

TAXABLE YEAR
2023

California Exempt Organization Annual Information Return



FORM
199

Calendar Year 2023 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 Dissolved Surrendered (Withdrawn) Merged/Reorganized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	110,428.
	2	Gross dues and assessments from members and affiliates.	●	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	●	3	118,556.
	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	228,984.
	5	Cost of goods sold.	●	5	39,914.
	6	Cost or other basis, and sales expenses of assets sold.	●	6	
	7	Total costs. Add line 5 and line 6.	●	7	39,914.
	8	Total gross income. Subtract line 7 from line 4.	●	8	189,070.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	●	9	64,432.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	●	10	124,638.
Payments	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 **TREASURER** Date _____ ● Telephone **805 927-3719**

Preparer's signature Date **11/13/24** Check if self-employed ● PTIN **P01205931**

Firm's name (or yours, if self-employed) and address **LYNNE F SINGER CPA INC** ● Firm's FEIN **81-0963477**
2289 MAIN ST, SUITE D ● Telephone **(805) 927-2507**
CAMBRIA, CA 93428

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

CACA1112L 01/02/24