FOR TAX YEAR 2021

AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION

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

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:

Officer

Date

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

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

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

Your 2021 tax return was prepared by GEORGIA MCGRAW.

Description		Fee
Federal And Supplemental Fo	rms	
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	
California Forms		
CA199	Exempt Organization Annual Information	
CARRFR	REGISTRATION RENEWAL FEE REPORT	
CA3885	Deprec./Amortization	
CA8453EO	E-file Authorization for Exempt Organizations	

Total Forms	15	Forms Subtotal	750.00
		Total Balance Due	750.00

Payment due upon receipt. Thank you for your business!

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Do not enter social security numbers on this form as it may be made public.					Open to Public Inspection	
		ue Service	► Go to www.irs.gov/Form990EZ for instruc		nformation.	-
			r year, or tax year beginning	, 2021, and ending		, 20
	Check if ap		C Name of organization			ver identification number
	ddress ch	•	AMERICAN ASSOC OF NUDE RECREATION WEST			2156688
L N	lame char	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	one number
L Ir	nitial returr	n				
∐ F	inal return	/terminated	23679 CALABASAS RD	966		0)220-0026
A	mended r	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Exemption
A	pplication	pending	Calabasas, CA 91302		Numbe	
G A	Accounti	ng Method:	X Cash Accrual Other (specify) ►		H Check ►	if the organization is not
ΙV	Vebsite	: ► <u>₩₩₩.</u> 2	AANRWEST.ORG		required to	attach Schedule B
JT	Гах-ехе	mpt status (d	check only one) - 501(c)(3) X 501(c)(7) ◄ (insert no.)	4947(a)(1) or 527	(Form 990).	
ΚF	Form of	organization:	X Corporation Trust Association	Other		
LA	Add lines	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or more, or if t	otal assets	
(Par	rt II, colu					
Pa	art I	Revenue	e, Expenses, and Changes in Net Assets or Fu	ind Balances (see	e the instruction	ns for Part I)
		Check if t	he organization used Schedule O to respond to any qu	estion in this Part I		X
	1	Contributions	, gifts, grants, and similar amounts received			1 1,361
	2	Program ser	vice revenue including government fees and contracts			2 1,372
	3	-	dues and assessments			3 52,938
	4					4 5
	5a		nt from sale of assets other than inventory			
	b		other basis and sales expenses			
) from sale of assets other than inventory (subtract line 5b from			5c
	6		fundraising events:			
		•	e from gaming (attach Schedule G if greater than			
e	-			6a		
nue	ь		e from fundraising events (not including \$	of contributions		
Revenue			ing events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000)	6b		
			expenses from gaming and fundraising events			
			or (loss) from gaming and fundraising events (add lines 6a and			
	u u					6d
	70		of inventory, less returns and allowances	1 1		ou
						70
			or (loss) from sales of inventory (subtract line 7b from line 7a).			7c
	8		e (describe in Schedule O)			8
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 55,676
	10		imilar amounts paid (list in Schedule O)			10
	11		to or for members			11
Ş	12		er compensation, and employee benefits			12
Expenses	13		fees and other payments to independent contractors			13 5,352
(bel	14		rent, utilities, and maintenance			14
ш	15		ications, postage, and shipping			15 1,702
	16		ses (describe in Schedule O)			16 31,529
	17		ses. Add lines 10 through 16			17 38,583
	18		eficit) for the year (subtract line 17 from line 9)		•••••	18 17,093
Net Assets	19		r fund balances at beginning of year (from line 27, column (A))			
Ass		-	igure reported on prior year's return)			19 135,447
et,	1	Other change				
	20	-	es in net assets or fund balances (explain in Schedule O)			20
Ž	20 21	-	es in net assets or fund balances (explain in Schedule O) r fund balances at end of year. Combine lines 18 through 20.			20 21 152,540 Form 990-EZ (2021)

Form 990-EZ (2021) AMERICAN ASSOC OF NU		WESTERN REGION	95-2	1566	588 Page 2
Part II Balance Sheets (see the instructions for Pa	,				_
Check if the organization used Schedule O t	o respond to any que	estion in this Part I			X
		-	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		-	142,078		160,393
23 Land and buildings		-		23	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	•		135,447	27	152,540
Part III Statement of Program Service Accomplia	•		,		Expenses
Check if the organization used Schedule O				(Req	uired for section
What is the organization's primary exempt purpose? PROMOTE	E, ENHANCE, PROT	ECT NUDE RECRE	ATION	501(0	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	9			orgar	nizations; optional for
as measured by expenses. In a clear and concise manner, descr		ed, the number of		other	rs.)
persons benefited, and other relevant information for each progra		TON AND			
28 THE ORGANIZATION PROMOTES ACTIVITIES F		TON AND			
MONITORS AND GIVES TESTIMONY RELATED T REGULATION THAT MAY IMPACT NUDE RECREA					
	ount includes foreign gra	nts check here	· · · · · ► □	28a	
29	ant includes foreigh gra			200	
(Grants \$) If this amo	ount includes foreign gra	nts. check here		29a	
30					
(Grants \$) If this amo	ount includes foreign gra	nts, check here	• • • • □	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amo	ount includes foreign gra	nts, check here	▶ □	31a	
32 Total program service expenses (add lines 28a through 3	31a)			32	
Part IV List of Officers, Directors, Trustees, and Key	Employees (list each o	one even if not compe	ensated - see the instr	ructior	ns for Part IV)
Check if the organization used Schedule O to res	pond to any question in	this Part IV			[]
	(b) Average	(c) Reportable	(d) Health benefits,	6	e) Estimated amount of
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employe benefit plans, and	e	other compensation
	devoted to position	1099-NEC)	deferred compensation		
See 990_OFOV		(if not paid, enter -0-)		_	
CYNTHIA TENDICK					
PRESIDENT	3.00	0	C)	0
ROLF HOLBACH					
DIRECTOR	1.00	0	C)	0
LARRY GOULD					
VICE PRESIDENT	2.00	0	C)	0
ANDY WALDEN	2.00	0			0
SECRETARY	2.00	0	C	, 	0
ERNIE WIESE	1 00	0	c		0
DIRECTOR CLAUDIA KELLERSH	1.00	0		<u> </u>	0
DIRECTOR	1.00	0	c		0
TREENA SEVADRE	1.00	0			0
DIRECTOR	1.00	0	c		0
CURT FLYNN	1.00	•		<u> </u>	<u>v</u>
DIRECTOR	1.00	0	c	,	0
RICC BEIBER	1.00	0		·	<u> </u>
DIRECTOR	1.00	0	c	,	0
LARRY GOULD		U			<u>v</u>
DIRECTOR	12.00	0	c	,	0
ROLAND MANTILLA		U			<u>v</u>
DIRECTOR	1.00	0	C	,	0
EEA		-			Form 990-EZ (2021)

Form	AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION 95-2156	588	F	Page 3
Pa	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			. 🗌
			Yes	No
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	33		x
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	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			A
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		v
h		35a 35b		x
U	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q \dots	350		
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	35c		х
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	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	_		
	Did the organization file Form 1120-POL for this year?	37b		х
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 retum?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	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	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
U	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	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	40e		х
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. > 480-2	20-0	026	
	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		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	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).			
с		42c		x
	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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
. - u	completed instead of Form 990-EZ	44a		x
۴	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	- 1 -+a		~
u				
	completed instead of Form 990-EZ.	44b		x
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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	44d		ļ
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
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	45b		х

Form 990-EZ (2021)

Form 9	990-EZ (2021) AMERICAN ASSOC (OF NUDE RECREATIO	ON WESTERN REGIO	N 95-215	6688	F	Page 4
						Yes	No
46	Did the organization engage, directly or indirectly, ir	n political campaign activit	ties on behalf of or in opp	osition			
	to candidates for public office? If "Yes," complete S	Schedule C, Part I			. 46		
Par	t VI Section 501(c)(3) Organizations	Only					
	All section 501(c)(3) organizations	must answer questi	ons 47 - 49b and 52	, and complete the ta	bles for	lines	
	50 and 51.			•			
	Check if the organization used Sch	edule O to respond	to any question in t	his Part VI			. 🗆
	•	•				Yes	No
47	Did the organization engage in lobbying activities o	r have a section 501(h) el	lection in effect during the	e tax			
	year? If "Yes," complete Schedule C, Part II	•••••			. 47		
48	Is the organization a school as described in section	170(b)(1)(A)(ii)? If "Yes,'	complete Schedule E.		. 48		
49a	Did the organization make any transfers to an exem	npt non-charitable related	organization?		. 49a		
b	If "Yes," was the related organization a section 527	organization?			. 49b		
50	Complete this table for the organization's five highes	t compensated employees	s (other than officers, dire	ctors, trustees and key			
	employees) who each received more than \$100,000	o of compensation from the	e 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) Estimate other co	ed amour mpensat	

<u> </u>	

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

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.

DAVID ZIEGLER					
Signature of officer			Date		
DAVID ZIEGLER, TREASURE	2				
Type or print name and title					
Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
GEORGIA MCGRAW		01-24-2022	self-employed	P00968526	
Firm's name BALL & MCGRAW I	2C		Firm's EIN 🕨		
Firm's address > 351 W HATCHER H	RD				
Phoenix AZ 8502	21		Phone no. 602-9	42-3435	
May the IRS discuss this return with the preparer shown above? See instructions					
	Signature of officer DAVID ZIEGLER, TREASUREF Type or print name and title Print/Type preparer's name GEORGIA MCGRAW Firm's name ► BALL & MCGRAW I Firm's address ► 351 W HATCHER I Phoenix AZ 8502	Signature of officer DAVID ZIEGLER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature GEORGIA MCGRAW Firm's name ▶ BALL & MCGRAW PC Firm's address 351 W HATCHER RD Phoenix AZ 85021	Signature of officer DAVID ZIEGLER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature GEORGIA MCGRAW Date Firm's name BALL & MCGRAW PC Firm's address 351 W HATCHER RD Phoenix AZ 85021	Signature of officer Date DAVID ZIEGLER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed GEORGIA MCGRAW 01-24-2022 Firm's name BALL & MCGRAW PC Firm's address 351 W HATCHER RD Phoenix AZ 85021 Phone no. 602-9	

Form 990_OfOv (2021) AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION-2156688 List of Officers, Directors, Trustees, and Key Employees

Page**01**

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.								
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation				
BARRY NIELSEN	1							
DIRECTOR	1.00	0	0	0				
DAVID ZIEGLER TRESURER	3.00	0	0	0				
	-							
]							

SCHEDULE O	Supplemental Information to Form 990 or 990-E	Z L	OMB No. 1545-0047			
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.					
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection			
Name of the organization		Employer identi	fication number			
AMERICAN ASSOC OF	NUDE RECREATION WESTERN REGION	95-215668	8			
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 AFFAI	LRS 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				

Schedule O (Form 990) 2021		Page 2
Name of the organization		Employer identification number
AMERICAN ASSOC OF NUDE RECREATION WESTERN RE	EGION	95-2156688
RELIEF FUNDS	7,531	7,853
RELITEF FUNDS	7,351	1,000

	1560		Depreciatio	on and A	mortizati	on		OMB No. 1545-0172
Form	4562		- (Including Info	rmation on L	isted Proper	ty)		2021
Departr	nent of the Treasury			ich to your tax				Attachment
-	Revenue Service (99)	► Go te	o www.irs.gov/Form456					Sequence No. 179
	(s) shown on return				nich this form relat	ies		ifying number
		OF NUDE RECRI	rtain Property Und		990 - 1 170		95-2	156688
Fai		-	property, complete Pa			Part I		
1							1	
2							2	
3						ns)	3	
4			-	-		· · · · · · · · · · · · · · ·	4	
5	Dollar limitation	for tax year. Subtr	act line 4 from line 1.	If zero or less	s, enter -0 If	married filing		
	separately, see i	nstructions					5	
6	(a)	Description of property	/	(b) Cost (busin	ess use only)	(c) Elected cost		_
								-
-			from line 29			-		
8						7	8	
9							9	
10 11					4	See instructions	10 11	
12				•		11	12	
13			to 2022. Add lines 9 a			13	12	
			for listed property. In:					
						clude listed property. Se	ee inst	ructions.)
			· qualified property (ot					
	during the tax ye	ar. See instruction	ns				14	
							15	
							16	125
Par		Depreciation (D	on't include listed pro		structions.)			
47				ection A			47	
		•	ced in service in tax ye	-	-		17	
18			sets placed in service					
						General Depreciation	n Svst	m
		(b) Month and yea	r (c) Basis for depreciation		-	•		<u>, , , , , , , , , , , , , , , , , , , </u>
(a)	Classification of prope	erty placed in service	(business/investment use only-see instructions)	period	(e) Conventior	n (f) Method	(g) [Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property	/						
d	- /							
-	15-year propert							
f	20-year propert					0 "		
	25-year propert			25 yrs.	N 4N 4	S/L		
n	Residential rent			27.5 yrs.	MM	S/L		
i	property Nonresidential	· · · · ·		27.5 yrs.	MM	S/L S/L		
	property	eai		39 yrs.	MM	S/L S/L		
		C - Assets Place	d in Service During	 2021 Tax Ye		Alternative Depreciati	on Sv	stem
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L		
		(See instructions.)					
		Enter amount from					21	
22			ines 14 through 17, lir					
			of your return. Partner	-	-	see instructions	22	125
23			ed in service during th	•				
	portion of the ba					23		

IRS e-file Signature Authorization	OMB No. 1545-0047
for a Tax Exempt Entity	
For calendar year 2021, or fiscal year beginning , 2021, and ending , 20 Department of the Treasury Do not send to the IRS. Keep for your records. , 20	2021
Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer	
AMERICAN ASSOC OF NUDE RECREATION WESTERN REGION 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 retum for which you are using this Form 8879-TE and enter the applicable amount, if any, from the retum. I 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 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 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 applicable line below. Do not complete more than one line in Part I.	∋ 1a, 2a, 3a, 4a, 1b, 2b, 3b, 4b,
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ► x b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here. ► □ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here Find b Tax based on investment income (Form 990-PF, Part V, line 5)	
5a Form 8868 check here • D b Balance due (Form 8868, line 3c)	
6a Form 990-T check here	
7a Form 4720 check here Find b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here FMV of assets at end of tax year (Form 5227, Item D)	
9a Form 5330 check here F b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here . F b Amount of credit payment requested (Form 8038-CP, Part III, line 22).	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
2021 electronic retum and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, 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 a intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive fro acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fund (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes ow return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Finan 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions im processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issue the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the electronic funds withdrawal. PIN: check one box only I authorize BALL & MCGRAW PC I authorize a personal identification number (PIN) as my signature for the electronic return is being filed vit a gency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter return's disclosure consent screen. I 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 e filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regu	allow my m the IRS (a) an r refund, and (c) ids withdrawal red on this cial Agent at volved in the ss related to e consent to as my signature s, but os vith a state my PIN on the lectronically
Signature of officer or person subject to tax ► Date► 01-25-	- 2022
Signature of officer or person subject to tax ► Date► 01-25- Part III Certification and Authentication	- 4 - 4 4 4
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 come an submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authoriz 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	

	m is included in UBIA rection 199A calculations.					Depre	ciation Deta Program Servic							2021 PAGE 1	
	"UBIA" in lower right corner	r.			(Thi	s page is not file	d with the return. It	is for your reco	ords or	nly.)		Casial as	curity number/El	N	
		DECDEAMIC		PGTON									-2156688	N	
No.	AMERICAN ASSOC OF NUDE	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
	Totals		5,743					5,743				5,546	125	5,671	125

		(This page is no	t filed with the return. It is for yo	ur records only.)		20	21
	s shown on retur		D Number				
		C OF NUDE RECREATION WEST					-2156688
m 3	Multi-Form 1	Description SOUND SYSTEM	Date 08-07-2004	Basis	Method SL	Life 7	Deduction
3	1	TREASURER LAPTOP	09-12-2009	1,62		5	
3	1	CARGO TRAILER	05-30-2012			5	
3	1	LAPTOP	07-24-2017	62		5	72
		TOTAL					72
				1			

TAXPAYER COPY ONLY - DO NOT MAIL THIS FORM

TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

FORM

SALABASAS CA 91302 Consign province/hatac/county Foreign province/hatac/county Foreign province/hatac/county A First return	202	21 Annual Information Return	199
MMERLICAN ASSOC OF NUDE RECREATION WESTERN REGION 0512172 read read Value PME no. 35679 CALABASAS Oragin county name Faring province/attributions. Press No CA 91302 Oragin county name Faring province/attributions. Press Press No CA 91302 Oragin county name Faring province/attributions. Press No Press Press No CA 91302 Press No Press	Calenda	r Year 2021 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)	
95-2156688 PUB m. 23679 CALABASAS RD APT 966 PUB m. 270 cole 20 cole 21 cole 271 ALABASAS CA 913302 Greep nouring method Freegn province/basicourity Foreign province/basicourity Foreign province/basicourity Foreign province/basicourity - () Yes [] 1 Amended ratum - () Yes [] N() 1 Odd the organization have any charges to its problems - () Yes [] N() 1 Cole foreign province/basicourity - () Yes [] N() 1 Sectore of 4710 Sectore 100 foreign province/basicourity - () Yes [] N() Yes [] N() 1 Cole foreign province/basicourity - () Yes [] N() Yes [] N() 1 Cole foreign province/basicourity - () Yes [] N() Yes [] N() 1 Cole foreign province/basicourity - () Yes [] N() Yes [] N() Yes [] N() Yes [] N() - () Yes [] N()		•	
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A mended return			
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(a) Other 980 series • • • • • • • • • • • • • • • • • • •			
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t is this organization in a group exemption			
If "Yes, what is the parent's name? 0 is verice un1023/022 pending? use is verice un1023/022 pending? Part I Complete Part I unless not required to file this form. See General Information Infor			
Part I Complete Part I unless not required to file this form. See General Information and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line s 1 55, 676 2 Gross contributions, gifts, grants, and similar amounts receives 3 4 4 Total gross receipts for filing requirement test. Add In 1 through log 3. 4 55, 676 5 Cost of goods sold			
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Paid Preparer's Jse Only Firm's name (or yours, if self-employed) and address BALL & MCGRAW PC ®Firm's FEIN 86-0830896 351 W HATCHER RD PHOENIX, AZ 85021 •Telephone		Preparer's	
Preparer's Jse Only Firm's name (or yours, if self-employed) and address BALL & MCGRAW PC 86-0830896 351 W HATCHER RD PHOENIX, AZ 85021 •Telephone 602-942-3435	Paid	signature ► U1/24/2022 employed ►	
and address 351 W HATCHER RD PHOENIX, AZ 85021 •Telephone 602-942-3435	Preparer's		
PHOENIX, AZ 85021 •Telephone 602-942-3435	use only		
		351 W HATCHER RD	

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TAXPAYER COPY ONLY - DO NOT MAIL THIS FORM

Part	II	-	ganizations with gross receipts of more ardless of amount of gross receipts - co					95.	-215668	2 Q
			Gross sales or receipts from all business	-			1		<u>-213000</u> 55,676	
							2		55,070	00
							3			00
Receip	ts	4	Gross rents				4			00
from Other		5	Gross royalties				5			00
Source	s	6	Gross amount received from sale of asset				6			00
		7					7			00
		8	Total gross sales or receipts from other sources				8		55,676	00
		9	Contributions, gifts, grants, and similar am	-			9	· · · ·	55,070	00
		10	Disbursements to or for members				10			00
		11	Compensation of officers, directors, and tru				11			00
			Other salaries and wages • • • • • •				12			00
Expen	205						13			00
and		-	Taxes			• • • • • • • •	14			00
Disbur	se-		Rents			• • • • • • • •	15			00
ments		-	Depreciation and depletion (See instruction				16			00
			Other expenses and disbursements. Attack				17		38,677	00
			Total expenses and disbursements. Add				18		<u>38,677</u>	00
Sch	edul		Balance Sheet	Beginning of				able ye		
Ass				(a)	(b)	(c)		,	(d)	
		h		(-)	142,078			•	160,39	93
2	Net a	acco	ounts receivable					•		
								•		
			es					•		
			and state government obligations • • • •					•		
			ents in other bonds $\cdots \cdots \cdots$					•		
			ents in stock · · · · · · · · · · · · · · ·					•		
8	Mort	aaq	e loans					•		
		0 0	vestments. Attach schedule • • • • • •					•		
10	a D	epre	eciable assets • • • • • • • • • • • • • • • • • • •							
		•	accumulated depreciation							
			· · · · · · · · · · · · · · · · · · ·					•		
12	Othe	er as	sets. Attach schedule		900			•		
13	Tota	l as	sets		142,978				160,39	93
Liab	ilitie	s ar	nd net worth							
14	Acco	ounts	s payable					•		
15	Cont	ribu	tions, gifts, or grants payable • • • • •					•		
16	Bond	ds a	nd notes payable · · · · · · · · · · · · ·					•		
17	Mort	igag	es payable · · · · · · · · · · · · · · · · ·					•		
			bilities. Attach schedule • • • • • • • •		7,531				7,85	53
19	Capi	ital s	stock or principal fund					•		
20	Paid	l-in c	or capital surplus. Attach reconciliation •					•		
21	Reta	ainec	l earnings or income fund		135,447			•	152,54	10
22	Tota	l lia	bilities and net worth		142,978				160,39	93
Sch	edul	еM	-1 Reconciliation of income per book	s with income per retur	n					
			Do not complete this schedule if the a	amount on Schedule L, lin	ne 13, column (d), is less	than \$50,000.				
1	Net i	inco	me per books	•	7 Income recorded o	n books this year				
2	Fede	eral	income tax \cdots \cdots \cdots \cdots \cdots	•	not included in this	return. Attach sche	edule	•		
3	Exce	ess (of capital losses over capital gains • • •	•	8 Deductions in this r	etum not charged				
4	Inco	me ı	not recorded on books this year.		against book incom	ne this year.				
	Attac	ch so	chedule	•	Attach schedule •			•		
5	Expe	ense	s recorded on books this year not		9 Total. Add line 7 ar	nd line 8 • • • • •				
	dedu	ucteo	d in this return. Attach schedule	•	10 Net income per ret	um.				
6	Tota	I. Ac	d line 1 through line 5 • • • • • • • • •		Subtract line 9 from	n line 6 • • • • •				

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STATE OF CALIFORNIA DEPARTMENT OF JUSTICE RRF-1 (Rev. 09/2017) MAIL TO: (For Registry Use Only) ANNUAL REGISTRATION RENEWAL FEE REPORT Registry of Charitable Trusts P.O. Box 903447 TO ATTORNEY GENERAL OF CALIFORNIA Sacramento, CA 94203-4470 Sections 12586 and 12587. California Government Code STREET ADDRESS: 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 1300 I Street Sacramento, CA 95814 Failure to submit this report annually no later than four months and fifteen days after the end of the (916) 210-6400 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 WEBSITE ADDRESS: 23703; Government Code section 12586.1. IRS extensions will be honored. www.oag.ca.gov/charities Check if: AMERICAN ASSOC OF NUDE RECREATION WESTERN R Name of Organization Change of address Amended report List all DBAs and names the organization uses or has used 23679 CALABASAS RD APT 966 State Charity Registration N Address (Number and Street) CALABASAS, CA 91302 0512172 Corporation or Organization No. City or Town, State, and ZIP Code 480-220-0026 dziegler5@gmail.com Telephone Number F-mail Address Federal Emp oy . D No. 95 2156688 ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sccn. 1s 301-307, 311, and 312) Make Check Payable to Department of Just **Gross Annual Revenue Gross Annual Revenue** Gross Annual Revenue Fee 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) list: 31 -2020ending 1 2 - 21 -21 Gross Annual Revenue \$ Noncrah Contributions \$ Total Assets \$ Total Expenses \$ Program Expenses \$ PART B - STATEMENTS REGARDING ORGANIZATIO 7. RING THE PERIOD OF THIS REPORT All questions must be answered. If you ans you only of the questions below, you must attach a separate page Note: providing an explanation and details for e h ", " response. Please review RRF-1 instructions for information required. Yes No 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 a. ct / or with an entity in which any such officer, director or trustee had any financial interest? Х During this reporting period, was they any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 2. Χ vere ny organization funds used to pay any penalty, fine or judgment? During this reporting period Х 3. 4. During this reporting period, vere the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial Χ coventurer used2 5. During this c, prtiling period, did the organization receive any governmental funding? Х the reporting period, did the organization hold a raffle for charitable purposes? 6 Du Χ bes the organization conduct a vehicle donation program? Х 8. bid the organization conduct an independent audit and prepare audited financial statements in accordance with Х generally accepted accounting principles for this reporting period? Х 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? 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. DAVID ZIEGLER TREASURER 01-25-2022 Signature of Authorized Agent Printed Name Title Date

TAXABLE YEAR	Corporation D	epreciation						CALIF	
2021	and Amortizati	-							3885
Attach to Form 100		GRAM SERVIC	CES - 1						
Corporation name							ornia corpo		nber
	ASSOC OF NUDE F					05	1217	'2	
	on To Expense Certain Prop	-							
	ction under IRC Section 179 for					• • • •	1		\$25,000
	C Section 179 property placed						2		
	of IRC Section 179 property b						3		\$200,000
	nitation. Subtract line 3 from lin					• • • •	4		
5 Dollar limitation	for taxable year. Subtract line	4 from line 1. If zero					5		25,000
	(a) Description of property		(b) Cost (busine	ess use only)	(c) Elec	ted cost			
6							_		
7 Listed property	(elected IRC Section 179 cos	t)		7			_		
8 Total elected co	ost of IRC Section 179 proper	y. Add amounts in co	olumn (c), line 6 ai	nd line 7 · · · · ·	• • • • •		8		
9 Tentative deduce	ction. Enter the smaller of line	e 5 or line 8 • • • •				• • • •	9		
10 Carryover of dis	sallowed deduction from prior	axable years					10		
11 Business incom	ne limitation. Enter the smaller	of business income	(not less than zero	o) or line 5			11		25,000
12 IRC Section 17	9 expense deduction. Add line	9 and line 10, but do	o not enter more t	han line 11. \cdots			12		
13 Carryover of dis	sallowed deduction to 2022. A	dd line 9 and line 10,	less line 12 ·	13					
Part II Depre	ciation and Election of Addit	ional First Year De	preciation Deduc	tion Under R&TC S	Section 24	4356			
	(a)	(b)	(c)	(d) Depreciation	(e)	(f)	(9	g)	(h)
Des	cription of property	Date acquired	Cost or other basis	s allowed or	Depre- ciation	Life or		iation for	Additional first
		(mm/dd/yyyy)		allowable in earlier years	method	rate	this	year	year depreciation
14 LAPTO	P	07/24/2017	7 624	427	SL	5	1	L25	
15 Add the amount	ts in column (g) and column (h). The total of colum	n (h) may not exc	eed \$2,000.					
	for line 14, column (h)					. 15	i 1	L25	
Part III Sumn	nary					I	1	I	
	poration is electing:								
	9 expense, add the amount o	n line 12 and line 15	5, column (q) or						
Additional first	year depreciation under R&T	C Section 24356, ad	d the amounts on	line 15, columns (g) and (h) (or			
Depreciation (if	no election is made), enter th	e amount from line 1	5, column (g)		· · · · ·			. 16	125
	ion claimed for federal purpose								
	djustment. If line 17 is greater								
	than line 16, enter the differer								
	sed to determine net income b							. 18	
	tization	,		,	,		,	I	1
	(a)	(b)	(c)	(d)	(e))	(f)	1	(g)
Des	cription of property	Date acquired	Cost or other basis	Amortization allowed o			Period or		Amortization
		(mm/dd/yyyy)		allowable in earlier years			ercentage		for this year
19								+	
								+	
								+	
								+	
								+	
20 Total. Add the a	amounts in column (g) • • •		•••••	••••			20	0	
	ion claimed for federal purpose							-	
	justment. If line 21 is greater t								
	line 21 is less than line 20, en						22	2	

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Energy Questions name Description AMERICAN ASSOC OF NUDE RECREATION W 95-2156683 Part I Electronic Return Information (whole dollars only) 1 55,6756 1 Total gross incompt from 199, line 8) 3 38,6777 Part I Sette room (Gron 199, line 8) 3 38,6777 Part II Sette Your Account Electronically for Taxable Year 2021 4 55,6756 Part III Bactoric funds withdrawal 43 Amount 45 Withdrawal date (mmiddlyyyy) 4 Part IIII Bactoric funds withdrawal 43 Amount 4 Browing Savings Part IIIII Bactoric funds withdrawal 44 Amount 7 Type of account Checking Savings Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TAXABLE YI 2021	EAR Californ Exempt	ia e-file Returi Organizations	n Autho S	orizatior	n fo	r				_	FORM 8453-EO
1 Total gross income (Form 199, line 4)			NUDE RECREAT	'ION W						-		
Part II Seties Your Account Electronically for Taxable Year 2021 4 Electronic funds withdrawal 4a Amount db Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 5 Roting number 7 Type of account. Checking Savings Part IV Deckaration of Officer Tatable to be setted as designated in Part II. If check Part II, box 4,1 suntoxize an electronic funds withdrawal for the around listed on line 4a. To be setted on setted as designated in Part II. If check Part II, box 4,1 suntoxize an electronic funds withdrawal for the around listed on line 4a. Tode paratias of porture, I decare that an an officer of the above earnyl organization: and that the information by porture in durations in the around an officer of the above earnyl organization: and that the information by porture in duration of the around listed on line 4a. Index paratias of the around and around and the prior duration of the around and an optication in the around and and an around and and the around and an around and and and an around and and and an around and and and and and and and an around and and and and and and and and and a	 Total gro Total gro 	ss receipts (Form 199 ss income (Form 199	9, line 4) • • • • • • • • • • • • • • • • • •	· · · · · · ·					• • • •		2	55,676
4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 7 Type of account Checking Savings Part IV Declaration of Officer Isolation to the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4,1 authorize on electronic funds withdrawal for the amount isned on line 4. Under penaltes of party, I declarate that I am an officer of the above exempt organization of the amount is part 1 above agree with the amount is on the corresponding line of the exempt organization is next. To the bact of my knowledge in the amount is part 1 above agree with the amount is on the corresponding line of the exempt organization is a fund and the implement is true, correct, and complete. If the exempt organization is a busines due in the amount is part I above agree with the amount is on the corresponding line of the exempt organization is a busines due in the amount is part I above agree with the amount is above agre	Part II s		lectronically for Tayable	Voar 2021								
S Routing number 6 Routing number 7 Type of account. Checking Savings Part IV Declaration of Officer I autorise the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize on electronic funds withdrawal for the amount listed on line 4a. Under penales of perjuy, I dedue that I am an officer of the above exempt organization and that the information I provided to my electronic future organization from the 4a. Under penales of perjuy, I dedue that I am an officer of the above exempt organization and that the information I provided to my electronic return orginator (FBO), immention of the above exempt organization is from above the exempt organization is return or return is defined in the FIRe Variantite or intermediate service provider the reason(i) for the above provider is delayed, I authorize the FIB to disclose to the ERO ranner the organization is return or return is delayed, I authorize the FIB to disclose to the ERO ranner the organization is return or return is delayed, I authorize the FIB to disclose to the ERO ranner the organization is the organization is return or return is delayed, I authorize the FIB to disclose to the ERO ranner the organization is the organization is the organization is return or return is delayed, I authorize the organization is the organization is return or return is delayed, I authorize the FIB to disclose to the ERO ranner to an intermediate service provider the transmittight is return organization in the above the exempt organization is the organization in the above the exempt organization is the organization in the above the exempt organization is the organization in the above the exempt organization is the organization in the above the exempt organization			-			4b	Withdrawa	l date	(mm/dd	/уууу)		
Isubtorize the evenpt organization's account to be settled as designated in Part II. If Lecke 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. For the best of my knowledge and Deleft, the exempt organization's correct, and complete. If the exempt organization's classification is the intelline the best of my knowledge and Deleft, the exempt organization's classification is the second to return. To the best of my knowledge and Deleft, the exempt organization's classification is the intelline the exempt organization's return of the best of my knowledge and Deleft, the exempt organization's classification is the intelline the exempt organization's return or the best of my knowledge and Deleft, the exempt organization's return or the best of my knowledge and Deleft. The exempt organization's return or refund is delayed, I authorize the TFB to disclose to the ERO or Intermediate service provider. If the exempt organization's return or refund is delayed, I authorize the TFB to disclose to the ERO or Intermediate service provider the reasonal organization's return or refund is delayed. I authorize the TFB to disclose to the ERO or Intermediate service provider the reasonal organization's return on refund is delayed. I authorize the TFB to disclose to the ERO or Intermediate service provider. In derivation the adve the organization of the delay. Sign	5 Routing	number] Ch	ecking		Savings	
Isubtorize the evenpt organization's account to be settled as designated in Part II. If Lecke 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. For the best of my knowledge and Deleft, the exempt organization's correct, and complete. If the exempt organization's classification is the intelline the best of my knowledge and Deleft, the exempt organization's classification is the second to return. To the best of my knowledge and Deleft, the exempt organization's classification is the intelline the exempt organization's return of the best of my knowledge and Deleft, the exempt organization's classification is the intelline the exempt organization's return or the best of my knowledge and Deleft, the exempt organization's return or the best of my knowledge and Deleft. The exempt organization's return or refund is delayed, I authorize the TFB to disclose to the ERO or Intermediate service provider. If the exempt organization's return or refund is delayed, I authorize the TFB to disclose to the ERO or Intermediate service provider the reasonal organization's return or refund is delayed. I authorize the TFB to disclose to the ERO or Intermediate service provider the reasonal organization's return on refund is delayed. I authorize the TFB to disclose to the ERO or Intermediate service provider. In derivation the adve the organization of the delay. Sign												
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 (FRO), transmitter, or informediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's returns in the best of my howedege and belief. The exempt organization is returns the best of my howedege and belief. The exempt organization is returns the best of my howedege and belief. The exempt organization's returns the best of my howedege and belief. The exempt organization's returns the exempt organization's returns the other belief by and all ophicable there exist and penaltes. I automatice the exempt organization's returns or return is delayed, furthere the FTB of obstaces to the ERO or intermediate service provider the reservice provider the reservice) for the electron return. The other the service of penaltes. In advise the the FTB of obstaces to the ERO or intermediate service provider the reservice provider the reservice) for the electron of the corresponding to the exempt organization's return or return is delayed, furthere the FTB of obstaces to the ERO or intermediate service provider the reservice) for the electron of the corresponding to the penaltes. I advise the penaltes is advised to the ERO or intermediate service provider the reservice) for the electron of the corresponding to the penaltes. I advise the penaltes is advised to the ERO or intermediate service provider the reservice provider the reservice provider the reservice provider the term of the transmitter of the term of penaltes. I advise the penaltes is advised to the exempt organization's return. I declare that I have reviewed the advise exempt organization's return or form the delayed penaltes. I advise the penalte service provider is the restrict the term of the term of the organization of the return of the teresponding the exempt organization for the tero explore the organi	I authorize the	exempt organization's a	ccount to be settled as designate	ated in Part II. I	f I check Part II,	box 4, I	authorize ar	n electr	onic fund	s withdra	wal for	
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, Understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO observed that the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; Thave provided the organization officer's signature on form FTB 8453-EO on file for four years from the due date of the refure requirements described in FTB Pub.1345, 2021 Handhook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due the exempt organization return is lied, 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. ERO's FTIN P00968526 Firm's name (or yours if self-employed) and address BALL & MCGRAW PC 35.1 W HATCHER RD 21/P code 85.021 ERO's PTIN 21/P code 85.021 Vider 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. Wider penalties of perjury. I declare that I have examined the above organization's return and accompanying schedules and statements, and to th	organization's a the exempt org exempt organiz organization re processing of reason(s) for Sign	2021 California electronio janization is filing a balar zation's fee liability, the e turn and accompanying the exempt organizati the delay.	c return. To the best of my kno nee due return, I understand th xempt organization will remain schedules and statements be	wledge and be at if the Franch I liable for the f transmitted to yed, I authoria	shief, the exempt hise Tax Board (f ee liability and a he FTB by the E ze the FTB to di 1-25-20	organiza TB) do Il applica RO, tra sclose	ation's return tes not receiv able interest nsmitter, or i to the ERO	n is true ve full a and pe nterme or int e	e, correct, and timely enalties. I ediate ser ermediat	and com paymen authorize vice prov	plete. If t of the the exem ider. If the	
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, Lunderstand that Jam not responsible for reviewing the exempt organization's return. I declare, however, that from 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 of four years from the due the exempt organization of the return of four years from the due the exempt organization returns 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. ERO's ginature ERO's ginature ERO's ginature ERO's and I MCGRAW ERO's Signature ERO's and I MCGRAW ERO'S as the MCGRAW PC solution of which I have examined the above organization's return and accompanying schedules and statements, and to the best of my hATCHER RD Solution of which I have examined the above organization's return and accompanying schedules and statements, and to be above organization's return and accompanying schedules and statements, and to be above organization's return and accompanying schedules and statements, and to be 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. ERO's PTIN Solution of which I have examined the above organization's return and accompanying schedules and statements, and		Signature of officer		Da	ate		Title					
knowledge. (ff I am only an intermediate service provider I understand that ham 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; 1 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 efile Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return of 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. ERO's signature GEORGIA MCGRAW Firm's name (or yours if self-employed) and address BALL & MCGRAW PC Sign BALL &					-							
ERO signature GEORGIA MCGRAW also paid preparer if self-employed P00968526 Must Sign Firm's name (or yours if self-employed) and address BALL & MCGRAW PC 86-0830896 86-0830896 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. Paid preparer's signature Paid preparer's PTIN Paid preparer Firm's name (or yours if self-employed) Firm's name (or yours if self-employed) Paid preparer's PTIN Firm's FEIN Must Firm's name (or yours if self-employed) Firm's name (or yours if self-employed) Paid preparer's PTIN Firm's return and accompanying schedules and statements, and to the best of my knowledge.	knowledge. (If however, that f transmitting thi followed all oth years from the to the FTB upo and accompan	I am only an intermediate orm FTB 8453-EO accurs s return to the FTB; I have er requirements described due date of the return or n request. If I am also the ying schedules and state	e service provider, I understan ately reflects the data on the r re provided the organization of ad in FTB Pub. 1345, 2021 Ha four years from the date the r e paid preparer, under penaltic ements, and to the best of my l	d that I am not eturn.) I have of ficer with a cop ndbook for Aut exempt organizes of perjury, I	responsible for r bbtained the orga by of all forms an horized e-file Pro ation return is fil declare that I hav belief, they are	eviewin inizatior d inform oviders. ed, which ve exam	ing the exempt in officer's sig- nation that I I will keep for chever is late nined the ab rrect, and co	ot organ inature will file orm FT er, and ove exe	nization's on form with the I B 8453-E I will make empt orga e. I make	return. 1 o FTB 8453 FTB, and O on file anization's	declare, B-EO before I have for four available s return iration	
Must Sign Firm's name (or yours if self-employed) and address Firm's FEIN BALL & MCGRAW PC 86-0830896 351 W HATCHER RD PHOENIX , AZ ZIP code 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. Paid preparer's signature Paid Paid Paid preparer's PTIN Firm's name (or yours if self-employed) Firm's name (or yours if self-employed) Firm's FEIN Sign at the preparer's PTIN	ERO	ERO's	RGIA MCGRAW		Date		also paid		if self-	he De		
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. Paid Preparer Must Sign Firm's name (or yours if self-employed) Firm's name (or yours if self-employed)	Must	Firm's name (or yours if self-employed)	BALL & MCGRA 351 W HATCHE	R RD			,			Firm's FE	IN) 8 3 0 8 9 ZIP code	96
Paid preparer Paid preparer's signature Paid preparer's PTIN Must Sign Firm's name (or yours if self-employed) Firm's FEIN			t I have examined the above of	organization's r								
Sign Firm's name (or yours if self-employed)	Paid Preparer	Paid preparer's	correct, and complete. I make	e inis declaratio	m based on all ir		on of which	nave	Check if self-	1		rer's PTIN
		if self-employed)	•							Firm's FE		

CAOVFLOW	State Supporting Statements	2021 Page 1
Name(s) as shown on return		SSN/FEIN
AMERICAN AS	SOC OF NUDE RECREATION WESTERN REGION	95-2156688
	OTHER EXPENSES	
Description		Amount
FINANCE		<u>\$ 9,509</u>
PUBLIC RELA		<u>3,555</u>
MEMBERSHIP	MARKETING	1,365
MARKETING		
YOUTH PROGR		<u> </u>
GOVERNMENT		1,995
CONVENTIONS MISCELLANEO		<u>19,224</u> <u>1,354</u>
MISCELLANEU	Total	; \$ <u>38,677</u>