidelines | Vac | XIN | |
| | d return●□Y | 103 - 10 | mpt under R&TC S | Section 23701 | d hae th | ne organization | 1 163 | ١٧١ | |
| | ion 4947(a)(1) trust | Yes No engag | ged in political activ | ities? See ins | truction | S | ● ☐ Yes | \mathbf{x}_{N} | |
| | ormation return? ssolved | anized K Is the | organization exem s," enter the gross | npt under R&T | C Section | on 23701g? | • \sum Yes | XNO | |
| | te: (mm/dd/yyyy) •// | " " | organization a lim | • | | | | X | |
| | counting method: (1) 🗷 Cash (2) 🗌 Accrual (3) 🗌 (| | organization a iiii ne organization file | | | | TIES | ۱۷۱ تک | |
| F Federal r | eturn filed? (1) ● □ 990T (2) ● □ 990PF (3) ● □ S | Sch H (990) taxab | le income? | | -01111 10 | 9 to report | ● □ Yes | \mathbf{X}_{N_0} | |
| (4) × 0t | her 990 series | N Is the | organization unde | r audit by the | IRS or h | nas the IRS | _ | _ | |
| G Is this a | group filing? See instructions $lacktriangle$ | | ed in a prior year?. | | | | | | |
| H Is this or | ganization in a group exemption \ldots | Yes 💌 No 🔼 Is fed | eral Form 1023/10 | 24 pending?. | | | ∟Yes | ×No | |
| If "Yes," | what is the parent's name? | Date | filed with IRS | | _ | | | | |
| | | | | | | | | | |
| Part I C | omplete Part I unless not required to file this form. See (| General Information | B and C. | | | | | | |
| | 1 Gross sales or receipts from other sources. From Side | e 2, Part II, line 8 | | | ● | 1 | | 00 | |
| | 2 Gross dues and assessments from members and affili | | | | | 2 | | 00 | |
| | 3 Gross contributions, gifts, grants, and similar amounts | | | | ● | 3 1, | ,421,2 | 31 00 | |
| Receipts and | 4 Total gross receipts for filing requirement test. Add lin This line must be completed. If the result is less than | | ral Information B | | | 4 1. | , 421 , 2 | 21 00 | |
| Revenues | 5 Cost of goods sold | | | | 00 | 4 1, | , 4 | 31100 | |
| | 6 Cost or other basis, and sales expenses of assets sold | 1 | 6 | | 00 | | | | |
| | 7 Total costs. Add line 5 and line 6 | | | | | 7 | | 00 | |
| | 8 Total gross income. Subtract line 7 from line 4 | | | | | 8 1, | ,421,2 | | |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part | • | | | | 9 | 966,7 | | |
| | 10 Excess of receipts over expenses and disbursements. | Subtract line 9 from | line 8 | | | 10 | 454,5 | | |
| | 11 Total payments | | | | - [| 11 | | 00 | |
| | 12 Use tax. See General Information K | | | | • | 12 13 | | 0 00 | |
| market and market | 13 Payments balance. If line 11 is more than line 12, subt 14 Use tax balance. If line 12 is more than line 11, subtra | | | | | 14 | | 00 | |
| • | | | | | | 15 | | 00 | |
| | 16 Balance due. Add line 12 and line 15. Then subtract li | ine 11 from the resu | lt | | 💿 | 16 | | 0 00 | |
| | Under penalties of perjury, I declare that I have examined this retu true, correct, and complete. Declaration of preparer (other than tax | urn, including accompar | nying schedules and s | tatements, and t | o the bes | t of my knowledo | ge and belie | f, it is | |
| Sign | true, correct, and complete. Declaration of preparer (other than tax | Title | | ate | | elephone | | | |
| Here | Signature of officer | DIRECTOR | | | (213)788-4260 | | | | |
| | of officer P | Da | te C | neck if self- | | PTIN | 4200 | | |
| | Preparer's signature | | I . | nployed ▶ 🔀 | | 01376971 | | | |
| Paid | F: 1 | I | | | | Firm's FEIN | | | |
| Preparer's Use Only | | Firm's name (or yours, | | | | | 33-0394119 | | |
| USE OIIIY | and address 27380 EASTVALE RD | | | | | • Telephone | | | |
| | PALOS VERDES PENINSULA CA 90274 | | | | | (310)541-0443 | | | |
| | 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.

| | ieya | ardless of amount of gross receipts — comp | JIELE FAIL II UI IUIIIISII SUI | ostitute illiorillation. | | | | |
|------------------|-------|---|--------------------------------|--|-----------------|--------------|----------|---------|
| | 1 | Gross sales or receipts from all business ac | | | | | | 00 |
| | 1 | Interest | | | | | | 00 |
| Receipts | 1 | Dividends | | | | | | 00 |
| from | | Gross rents | | | | | | 00 |
| Other Sources | 1 | Gross royalties | | | | | | 00 |
| 0041000 | | Gross amount received from sale of assets | | | | | | 00 |
| | | Other income. Attach schedule | | | | . – | | 00 |
| | | Total gross sales or receipts from other source Contributions, gifts, grants, and similar amounts. | | | | 9 | 10,000 | _ |
| | | Disbursements to or for members | | | | . • | | 00 |
| | | Compensation of officers, directors, and tru | | | | | 191,680 | |
| | | Other salaries and wages | | | | | 154,308 | \neg |
| Expenses | | Interest | | | | | - , | 00 |
| and | 1 | Taxes | | | | | 30,250 | 00 |
| Disburse- | | Rents | | | | | 33,784 | \neg |
| ments | | Depreciation and depletion (See instructions | | | | | | 00 |
| | | Other expenses and disbursements. Attach | | | | | 546,693 | 00 |
| | 18 | Total expenses and disbursements. Add line | 9 through line 17. Enter I | nere and on Side 1, Part I, | line 9 | 18 | 966,715 | 00 |
| Schedul | e L | Balance Sheet | Beginning of | taxable year | | End of taxal | ole year | |
| Assets | | | (a) | (b) | (c) | | (d) | |
| 1 Cash. | | | | 7,790 | | | 316,4 | 109 |
| 2 Net ac | cour | nts receivable | | | | • |) | |
| | | receivable | | 37,837 | | • | 107,4 | 172 |
| | | S | | | | • |) | |
| 5 Federa | al an | d state government obligations | | | | • |) | |
| | | ts in other bonds | | | | • |) | |
| | | ts in stock | | | | |) | |
| | | loans | | | | |) | |
| - | - | stments. Attach schedule | | | | |) | |
| | | able assets | 14,221 | | 2 | 21,360 | | |
| | | cumulated depreciation | 0 | 14,221 | | | 21,3 | 360 |
| | | | | | | • | | |
| | | ts. Attach schedule | | | | | | |
| | | ts | | 59,848 | | | 445,2 | 241 |
| Liabilities | | | | 27,722 | | | ,- | |
| | | payable | | | | • | -5 | 511 |
| | | ons, gifts, or grants payable | | | | | | |
| | | notes payable | | | | |) | |
| | | payable | | | | |) | |
| - | - | lities. Attach schedule | | | | | | |
| | | ck or principal fund | | | | • |) | |
| • | | capital surplus. Attach reconciliation | | | | |) | |
| | | arnings or income fund | | 59,848 | | | 445,7 | 752 |
| | | lities and net worth | | 59,848 | | | 445,2 | |
| Schedule | | | vith income per return | 337010 | | | 113/2 | |
| | | Do not complete this schedule if the a | mount on Schedule L, line | 13, column (d), is less th | nan \$50,000. | | | |
| 1 Net ind | com | e per books | 385,904 | 7 Income recorded on | books this vear | | | |
| | | come tax | • | not included in this re | | | | |
| | | capital losses over capital gains | • | | | | | |
| | | t recorded on books this year. | | 8 Deductions in this return not charged against book income this year. | | | | |
| | | | | _ | | | | |
| | | edule | • | Attach schedule | | | 1 | |
| | | recorded on books this year not | _ | 9 Total. Add line 7 and | | | | |
| | | n this return. Attach schedule | • | 10 Net income per return Subtract line 9 from I | | _ | | |
| | V 44 | line 1 through line 5 | 385,904 | O I | : | 1 | 385,9 | ١ ٠ ١ |

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California e-file Return Authorization for Exempt Organizations

FORM **8453-E0**

| | EVEIII | pt Organizations | • | | | 0-100-20 |
|--------------------------|---|---|---|--|---|--------------------------------|
| Exempt Orga | anization name | | | | Identifying number | |
| INNER C | CITY YOUTH ORC | HESTRA OF LOS ANGEL | iES | | 45-3622466 | |
| Part I E | Electronic Return Infori | mation (whole dollars only) | | | | |
| 1 Total gro | oss receipts (Form 199 |), line 4) | | | 1 | 1,421,231. |
| | | , line 8) | | | | 1,421,231. |
| 3 Total ex | penses and disburseme | ents (Form 199, line 9) | | | 3 | 966,715. |
| Dowl II | Cattle Vaux Asseunt El | actuanically for Tayable Veer O | 000 | | | |
| | | ectronically for Taxable Year 20 | | Arri I I I I I | | |
| 4 L Elec | ctronic funds withdrawa | al 4a Amount | 4b \ | Withdrawal date (mm | n/dd/yyyy) | |
| Part III | Banking Information | (Have you verified the exempt or | rganization's banking info | rmation?) | | |
| 5 Routing | number | | | | | |
| 6 Account | t number | | 7 Type of a | ccount: \square Checki | ing 🗌 Savings | |
| Dart IV | Declaration of Officer | | | | | |
| | | n's account to be settled as desi | anated in Part II. If I chec | k Part II. box 4. I aut | thorize an electronic fu | unds withdrawal for |
| | t listed on line 4a. | | g | , | | |
| | | e that I am an officer of the above | | | | |
| | | e service provider and the amou | | | | |
| | | tronic return. To the best of my balance due return, I understan | | | | |
| exempt orga | anization's fee liability, t | he exempt organization will rema | in liable for the fee liability | and all applicable int | terest and penalties. I a | uthorize the exempt |
| | | ying schedules and statements b | | | | |
| | or the delay. | zation's return or refund is dela | yed, I authorize the FIB | to disclose to the E | KU or intermediate si | ervice provider the |
| Sign | | | | | | |
| Here | Signature of officer | | Date Title | DIRECTOR | | |
| | | | | | | |
| | | nic Return Originator (ERO) and | · · · · · · · · · · · · · · · · · · · | | | |
| | | above exempt organization's retu rediate service provider, I unders | | | | |
| | | ccurately reflects the data on the | | | | |
| transmitting | g this return to the FTB | ; I have provided the organizatio | n officer with a copy of all | I forms and informat | tion that I will file with | the FTB, and I have |
| | | scribed in FTB Pub. 1345, 2022 | | | | |
| | | ırn or four years from the date th Iso the paid preparer, under pen | | | | |
| and accom | panying schedules and | statements, and to the best of | | | | |
| based on al | II information of which | I have knowledge. | | | | |
| | | | Date | Check if Chec | ck ERO's PTIN | |
| ER0 | ERO's | | Date | also paid if self | f- 🔽 | 71 |
| Must | signature | | | preparer L empl | Firm's FEIN | / 1 |
| Sign | Firm's name (or yours if self-employed) | COLEMAN FINANCIAL | CONSULTING | | 33-0394119 ZIP code | |
| | and address | 27380 EASTVALE RI | • | | CA 90274 | |
| Under pena my knowled | alties of perjury, I declar dge and belief, they are | re that I have examined the above true, correct, and complete. I m | e organization's return and nake this declaration base | d accompanying sch d on all information (| edules and statements of which I have knowle | s, and to the best of edge. |
| Paid | Paid | | Date | Check | Paid preparer's PTI | N |
| Preparer | preparer's signature | | | if solf- | × P01376971 | |
| Must | Firm's name (or yours | THOMAC GOI THANK | | Firm | n's FEIN | |
| Sign | if self-employed) and address | THOMAS COLEMAN | | Į. | ZIP code | |
| | | 27380 EASTVALE RD | PALOS VERDES PR | ENINSULA, CA | 90274 | |

Additional Information From 2022 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information Part II, Line 9 - Contributions

Continuation Statement

| Description | Amount |
|---|--------|
| GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGS. AND GOVERNMENTS | 0 |
| GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS | 10,000 |
| GRANTS AND OTHER ASSISTANCE TO FOREIGN ORGS., GOVERNMENTS AND INDIVIDUALS | 0 |
| Total | 10,000 |

Form 199: CA Exempt Organization Annual Information Part II, Line 11 - Compensation

Continuation Statement

| Description | Amount |
|------------------------|---------|
| J STANLEY SANDERS, ESQ | 0 |
| CHARLES DICKERSON | 86,667 |
| SANDRA WHEELER | 0 |
| SANDRA G BENNETT | 0 |
| HANSONIA CALDWALL | 0 |
| ANNE-MARIE JOHNSON | 0 |
| JAMES MONTGOMARY | 0 |
| AKILAH MORGAN | 75,013 |
| JAZIN MORALES | 0 |
| WILMA PINDER | 0 |
| MARCUS SMITH | 0 |
| JONATHAN WEEDMAN | 30,000 |
| EARL WOOTEN | 0 |
| Total | 191,680 |

Form 199: CA Exempt Organization Annual Information Part II, Line 17 - Expenses

Continuation Statement

| Description | Amount |
|----------------------------|---------|
| PENSION PLAN CONTRIBUTIONS | 0 |
| OTHER EMPLOYEE BENEFITS | 7,314 |
| ADVERTISING AND PROMOTION | 16,354 |
| OFFICE EXPENSES | 18,872 |
| INFORMATION TECHNOLOGY | 4,796 |
| TRAVEL | 46,316 |
| CONFERENCES AND MEETINGS | 3,208 |
| INSURANCE | 5,603 |
| ORCHESTRA | 212,267 |
| FELLOWSHIP SUPPORT | 96,785 |
| CONCERT EXPENSES | 74,528 |

Form 199: CA Exempt Organization Annual Information Part II, Line 17 - Expenses

Continuation Statement

| Description | Amount |
|-----------------------------------|---------|
| PROFESSIONAL FUNDRAISING SERVICES | 60,650 |
| Total | 546,693 |