

**FOR TAX YEAR 2021**

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION

BALL & MCGRAW PC  
351 W HATCHER RD  
Phoenix, AZ 85021  
(602)942-3435

# BALL & MCGRAW PC

351 W HATCHER RD  
Phoenix, AZ 85021  
georgia.mcgraw@ballmcgraw.com  
Phone: (602)942-3435 | Fax: (602)942-8555

January 24, 2022

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION  
23679 CALABASAS RD, STE 966  
Calabasas, CA 91302

Subject: Preparation of 2021 Tax Returns

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION:

Thank you for choosing BALL & MCGRAW PC to assist with the 2021 taxes for AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2021 federal and state income tax returns for AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2021 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (602)942-3435.

Sincerely,

GEORGIA MCGRAW  
BALL & MCGRAW PC

Accepted By:

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Officer

---

Date

# BALL & MCGRAW PC

351 W HATCHER RD  
Phoenix, AZ 85021  
georgia.mcgraw@ballmcgraw.com  
Phone: (602)942-3435 | Fax: (602)942-8555

January 24, 2022

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION  
23679 CALABASAS RD, STE 966  
Calabasas, CA 91302

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2021 California Income Tax return for AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION, prepared from the information provided. The return will be e-filed with the California taxing authority.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (602)942-3435.

Sincerely,

GEORGIA MCGRAW  
BALL & MCGRAW PC

# BALL & MCGRAW PC

351 W HATCHER RD  
Phoenix, AZ 85021  
georgia.mcgraw@ballmcgraw.com  
Phone: (602)942-3435 | Fax: (602)942-8555

January 24, 2022

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION  
23679 CALABASAS RD, STE 966  
Calabasas, CA 91302

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (602)942-3435.

Sincerely,

GEORGIA MCGRAW  
BALL & MCGRAW PC

# BALL & MCGRAW PC

351 W HATCHER RD  
 Phoenix, AZ 85021  
 georgia.mcgraw@ballmcgraw.com  
 Phone: (602)942-3435 | Fax: (602)942-8555

Customer Name	Customer Information	
AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION 23679 CALABASAS RD, STE 966 Calabasas, CA 91302	Invoice #:	
	Date:	January 24, 2022
	Phone:	(480)220-0026
	E-mail:	dziegler5@gmail.com

Your 2021 tax return was prepared by GEORGIA MCGRAW.

Description		Fee
<b>Federal And Supplemental Forms</b>		
Form 990EZ	Organization Exempt from Income Tax EZ , page 1	
Form 990EZ pg 2	Organization Exempt from Income Tax EZ, page 2	
Form 990EZ pg 3	Organization Exempt from Income Tax EZ, page 3	
Form 990EZ pg 4	Organization Exempt from Income Tax EZ, page 4	
Form 990 OfOv	Information about Officers, Directors, etc.	
Schedule O	Supplemental Information, page 1	
Schedule O pg 2	Supplemental Information, page 2	
Form 4562	Depreciation and Amortization	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Next Year	Next Year Depreciation Schedule	
<b>California Forms</b>		
CA199	Exempt Organization Annual Information	
CARRFR	REGISTRATION RENEWAL FEE REPORT	
CA3885	Deprec./Amortization	
CA8453EO	E-file Authorization for Exempt Organizations	
<b>Total Forms</b>	<b>15</b>	
	<b>Forms Subtotal</b>	<b>750.00</b>
	<b>Total Balance Due</b>	<b>750.00</b>

Payment due upon receipt. Thank you for your business!

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**A** For the **2021** calendar year, or tax year beginning , **2021**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>23679 CALABASAS RD 966</b> City or town, state or province, country, and ZIP or foreign postal code <b>Calabasas, CA 91302</b>	<b>D</b> Employer identification number <b>95-2156688</b> <b>E</b> Telephone number <b>(480) 220-0026</b> <b>F</b> Group Exemption Number ▶
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **WWW.AANRWEST.ORG**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(7) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **55,676**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

	Description	Code	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>1,361</b>
	<b>2</b> Program service revenue including government fees and contracts. . . . .	<b>2</b>	<b>1,372</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>52,938</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>5</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>55,676</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O). . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>5,352</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>1,702</b>
	<b>16</b> Other expenses (describe in Schedule O). . . . .	<b>16</b>	<b>31,529</b>
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>38,583</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	<b>17,093</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>135,447</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O). . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. . . . . ▶	<b>21</b>	<b>152,540</b>

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	142,078	160,393
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	900	0
25 Total assets	142,978	160,393
26 Total liabilities (describe in Schedule O)	7,531	7,853
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,447	152,540

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PROMOTE, ENHANCE, PROTECT NUDE RECREATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 THE ORGANIZATION PROMOTES ACTIVITIES FOR NUDE RECREATION AND MONITORS AND GIVES TESTIMONY RELATED TO GOVERNMENTAL REGULATION THAT MAY IMPACT NUDE RECREATION (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990_OFOV				
CYNTHIA TENDICK PRESIDENT	3.00	0	0	0
ROLF HOLBACH DIRECTOR	1.00	0	0	0
LARRY GOULD VICE PRESIDENT	2.00	0	0	0
ANDY WALDEN SECRETARY	2.00	0	0	0
ERNIE WIESE DIRECTOR	1.00	0	0	0
CLAUDIA KELLERSH DIRECTOR	1.00	0	0	0
TREENA SEVADRE DIRECTOR	1.00	0	0	0
CURT FLYNN DIRECTOR	1.00	0	0	0
RICC BEIBER DIRECTOR	1.00	0	0	0
LARRY GOULD DIRECTOR	12.00	0	0	0
ROLAND MANTILLA DIRECTOR	1.00	0	0	0



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9.
b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of DAVID ZIEGLER Telephone no. 480-220-0026 Located at 23679 CALABASAS RD, Calabasas, CA ZIP + 4 91302
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here** Date

▶ **DAVID ZIEGLER**  
Signature of officer

▶ **DAVID ZIEGLER, TREASURER**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>GEORGIA MCGRAW</b>	Preparer's signature	Date <b>01-24-2022</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00968526</b>
Firm's name ▶ <b>BALL &amp; MCGRAW PC</b>	Firm's EIN ▶			
Firm's address ▶ <b>351 W HATCHER RD</b> <b>Phoenix AZ 85021</b>	Phone no. <b>602-942-3435</b>			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization  
**AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION**

Employer identification number  
**95-2156688**

**01. List of grants and similar amounts paid (Part I, line 10)**

Activity	SCHOLARSHIPS
Grantee	VARIOUS
Relationship	MEMBERS

**02. Description of other expenses (Part I, line 16)**

Description	Amount
COMPUTER EXPENSES	1,270
PROMOTIONS	259
INSURANCE	2,455
YOUTH PROGRAM	1,528
MARKETING	147
WEBSITE EXPENSES	2,317
MISCELLANEOUS	1,354
GOVERNMENTAL AFFAIRS	1,995
CONVENTIONS	19,224
ADVERTISING	980

**03. Description of other assets (Part II, line 24)**

Category	Beginning of Year	End of Year
BOND	900	0

**04. Description of total liabilities (Part II, line 26)**

Category	Beginning of Year	End of Year
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Name of the organization <b>AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION</b>	Employer identification number <b>95-2156688</b>
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RELIEF FUNDS	7,531	7,853
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Client Copy

# Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>AMERICAN ASSOC OF NUDE RECREATIO</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>95-2156688</b>
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## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions) . . . . .	<b>1</b>	
<b>2</b> Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2020 Form 4562 . . . . .	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. . . . .	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
<b>16</b> Other depreciation (including ACRS) . . . . .	<b>16</b>	125

## Part III MACRS Depreciation (Don't include listed property. See instructions.)

### Section A

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2021 . . . . .	<b>17</b>
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .	<input type="checkbox"/>

### Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

### Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

## Part IV Summary (See instructions.)

<b>21</b> Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
<b>22</b> Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	<b>22</b>	125
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Name of filer **AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION** EIN or SSN **95-2156688**

Name and title of officer or person subject to tax **DAVID ZIEGLER, TREASURER**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	_____
2a	Form 990-EZ check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	<b>55,676</b>
3a	Form 1120-POL check here. ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a	Form 990-PF check here. . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5). . . . .	4b	_____
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c) . . . . .	5b	_____
6a	Form 990-T check here. . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4) . . . . .	6b	_____
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1). . . . .	7b	_____
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	_____
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19). . . . .	9b	_____
10a	Form 8038-CP check here . . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **BALL & MCGRAW PC** to enter my PIN **91302** as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_ Date ▶ **01-25-2022**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**864877 85028**  
**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_ Date ▶ **01-24-2022**

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
(This page is not filed with the return. It is for your records only.)

**2021**  
PAGE 1

Name(s) as shown on return

Social security number/EIN

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION

95-2156688

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	SOUND SYSTEM	08072004	1,629		100.00			1,629	7		0	1,629		1,629	
2	TREASURER LAPTOP	09122009	1,490		100.00			1,490	5		0	1,490		1,490	
3	CARGO TRAILER	05302012	2,000		100.00			2,000	5		0	2,000		2,000	
4	LAPTOP	07242017	624		100.00			624	5	SL HY	20	427	125	552	125
<b>Totals</b>			<b>5,743</b>					<b>5,743</b>				<b>5,546</b>	<b>125</b>	<b>5,671</b>	<b>125</b>

Land Amount  
Net Depreciable Cost

5,743

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

125  
ST ADJ:



## Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

**2021**

Name(s) as shown on return

Tax ID Number

**AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION**

**95-2156688**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	SOUND SYSTEM	08-07-2004	1,629	SL	7	
PRG	1	TREASURER LAPTOP	09-12-2009	1,490	SL	5	
PRG	1	CARGO TRAILER	05-30-2012	2,000	SL	5	
PRG	1	LAPTOP	07-24-2017	624	SL	5	72
		<b>TOTAL</b>					<b>72</b>

Client Copy

**TAXPAYER COPY ONLY - DO NOT MAIL THIS FORM**

TAXABLE YEAR  
**2021**

**California Exempt Organization  
Annual Information Return**

FORM  
**199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name <b>AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION</b>		California corporation number <b>0512172</b>
Additional information. See instructions.		FEIN <b>95-2156688</b>
Street address (suite or room) <b>23679 CALABASAS RD APT 966</b>		PMB no.
City <b>CALABASAS</b>	State <b>CA</b>	Zip code <b>91302</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First return <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>B</b> Amended return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990)          (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," what is the parent's name? _____</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 990 or Form 1099 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited it in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is a federal court 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," with IRS _____</p>
---	--

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	55,676	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3		00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than 50,000, see General Information B	4	55,676	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses on goods 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	55,676	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	38,677	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	16,999	00
<b>Filing Fee</b>	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 <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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.

<b>Signature Here</b>	Signature of officer <b>DAVID ZIEGLER</b>	Title <b>TREASURER</b>	Date <b>01/25/2022</b>	Telephone <b>480-220-0026</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>01/24/2022</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00968526</b>
	Firm's name (or yours, if self-employed) and address <b>BALL &amp; MCGRAW PC 351 W HATCHER RD PHOENIX, AZ 85021</b>			Firm's FEIN <b>86-0830896</b> Telephone <b>602-942-3435</b>

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

# TAXPAYER COPY ONLY - DO NOT MAIL THIS FORM

**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.**

95-2156688

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions . . . . .	•	1	55,676	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		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .		8	55,676	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		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	38,677	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .		18	38,677	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash . . . . .		142,078		• 160,393
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	<b>a</b> Depreciable assets . . . . .				
	<b>b</b> Less accumulated depreciation . . . . .				
11	Land . . . . .				•
12	Other assets. Attach schedule . . . . .		900		•
13	<b>Total assets</b> . . . . .		142,978		160,393
<b>Liabilities and net worth</b>					
14	Accounts payable . . . . .				•
15	Contributions, gifts, or grants payable . . . . .				•
16	Bonds and notes payable . . . . .				•
17	Mortgages payable . . . . .				•
18	Other liabilities. Attach schedule . . . . .		7,531		7,853
19	Capital stock or principal fund . . . . .				•
20	Paid-in or capital surplus. Attach reconciliation . . . . .				•
21	Retained earnings or income fund . . . . .		135,447		• 152,540
22	<b>Total liabilities and net worth</b> . . . . .		142,978		160,393

**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 . . . . .				

RRF-1  
(Rev. 09/2017)

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><b>AMERICAN ASSOC OF NUDE RECREATION WESTERN R</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used <b>23679 CALABASAS RD APT 966</b> Address (Number and Street)</p> <hr/> <p><b>CALABASAS, CA 91302</b> City or Town, State, and ZIP Code</p> <hr/> <p><b>480-220-0026</b>      <b>dziegler5@gmail.com</b> Telephone Number      E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. <u>0512172</u></p> <p>Federal Employer ID No. <u>95-2156688</u></p>
---	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 12-31-2020 ending 12-31-21 ) list:

Gross Annual Revenue \$ \_\_\_\_\_ Noncash Contributions \$ \_\_\_\_\_ Total Assets \$ \_\_\_\_\_

Program Expenses \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

<b>Note:</b> All questions must be answered. If you answer "no" to any of the questions below, you must attach a separate page providing an explanation and details for each "no" response. Please review RRF-1 instructions for information required.		<b>Yes</b>	<b>No</b>
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?			X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?			X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?			X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?			X
5. During this reporting period, did the organization receive any governmental funding?			X
6. During the reporting period, did the organization hold a raffle for charitable purposes?			X
7. Does the organization conduct a vehicle donation program?			X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?			X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?			X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

Signature of Authorized Agent
DAVID ZIEGLER
TREASURER
01-25-2022  

Printed Name
Title
Date

Corporation Depreciation and Amortization

2021

3885

Attach to Form 100 or Form 100W. PROGRAM SERVICES - 1

Table with Corporation name (AMERICAN ASSOC OF NUDE RECREATION W) and California corporation number (0512172).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for property election details, including costs and deductions.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for depreciation details, including property description, date, cost, and depreciation amounts.

Part III Summary

Table for Part III with rows 16-18 summarizing total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including property description, date, and amortization amounts.

TAXABLE YEAR  
**2021**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>AMERICAN ASSOC OF NUDE RECREATION W</b>	Identifying number <b>95-2156688</b>
--	---

### Part I Electronic Return Information (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>55,676</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>55,676</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>38,677</b>

### Part II Settle Your Account Electronically for Taxable Year 2021

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount _____	<b>4b</b> Withdrawal date (mm/dd/yyyy) _____
---	------------------------	--



### Part III Banking Information (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

### Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**


<b>Sign Here</b>		<b>01-25-2022</b>		<b>TREASURER</b>
	Signature of officer	Date		Title

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature 	<b>GEORGIA MCGRAW</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00968526</b>
	Firm's name (or yours if self-employed) and address	<b>BALL &amp; MCGRAW PC 351 W HATCHER RD PHOENIX, AZ</b>				Firm's FEIN <b>86-0830896</b>
						ZIP code <b>85021</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature 		Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address				Firm's FEIN
					ZIP code

Name(s) as shown on return

SSN/FEIN

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION

95-2156688

## OTHER EXPENSES

<u>Description</u>	<u>Amount</u>
FINANCE	\$ 9,509
PUBLIC RELATIONS	3,555
MEMBERSHIP MARKETING	1,365
MARKETING	147
YOUTH PROGRAM	1,528
GOVERNMENT AFFAIRS	1,995
CONVENTIONS	19,224
MISCELLANEOUS	1,354
<b>Total:</b>	<b>\$ 38,677</b>

Client Copy