Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning 07/24/19 , and ending 12/31/19

84-2615041

SAN JOAQUIN KANNADA SANGHA

Revenue				
Contributions		16,340		
Program service revenue				
Investment income				
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income				
Total revenue			16,340	
Expenses				
Program services				
Management and general				
Fundraising				
Total expenses			10,401	
Excess / (deficit)			-	5,939
Changes			-	
Reconciliation of Rev	/enue		Reconciliation of	Expenses
	venue		Reconciliation of er financial statem	
otal revenue per financial statements_ess:	venue			
otal revenue per financial statements	/enue	Total expenses pe	er financial statem	
otal revenue per financial statements_ess:	/enue	Total expenses pe Less:	er financial statem ces	
otal revenue per financial statements ess: Unrealized gains	/enue	Total expenses po Less: Donated servi	er financial statem ces	
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otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return	Beginning	Total expenses por Less: Donated serving Prior year adjuictorses Other Plus: Investment exporter Total exp Balance Sheet Ending 5,939	er financial statem ces ustments spenses enses per return Differences	ents
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otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets Liabilities	Beginning	Total expenses por Less: Donated serving Prior year adjustic Losses Other Plus: Investment exported of the Total exported Ending 5,939	er financial statem ces ustments spenses enses per return Differences	ents
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets Liabilities Net assets	Beginning	Total expenses por Less: Donated serving Prior year adjunction Losses Other Plus: Investment exported of the Control of the	er financial statem ces ustments spenses enses per return Differences	ents

Filing Instructions

San Joaquin Kannada Sangha

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2019

Date Due: July 15, 2020

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/19 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

RightTaxMate

633 E Fernhurst Dr Unit 1001

Katy, TX 77450

Important: Your return will not be filed with the IRS until the signed Form

8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

7	/24		12/31 ₂₀ 19
1	/ 44	2019 and ending	14/31 20 19

For calendar year 2019, or fiscal year beginning

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number Name of exempt organization SAN JOAQUIN KANNADA SANGHA 84-2615041 Name and title of officer RAJESH KRISHNAIAH **TREASURER** Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

_b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 2a Form 990-EZ check here ► X 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here ▶__ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

0

Office	's PIN: check one box only		
X	l authorize RIGHTTAXMATE	_ to enter my PIN	22115 as my signature
	ERO firm name	ŕ	Enter five numbers, but do not enter all zeros
	on the organization's tax year 2019 electronically filed return. If I have indicated wi being filed with a state agency(ies) regulating charities as part of the IRS Fed/State ERO to enter my PIN on the return's disclosure consent screen.		1,7
	As an officer of the organization, I will enter my PIN as my signature on the organization if I have indicated within this return that a copy of the return is being filed with a state IRS Fed/State program, I will enter my PIN on the return's disclosure consents	ate agency(ies) regu	
Officer's	signature	Date I	07/04/20

Certification and Authentication Part III

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

75896622115

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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.

07/04/20 ERO's signature Date

> **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990-EZ**

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)

OMB No. 1545-0047 **2019**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	e 2019 calen	dar year, or tax year beginnin $\emptyset 7/24/19$, and ending $12/31/1$	9		
В		applicable:	C Name of organization	D Employer	identification number	
	Address	change				
П	Name ch	ange	84-26	515041		
X	Initial retu	urn	SAN JOAQUIN KANNADA SANGHA Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	number
П	Final retu	ırn/terminated	1267 WILLIS ST., STE 200		925-3	327-8222
П	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	emption
П	Application	on pending	REDDING CA 96001		Number	•
G	Accour	nting Method	: X Cash Accrual Other (specify) ▶	H Ch	eck ► X if the	organization is not
ı	Websi	te: HTI	'PS://SANJOAQUINKANNADASANGHA.ORG/		uired to attach	-
			check only one) —X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 52		orm 990, 990-E2	
		of organizatio		1		,
		-	nd 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if total a	assets	
			\$500,000 or more, file Form 990 instead of Form 990-EZ			16,340
1000000000000	art I		nue, Expenses, and Changes in Net Assets or Fund Balance			
			if the organization used Schedule O to respond to any question in this I			
	1		gifts, grants, and similar amounts received			16,340
	2	Program se	rvice revenue including government fees and contracts		2	
	3	Membership	o dues and assessments		3	
	4	Investment	income		4	
	5a		unt from sale of assets other than inventory 5a			
	b	Less: cost o				
	С	Gain or (loss)	5c			
	6	Gaming and	• • •			
	а	•	ne from gaming (attach Schedule G if greater than			
ne			6a			
en.	b	Gross incor	income from fundraising events (not including) of contributions			
Revenue			ising events reported on line 1) (attach Schedule G if the			
_			n gross income and contributions exceeds \$15,000) 6b			
	С		expenses from gaming and fundraising events 6c			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		line 6c)			6d	
	7a	Gross sales	of inventory, less returns and allowances 7a			
	b		of goods sold 7b			
	С		or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8		ue (describe in Schedule O)		8	
	9	Total rever	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	16,340
_	10	Grants and	similar amounts paid (list in Schedule O)		10	
	11	Benefits pai	d to or for members		11	
S	12	Salaries, ot	ner compensation, and employee benefits		12	
nse	13	Professiona	I fees and other payments to independent contractors		13	140
Expenses	14	Occupancy	rent, utilities, and maintenance		14	1,527
û	15	Printing, pu	blications, postage, and shipping	15	227	
	16	Other expenses (describe in Schedule O)				8,507
	17	Total exper	Total expenses. Add lines 10 through 16			10,401
ဟ	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	5,939
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	n		
AS			figure reported on prior year's return)		19	
Net Assets	20	Other chang	ges in net assets or fund balances (explain in Schedule O)		20	
_	21		or fund balances at end of year. Combine lines 18 through 20		▶ 21	5,939

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

For		JIN KANNADA		84-26	15041		Page 2
F	Part II Balance Sheets (see		,	nu guantian in thia D	aut II		
	Check if the organization	on usea Schedule O	to respond to a		art II ginning of year		(B) End of year
22	Cash, savings, and investments			. , ,	0	22	5,939
23	I am all am all level allows and				0	23	. , , , , ,
	Other assets (describe in Schedule C))			0	24	
	Total accets				0	25	5,939
	Total liabilities (describe in Schedul				0	26	0
	Net assets or fund balances (line 2	, ,			0	27	5,939
F	Part III Statement of Progr		•	,	(F
Λ/h	Check if the organization at is the organization's primary exemp		to respond to a	ny question in this Pa	art III 🕰	/Po	Expenses quired for section
	EE SCHEDULE O	n purpose :				,	(c)(3) and 501(c)(4)
	scribe the organization's program serv	rice accomplishments for	or each of its three	e largest program servi	ces.		anizations; optional for
	measured by expenses. In a clear and	•				othe	•
per	sons benefited, and other relevant info	ormation for each progr	am title.				,
28	RAJYOTHSAVA IS TO INSPIRE	KANNADIGAS, TO CO	OME TOGETHER,	CONNECT AND			
	CONTRIBUTE TO PROMOTE THE	CULTURAL, HERITAG	EE AND LINGUIS	STICS FACETS OF			
	KARNATAKA AND, TO BECOME I	NVOLVED IN GIVING	BACK TO THE	COMMUNITY.	· · · · · · · · · · · · · · · · · · ·		
	(Grants\$	If this amount includes	foreign grants, ch	neck here		28a	9,867
29							
	(Crawtoff	If this amount in alcalas				20-	
30	(Grants\$)	If this amount includes	loreign grants, cr	ieck nere		29a	
30							
	(Grants\$)	If this amount includes	foreign grants, ch	neck here		30a	
31	Other program services (describe in S						
	(Grants\$	If this amount includes	foreign grants, ch	neck here	>	31a	227
	Total program service expenses (a					32	10,094
F	Check if the organization	rs, Trustees, and Key used Schedule O to res	Employees (list e	each one even if not co stion in this Part IV	mpensated — s	ee the ir	nstructions for Part \(\frac{\pi}{2}\)
	(a) Name and title		(b) Average	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to e benefit plans,	and	(e) Estimated amount of other compensation
T.	ALPANA PRABHAKARA		'	(if not paid, enter -0-)	deferred compe	nsation	
	EO		0.00	0		0	0
_	INAYAK ANANTHARAMU		0.00				
	ECRETARY		0.00	0		0	0
F	AJESH KRISHNAIAH						
7	REASURER		0.00	0		0	0
•							

Form 990-EZ (2019) SAN JOAQUIN KANNADA SANGHA 84-2615041

Г	e art 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.	Pa
Yes 1	ait v	instructions for Fart V.) Check if the organization used Schedule O to respond to any question in this Fa	
		Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33
2	33	detailed description of each activity in Schedule O	
		Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	34
		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	
2	34	change on Schedule O. See instructions	25-
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a
	35a	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	h
+ +	330		b
2	35c	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	C
† † † †		Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36
2	36	during the year? If "Yes," complete applicable parts of Schedule N	
		Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a
] 2	37b		b
		Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	38a
	38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	
		o If "Yes," complete Schedule L, Part II, and enter the total amount involved	b
		Section 501(c)(7) organizations. Enter:	39
		'	а
		· · · · · · · · · · · · · · · · · · ·	b
		(//)	40a
	_	section 4911 ► ; section 4912 ► ; section 4955 ► ; section 4915 ► ; secti	
			b
. 2	40b	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	
	400		С
		on organization managers or disqualified persons during the year under sections 4912,	·
		4955, and 4958	
	_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	d
		40c reimbursed by the organization	
	_		е
	40e	transaction? If "Yes," complete Form 8886-T	
		List the states with which a copy of this return is filed ▶ CA	41
27-82	25-32	a The organization's books are in care of ▶VINAYAK ANANTHARAMU Telephone no. ▶ 92	42a
	- 201	651 N COLCANNON DR	
1	5391		
Yes 1	401		b
2	. 42b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	
	_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	
		Financial Accounts (FBAR).	
2	42c	At any time during the calendar year, did the organization maintain an office outside the United States?	С
	_	If "Yes," enter the name of the foreign country ▶	
▶		Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	43
		and enter the amount of tax-exempt interest received or accrued during the tax year 43	
Yes I			
		3 , , , , , , , , , , , , , , , , , , ,	44a
1 2	44a	completed instead of Form 990-EZ	_
-		3 , , , , , , , , , , , , , , , , , , ,	b
+ +		completed instead of Form 990-EZ	
: 2	. 44c	J J J J J J J J J J J J J J J J J J J	C
	444		d
	450	Did the experiencian boys a controlled entity within the manning of coction E12/b)/12/2	452
	- 		
2	45b		
	45a	, , , , , , , , , , , , , , , , , , , ,	45a b

Page 4

46 [Did the organization engage, directly or indirectly, in po	olitical campaign activ	vities on behalf of or in	opposition		162	NO
	to candidates for public office? If "Yes," complete Sche				46	j	X
Par	t VI Section 501(c)(3) Organizations O						
	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	ο O to respond to a	ny question in this P	art VI			
	<u>-</u>					Yes	No
	Did the organization engage in lobbying activities or ha	ive a section 501(h)	election in effect during	the tax		103	
	year? If "Yes," complete Schedule C, Part II				47	-	X
48	Is the organization a school as described in section 170	0(b)(1)(A)(ii)? If "Yes	," complete Schedule E		48		X
	Did the organization make any transfers to an exempt of "Yes," was the related organization a section 527 org		d organization?		49	_	X
	Complete this table for the organization's five highest of		oes (other than officers			ום	Ь
	employees) who each received more than \$100,000 of		•		-		
		(b) Average	(c) Reportable	(d) Health benefits,	(a) Fatima		
	(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed	other co		
NOI	NE						
	T. I.						
	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest of	compensated indeper	dent contractors who	and received more tha	n		
31 (\$100,000 of compensation from the organization. If the	ere is none, enter "No	ne."	sacii received more ma			
	(a) Name and business address of each independent	contractor	(b) Тур	pe of service	(c) Comp	ensatior	า
NON	 IE						
d	Total number of other independent contractors each re	ceiving over \$100,00	00 •				
	Did the organization complete Schedule A? Note: All s	ection 501(c)(3) orga	anizations must attach a	a			
	completed Schedule A			<u></u>	X Ye		No
Under p	penalties of perjury, I declare that I have examined this return orrect, and complete. Declaration of preparer (other than offic	n, including accompany er) is based on all infor	ing schedules and statem mation of which preparer l	ents, and to the best of my has anv knowledge.	/ knowledge	and beli	ef, it is
	, , , , , , , , , , , , , , , , , , ,	, =====================================		,			
Sign	Signature of officer			ate			
Here	RAJESH KRISHNAIAH		TREASUR	ER			
	Type or print name and title			15:			
_	Print/Type preparer's name	Preparer's signature		Date		IN	
Paid	GANGARAJU HANUMAIAH			07/04/20 self-e		145878	
Prepa			0.01	Firm's EIN ▶	47-4	<u>8731</u>	<u>.97</u>
Use C	Only Firm's address • 633 E FERNHURS T KATY, TX 77450		.001	Phone no. 8	44-29	8-1 <u></u> 0	40
May t	the IRS discuss this return with the preparer shown abo	ove? See instructions	s		▶ X		No
					Form 99	30-EZ	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			SAN JOAQUIN	KANNADA	<u>SANGHA</u>			84-261	.5041		
Pi	art	Reas	on for Public Charit	y Status (All or	rganizatior	ns must	compl	ete this part.) See instr	uctions.		
Γhe	orga	nization is no	ot a private foundation beca	use it is: (For lines	1 through 1	2, check	only one	box.)			
1		A church, co	onvention of churches, or as	ssociation of churc	hes describe	d in sect	ion 170	(b)(1)(A)(i).			
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach So	chedule E (Fo	orm 990 (or 990-E	Z).)			
3		A hospital or	r a cooperative hospital ser	vice organization o	described in	section 1	70(b)(1)	(A)(iii).			
4		A medical re	esearch organization operat	ted in conjunction	with a hospita	al describ	ed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		-	organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		_	(b)(1)(A)(iv). (Complete Pa	_	•	•	,				
6			ate, or local government or		t described ir	section	170(b)(1)(A)(v).			
7	X	An organizat	_	a substantial part o	of its support			ental unit or from the general	public		
8			y trust described in sectior			art II.)					
9	Ħ	-	-			-	erated in	conjunction with a land-grant	college		
								e, city, and state of the colleg			
10		receipts from support from	n activities related to its exe n gross investment income	empt functions—su and unrelated bus	ubject to certa iness taxable	ain excep income	itions, ar (less sec	butions, membership fees, ar nd (2) no more than 33 1/3% o ction 511 tax) from businesse	of its		
			the organization after June		` '		•	•			
11	Н	•	tion organized and operate	•	•	•		. , ,			
12		of one or mo	ore publicly supported organ	nizations described	d in section :	509(a)(1)	or sect i	nctions of, or to carry out the lon 509(a)(2). See section 5	09(a)(3).		
	_		<u> </u>		• • • • • • • • • • • • • • • • • • • •	•	-	on and complete lines 12e, 12	•		
	а							ed organization(s), typically b e directors or trustees of the	y giving		
			ng organization. You must				inty of the	e directors or trustees or the			
	b			-			ith its su	pported organization(s), by h	aving		
	-							hat control or manage the su	=		
			tion(s). You must comple			•					
	С	Type III its suppo	functionally integrated. A priced organization(s) (see in	supporting organistructions). You r	ization opera nust comple	ted in co	nnection V, Secti o	with, and functionally integra	ted with,		
	d	Type III	non-functionally integrat	ed. A supporting o	rganization o	perated	in conne	ction with its supported orgar	nization(s)		
			ot functionally integrated. T nent (see instructions). Yo u					ion requirement and an atten d Part V.	tiveness		
	е		nis box if the organization re ally integrated, or Type III n					t it is a Type I, Type II, Type I n.	II		
	f	Enter the nu	mber of supported organiza	ations	-						
	g	Provide the f	following information about	the supported org	anization(s).						
(i)		e of supported ganization	(ii) EIN	(iii) Type of orgodescribed on line	nes 1–10	(iv) Is the o	r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instr	ructions))	docur Yes		instructions)	instructions)		
<u>/A\</u>						res	No				
(A)											
(B)											
(C)										_	
(D)										_	
(E)											
(-)											
Γota	ıl										

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	•					•	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					16	,340	16,340
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					16	,340	16,340
6	Public support. Subtract line 5 from line 4							16,340
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
7	Amounts from line 4					16	,340	16,340
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							16,340
12	Gross receipts from related activities, etc	c. (see instructions	s)				12	
13	First five years. If the Form 990 is for the	e organization's f	irst, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
	organization, check this box and stop he							
Sec	tion C. Computation of Public S							
14	Public support percentage for 2019 (line	6, column (f) divid	ded by line 11, co	olumn (f))			14	100.00%
15	Public support percentage from 2018 Sc	hedule A, Part II,	line 14				15	%
16a	33 1/3% support test—2019. If the orga	nization did not c	heck the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check t	his	
	box and stop here . The organization qu							> X
b	33 1/3% support test—2018. If the orga				ine 15 is 33 1/3%	or more, ch	eck	
	this box and stop here. The organization							▶ ∟
17a	10%-facts-and-circumstances test—2	_						
	10% or more, and if the organization me				-	-		
	Part VI how the organization meets the "	facts-and-circums	stances" test. The	e organization qua	ilifies as a publicly	supported		
	organization							▶ ∟
b	10%-facts-and-circumstances test—2	•						
	15 is 10% or more, and if the organization				-			
	Explain in Part VI how the organization r	neets the "facts-a	nd-circumstances	s" test. The organ	ization qualifies a	s a publicly		
								▶ ∟
18	Private foundation. If the organization of							_
	instructions							▶ ∐

Page 3

84-2615041

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	quamy under		a solott, plaa	oo oompioto i	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
800	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 201F	(b) 2016	(a) 2017	(4) 2040	(=) 2010	(f) Tatal
9		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			-	n 501(c)(3)	▶ □
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line			olumn (f))		15	%
16	Public support percentage from 2018 Sch						%
Sec	tion D. Computation of Investm	ent Income F	Percentage				
17	Investment income percentage for 2019			e 13, column (f))		17	%
18	Investment income percentage from 2018					40	%
19a	33 1/3% support tests—2019. If the organization	anization did not	check the box on				
	17 is not more than 33 1/3%, check this b	oox and stop he r	re. The organizati	on qualifies as a p	oublicly supported	d organization	▶ □
b	33 1/3% support tests—2018. If the organization						
	line 18 is not more than 33 1/3%, check t	-	=			=	▶ ∐
20	Private foundation. If the organization d	id not check a bo	ox on line 14 19a	or 19b, check th	is box and see ins	structions	>

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b (Form 990	or 990-l	EZ) 2019

SAN JOAQUIN KANNADA SANGHA 84-2615041 Schedule A (Form 990 or 990-EZ) 2019 Page **5** Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations No Yes Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI the role played by the organization in this regard.*

3a

	ule A (Form 990 or 990-EZ) 2019 SAN JOAQUIN KANNADA SANGHA		84-2615	041 P	age 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov.	20, 1970 (explain in Part	VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations in	must c	complete Sections A thro		
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	ar
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
СО	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
	a Average monthly value of securities	1a			
	b Average monthly cash balances	1b			
	c Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	tion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
en	nergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrat	ed Ty	pe III supporting organiza	ation (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	Current Year				
1	Amounts paid to supported organizations to accomplish exempt p	ourposes			
2	Amounts paid to perform activity that directly furthers exempt pur	poses of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the org	ganization is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
-	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
9	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
	Excess from 2016				
	Excess from 2017	_		,	
d	Excess from 2018				
e	Excess from 2019			/Farm 000 at 000 F7\ 2040	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	rm 990 or 990-EZ) 2019	SAN JOAQUII	N KANNADA	SANGHA	84-2615041	Page 8
Part VI	Supplemental In: III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part \	Iformation. Provide I, Section A, lines 1, Part IV, Section C, li I, line 1; Part V, Sec	the explanatio 2, 3b, 3c, 4b, ne 1; Part IV, s stion B, line 1e	ns required by 4c, 5a, 6, 9a, Section D, line ; Part V, Secti	y Part II, line 10; Part II, line 17a or 9b, 9c, 11a, 11b, and 11c; Part IV, es 2 and 3; Part IV, Section E, lines on D, lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b
	lines 2, 5, and 6.	Also complete this p	art for any add	ditional inform	ation. (See instructions.)	
• • • • • • • • • • • • • • • • • • • •						

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 **2019**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

SAN JOAQUIN KANNADA SANGHA

Employer identification number 84-2615041

SCRIPTION	1	AMOUNT	
XPENSES			
PROMOTIONAL, TROPIES, SASHE	s \$	1,169	
PUBLICITY	\$	353	
SUPPLIES	\$	1,236	
INSURANCE	\$	495	
BANK CHARGES	\$	125	
FOOD EXPENSES	\$	2,858	
DECORATION EXPENSE	\$	597	
AUTO	\$	42	
DESIGNING	\$	246	
SHIPPING	\$	1,266	
WEBSITE SERVICES	\$	120	
······································	TOTAL \$	8,507	
FORM 990-EZ, PART III - PRIMARY OUR MISSION IS TO INSPIRE KANNA CONTRIBUTE TO PROMOTE THE CULTY KARNATAKA AND, TO BECOME INVOLV	ADIGAS, TO	COME TOGETHER, CONNECT AN	
ORM 990-EZ, PART III, LINE 31 EMBERSHIP FEES	- ALL OTH	ER ACCOMPLISHMENT	

Schedule A, Part II, Line 1(e)

	Description	Amount
MEMBERSHIP		\$ 1,080 15,260
TOTAL		\$ 16,340

Form 199 Return Summary

For calendar year 2019, or tax year beginnin 97/24/2019 , and ending 12/31/2019

84-2615041

5,939

SAN JOAQUIN KANNADA SANGHA

Assets Liabilities

Net assets

Gross sales / receipt	S				
Dues from members					
Contributions / grants	s	16,340			
Total costs					
Expenses		10,401			
Excess / (deficit)			5	,939	
Filing fee					
Total payments					
Penalties and interes	st				
Use tax					
Balance due					
Refund					
		Balance Sheet			
	Beginning	Ending	3	Differences	
Assets			5,939		

5,939

Miscellaneous Information

Amended return Return / extended due date 0.7/15/20

DEPARTMENT OF JUSTICE

PAGE 1 of 1

STATE OF CALIFORNIA 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:

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

(For Registry Use Only)

		, 22.22 2222 222.311 12000.11 1110 0.1101010			
SAN JOAQUIN KANNA	DA S	ANGHA	Check if:		
Name of Organization			Change of address		
List all DBAs and names the organizati	on uses or	has used			
1267 WILLIS ST.,			Amended report		
Address (Number and Street)					
REDDING		CA 96001	State Charity Registration Number		
City or Town, State, and ZIP Code 925-327-8222			_		
Telephone Number			Corporation or Organization No. $f 4$.	301236	
RAJESH.KRISHNAIAH@GM	AIL.CO	M			
E-mail Address				4-2615	041
ANNUAL REGIST	RATION	RENEWAL FEE SCHEDULE (11 Cal. Code F Make Check Payable to Department of .	•	312)	
Gross Annual Revenue	Fee	Gross Annual Revenue	Gross Annual Revenue		Fee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25		Between \$1,000,001 and Between \$10,000,001 and	•	
	Ţ- U		Greater than \$50 million	. 70001	\$300
PART A - ACTIVITIES			1		,
For your most recent full acco	ounting pe	riod (beginning $07/24/19$ ending $12/19$	/31/19) list:		
Gross Annual Revenue \$	16,	340 Noncash Contributions \$	O Total Assets \$	5	<u>,939</u>
Progran	n Expense	s \$ <u>10,094</u> Total Expenses	10,401		
PART B - STATEMENTS REGARD	ING ORG	ANIZATION DURING THE PERIOD OF THIS	REPORT		
		answer "yes" to any of the questions below, you			
•	-	each "yes" response. Please review RRF-1 inst		Yes	No
	•	loans, leases or other financial transactions between the org an entity in which any such officer, director or trustee had ar	· ·		х
During this reporting period, was there are	ny theft, embe	ezzlement, diversion or misuse of the organization's charitable	e property or funds?		х
During this reporting period, were any org	ganization fur	nds used to pay any penalty, fine or judgment?			х
During this reporting period, were the ser coventurer used?	vices of a co	mmercial fundraiser, fundraising counsel for charitable purpo	ses, or commercial		х
5. During this reporting period, did the organ	nization recei	ve any governmental funding?			х
During this reporting period, did the organ	nization hold	a raffle for charitable purposes?			х
7. Does the organization conduct a vehicle of	donation proເ	gram?			х
Did the organization conduct an independ generally accepted accounting principles		d prepare audited financial statements in accordance with ting period?			х
9. At the end of this reporting period, did the	e organization	hold restricted net assets, while reporting negative unrestric	ted net assets?		х
	-	ave examined this report, including accomplete, and I am authorized to sign.	panying documents, and to the bo	est of my kr	nowledge
•		•			
Signature of Authorized Age	nt .	RAJESH KRISHNAIAH Printed Name	<u>TREASURER</u> Title	 Dat	
Signature of Authorized Age	iil	Fillited Name	riue	Dal	.0

07/04/2020 2:37 PM Pg 20

034

STATE OF CALIFORNIA CT-TR-1 (Orig. 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 TREASURER'S REPORT ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code 11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

DEPARTMENT OF JUSTICE PAGE 1

(For Registry Use Only)

SAN JOAQUIN KANNADA SANGHA Name of Organization	State Charity Registration Number
1267 WILLIS ST., STE 200 Address (Number and Street)	Corporation or Organization No. 4301236
REDDING CA 96001 City or Town, State and ZIP Code	Federal Employer I.D. No. 84-2615041

For annual accounting period (beginning 07/24/19 ending 12/31/19)

BALANCE SHEET					
SSETS			LIABILITIES		
Cash	\$	5,939	Accounts Payable	\$	0
Savings	\$	0	Salary Payable	\$	0
Investment	\$	0	Other Liabilities	\$	0
Land/Buildings	\$	0	TOTAL LIABILITIES	\$	
Other Assets	\$	0		Φ	0
TOTAL ASSETS	\$	5,939	FUND BALANCE		
	•	5,959	Total Assets less Total Liabilities	\$	5,939

REVENUE STATEMENT

EXPENSES

TOTAL EXPENSES

REVENUE	
Cash Contributions	\$ 16,340
Noncash Contributions	\$ 0
Program Revenue	\$ 0
Investments	\$ 0
Special Events	\$ 0
Other Revenue	\$ 0
TOTAL REVENUE	\$ 16,340
NET REVENUE	
Total Revenue less Total Expenses	\$ 6,434

Compensation of Officers/Directors	\$ 0
Compensation of Staff	\$ 0
Fundraising Expenses	\$ 0
Rent	\$ 1,527
Utilities	\$ 0
Supplies/Postage	\$ 0
Insurance	\$ 0
Other Expenses	\$ 8,379

9,906

SEE STATEMENT 1

I hereby 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.

	RAJESH KRISHNAIAH	TREASURER	
Signature of Authorized Agent	Printed Name	Title	Date

California Statements

Statement 1 - Form CT-TR-1 - Other Expenses

Description	 Amount
AUTO	\$ 42
BANK CHARGES	125
DECORATION EXPENSE	597
DESIGNING	246
FOOD EXPENSES	2,858
LEGAL	97
MANAGEMENT	43
PRINTING, PUBLICATIONS, POST	227
PROMOTIONAL, TROPIES, SASHES	1,169
PUBLICITY	353
SHIPPING	1,266
SUPPLIES	1,236
WEBSITE SERVICES	 120
TOTAL	\$ 8,379

Form **990-EZ**

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)

OMB No. 1545-0047 **2019**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

 $\red {\bf po not enter social security numbers on this form, as it may be made public.} \\$

▶Go to www.irs.gov/Form990EZ for instructions and the latest information.

Charme of expensions Charme of expensions	<u>A</u>	For the	<u>e 2019 caler</u>	dar year, or tax year beginnin $\emptyset 7/24/19$, and ending $12/31$,	/19		
Name of various SAN JOAQUIN KANNADA SANGHA Representations Representation Repres	В	Check if applicable: C Name of organization					entification number
Number and steed in Po. Do. x. finals and delevered to street advances) Roomhvalle E Telephone number 257 - 327 - 8222 PS25 - 327 - 8222	Ц		-	an	04 061	E041	
Frant returnetemasted Application pending	37		•				
Care dependency monthing Care of the province, country, and 2iP or foreign notated order. Care 96001 F Group Exemption REDDING Care 96001 F Group Exemption F	A			·			
REDDING Recounting Method: X Cash Accrual Other (specify) ➤ Accrual Other (specify) → Accrual Other (s	Н						
Second	Н						•
Website: HTTPS://SANJOAQUINKANNADASANGHA. ORG/ Tax-exempt status (check only one) X 501(c)(x) 501(c)(x) 4 (insert no.) 4947(a)(1) or 527 K Form of organization: X Corporation Trust Association Other	\Box				11.0		
Tax-exempt status (check only one) -	G		•				
Form of organization: X Corporation Trust Association Other	١.				_	•	
L Add lines 5h, 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 Part I	_				527 (F	orm 990, 990-EZ, 0	or 990-PF).
Part I			_		:64-4-1		
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 1							16 240
Check if the organization used Schedule O to respond to any question in this Part I 1							
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold 7 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 16, 340 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 1 12 Salairies, other compensation, and employee benefits 12 1 13 Professional fees and other payments to independent contractors 13 1.40 14 Occupancy, rent, utilities, and maintenance 14 1.7, 527 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (defict) for the year (subtract line 17 from line 9) 18 Excess or (defict) for the year (subtract line 17 from line 9) 19 Net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in ent assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (exp		art i					
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	Z	21					5,939

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

Form 990-EZ (2019) SAN JOAQUIN KANNADA SANGHA 84-2615041

Part II	Check if the organization used Schedule C	,	nv guestion in this Pa	art II		
	<u> </u>	10 .00poa 10 a		ginning of year		(B) End of year
22 Cash, sav	vings, and investments			0	22	5,939
23 Land and	buildings			0	23	
	sets (describe in Schedule O)			0	24	
25 Total ass				0	25	5,939
26 Total liak	bilities (describe in Schedule O)			0	26	(
Part III	ts or fund balances (line 27 of column (B) must a Statement of Program Service Acco			for Port III)	27	5,939
rait III	Check if the organization used Schedule C	•	,			Expenses
What is the o	rganization's primary exempt purpose?	to respond to a	iny question in this re	art III <u></u>	(Re	quired for section
SEE SCHE	. , , , ,				,	(c)(3) and 501(c)(4)
Describe the	organization's program service accomplishments t	for each of its thre	e largest program servi	ces,		anizations; optional for
as measured	by expenses. In a clear and concise manner, desc	cribe the services	provided, the number o	f	oth	ers.)
persons bene	fited, and other relevant information for each prog	ram title.				
28 RAJYO	THSAVA IS TO INSPIRE KANNADIGAS, TO C	OME TOGETHER,	CONNECT AND			
	IBUTE TO PROMOTE THE CULTURAL, HERITA					
	TAKA AND, TO BECOME INVOLVED IN GIVIN					0.06
(Grants\$	•		neck here		28a	9,867
29						
(Grants\$) If this amount includes				29a	
30	y in time difficult infoldation					
					•	
(Grants\$) If this amount includes				30a	
31 Other pro	gram services (describe in Schedule O)			<u></u>		
(Grants\$) If this amount includes				31a	227
	gram service expenses (add lines 28a through 3	81a)		<u></u>	32	10,094
Part IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	espond to any que	eacn one even if not co stion in this Part IV	mpensated — s	ee tne i	nstructions for Part W
	(a) Name and title	(b) Average	(c) Reportable compensation	(d) Health ber	nefits,	(e) Estimated amount of
	(a) Name and title	hours per week devoted to position		benefit plans	and	other compensation
KALPAN	A PRABHAKARA		(ii not para, enter -0-)	deletted compe	Hoduon	
CEO		0.00	0		0	
VINAYAI	C ANANTHARAMU					
SECRETA	ARY	0.00	0		0	C
RAJESH	KRISHNAIAH					
TREASU	RER	0.00	0		0	(

Form 990-EZ (2019) SAN JOAQUIN KANNADA SANGHA

84-2615041

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.	∍ art 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			37
250	change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		X
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	. 335		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
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 39a	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	() ()			
	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	405		v
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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			
Ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	-		
u	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 ▶ CA			
42a	The organization's books are in care of ▶VINAYAK ANANTHARAMU Telephone no. ▶ 92	5-32	7-8	222
	651 N COLCANNON DR			
	Located at ▶ MOUNTAIN HOUSE CA ZIP + 4 ▶ 9	5391		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 42b		X
	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	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
·	If "Yes," enter the name of the foreign country	720		
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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
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	. 44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?			Х
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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		X

Form 990-EZ (2019)

Page 4

										·	res	NO
		ganization engage, directly or indirectly, in polit								40		7.7
Part	t VI	ates for public office? If "Yes," complete Schedu Section 501(c)(3) Organizations On All section 501(c)(3) organizations must a	ly							46		X
		50 and 51. Check if the organization used Schedule (
											Yes	No
		ganization engage in lobbying activities or have	e a section 501(h)	election ir	n effect during	the tax			ſ			
		es," complete Schedule C, Part II			to Schodulo E				····	47 48		X X
48 ∣ 49a [S life orga Did the or	ganization a school as described in section 1700 ganization make any transfers to an exempt no	on-charitable relate	, comple d organiz	ation?					49a		X
b	f "Yes." w	vas the related organization a section 527 organ	nization?	a organiz					• • •	49b		
50 (Complete	this table for the organization's five highest cors) who each received more than \$100,000 of co	mpensated employ						key	•	•	
	<u> </u>	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) F	Reportable npensation	(d) Heal contribution benefit deferred o	th bene	fits, plovee		imated r compe		
NON	NE .					40.04	р					
			.									
51 (\$100,000	this table for the organization's five highest cor of compensation from the organization. If there Name and business address of each independent or	e is none, enter "No	ndent con ne."		e of service	ed mor	e than	(c) Co	ompens	sation	
NON	Е											
52 [Did the or	ber of other independent contractors each rece ganization complete Schedule A? Note: All sec d Schedule A	ction 501(c)(3) orga	nizations	must attach a			▶	X	Yes		lo
Under p	penalties correct, and	of perjury, I declare that I have examined this return, i complete. Declaration of preparer (other than officer	including accompany) is based on all infor	ng schedu mation of v	ules and stateme which preparer h	ents, and to as any kno	the best wledge.	of my k	nowle	dge and	d belie	f, it is
Sign		Signature of officer RAJESH KRISHNAIAH			TREASURI							
Here		Type or print name and title			TVTOOV	-1 /						
	Prin	*	reparer's signature			Date		Ch	:.	PTIN		
Paid	CAN	IGARAJU HANUMAIAH				07/	04/20	Check self-em	if ployed	P014	58781	o
Prepa		n's name RIGHTTAXMATE				1077	Firm's E			-487		
Use C	\l		DR UNIT 1	.001				no. 84				
May th	he IRS di	scuss this return with the preparer shown above	e? See instructions							X Yes		No
		···								990-		20101

SCHEDULE A (Form 990 or 990-EZ)

(1 01111 770 01 770 E2

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2019**

> Open to Public Inspection

Name of the organization

SAN JOAQUITN KANNADA SANGHA

Employer identification number

			SAN JOAQUIN	KANNADA	<u>SANGHA</u>			84-261	.5041	
Pi	art	Reas	on for Public Charit	y Status (All or	rganizatior	ns must	compl	ete this part.) See instr	uctions.	
Γhe	orga	nization is no	ot a private foundation beca	use it is: (For lines	1 through 1	2, check	only one	box.)		
1		A church, co	onvention of churches, or as	ssociation of churc	hes describe	d in sect	ion 170	(b)(1)(A)(i).		
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach So	chedule E (Fo	orm 990 (or 990-E	Z).)		
3		A hospital or	r a cooperative hospital ser	vice organization o	described in	section 1	70(b)(1)	(A)(iii).		
4		A medical re	esearch organization operat	ted in conjunction	with a hospita	al describ	ed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and stat	te:							
5		-		t of a college or ur	niversity own	ed or ope	rated by	a governmental unit describe	ed in	•
		_	(b)(1)(A)(iv). (Complete Pa	_	•	•	,			
6			ate, or local government or		t described ir	section	170(b)(1)(A)(v).		
7	X	An organizat	_	a substantial part o	of its support			ental unit or from the general	public	
8			y trust described in sectior			art II.)				
9	Ħ	-	-			-	erated in	conjunction with a land-grant	college	
								e, city, and state of the colleg		
10		receipts from support from	n activities related to its exe n gross investment income	empt functions—su and unrelated bus	ubject to certa iness taxable	ain excep income	itions, ar (less sec	butions, membership fees, ar nd (2) no more than 33 1/3% o ction 511 tax) from businesse	of its	
			the organization after June		` '		•	•		
11	Н	•	tion organized and operate	•	•	•		. , ,		
12		of one or mo	ore publicly supported organ	nizations described	d in section :	509(a)(1)	or sect i	nctions of, or to carry out the lon 509(a)(2). See section 5	09(a)(3).	
	_		<u> </u>		• • • • • • • • • • • • • • • • • • • •	•	-	on and complete lines 12e, 12	•	
	а							ed organization(s), typically b e directors or trustees of the	y giving	
			ng organization. You must				inty of the	e directors or trustees or the		
	b			-			ith its su	pported organization(s), by h	aving	
	-							hat control or manage the su	=	
			tion(s). You must comple			•				
	С	Type III its suppo	functionally integrated. A priced organization(s) (see in	supporting organistructions). You r	ization opera nust comple	ted in co	nnection V, Secti o	with, and functionally integra	ted with,	
	d	Type III	non-functionally integrat	ed. A supporting o	rganization o	perated	in conne	ction with its supported orgar	nization(s)	
			ot functionally integrated. T nent (see instructions). Yo u					ion requirement and an atten d Part V.	tiveness	
	е		nis box if the organization re ally integrated, or Type III n					t it is a Type I, Type II, Type I n.	II	
	f	Enter the nu	mber of supported organiza	ations	-					
	g	Provide the f	following information about	the supported org	anization(s).					
(i)		e of supported ganization	(ii) EIN	(iii) Type of orgodescribed on line	nes 1–10	(iv) Is the o	r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instr	ructions))	docur Yes		instructions)	instructions)	
<u>/A\</u>						res	No			
(A)										
(B)										
(C)										_
(D)										_
(E)										
(-)										
Γota	ıl									

SAN JOAQUIN KANNADA SANGHA 84-2615041 Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 16,340 16,340 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 16,340 16,340 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 16,340 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 16,340 16,340 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or

Sec	ction C. Computation of Public Support Percentage		
	organization, check this box and stop here	<u></u>	▶
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	_
12	Gross receipts from related activities, etc. (see instructions)	. 12	
11	Total support. Add lines 7 through 10		16,34
	loss from the sale of capital assets (Explain in Part VI.)		

11	Total support. Add lines 7 through 10		16,340
12	Gross receipts from related activities, etc. (see instructions)	12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
	organization, check this box and stop here		
Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check t	nis	
	box and stop here . The organization qualifies as a publicly supported organization		▶ X
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, ch	eck	
	this box and stop here . The organization qualifies as a publicly supported organization		▶ □
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in		
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported		
	organization		▶ □
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line		
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.		
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly		
	supported organization		▶ □
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
	instructions		▶ □

Schedule A (Form 990 or 990-EZ) 2019

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Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

800	tion A. Public Support	quality under	the tests liste	u below, pleas	se complete P	art II.)	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2010	(a) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
800	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2013	(b) 2010	(6) 2017	(u) 2010	(6) 2019	(I) Total
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's f	irst, second, third	, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop her						▶
Sec	tion C. Computation of Public S	upport Perce	entage				
15	Public support percentage for 2019 (line 8						%
16	Public support percentage from 2018 Sch						%_
	tion D. Computation of Investme			- 401 (0)			01
17 12	Investment income percentage for 2019 ((111-1) 47			40	%
18 19a	Investment income percentage from 2018 33 1/3% support tests—2019. If the organization			line 14 and line	 15 is more than 3		<u></u>
ıJa	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2018. If the orga		_			-	nd
-	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	-	_	-		_	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b (Form 990	or 990-l	EZ) 2019

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Sched	ule A (Form 990 or 990-EZ) 2019 SAN JOAQUIN KANNADA SANGHA 84-20	515041		Page 5
Pai	t IV Supporting Organizations (continued)		П	1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
Seci	ion B. Type I Supporting Organizations		Yes	No
4	Did the directors tructoes or membership of one or more supported organizations have the newer to		res	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Saat	supervised, or controlled the supporting organization.	2		1
Seci	ion C. Type II Supporting Organizations		Vaa	No
	Mana a majority of the approximation's dispotance of the design of the dispotance		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soct	the supported organization(s).	1		1
Seci	ion D. All Type III Supporting Organizations		Vaa	No
4	Did the ergenization provide to each of its supported erganizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soct	supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations	3		l
		instructions)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	msuucuons).		
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity.</i>	v (see instruct	ione)	
·	The organization supported a governmental entity. Describe in Fart Vi now you supported a government entity	y (300 mandon	0113).	
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
- <i>.</i>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zu		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
•	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (zations	70 II Tage 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o			VI). See
instructions. All other Type III non-functionally integrated supporting organizations	must co	mplete Sections A thro	ugh E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra	ated Type	e III supporting organiza	ation (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

SAN JOAQUIN KANNADA SANGHA 84-2615041 Schedule A (Form 990 or 990-EZ) 2019 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 **a** From 2014 **b** From 2015 **c** From 2016 **d** From 2017 e From 2018 f Total of lines 3a through e **g** Applied to underdistributions of prior years **h** Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015 **b** Excess from 2016 ... c Excess from 2017

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

Schedule A (Fo	rm 990 or 990-EZ) 2019	SAN JOAQUIN	KANNADA	SANGHA	84-2615041	Page 8
Part VI	Supplemental Inf III, line 12; Part IV B, lines 1 and 2; F	f ormation. Provide th , Section A, lines 1, 2 Part IV, Section C, line	ne explanation 2, 3b, 3c, 4b, e 1; Part IV, \$	ns required by 4c, 5a, 6, 9a, Section D, line	Part II, line 10; Part II, line 17a or 9b, 9c, 11a, 11b, and 11c; Part IV, s 2 and 3; Part IV, Section E, lines on D, lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b
	lines 2, 5, and 6. A	Also complete this pa	rt for any add	litional informa	ation. (See instructions.)	
•						
•						
•						

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

SAN JOAQUIN KANNADA SA	NGHA	84-2615041
FORM 990-EZ, PART I, LINE 16 - O	THER EXPI	ENSES
DESCRIPTION		AMOUNT
EXPENSES		
PROMOTIONAL, TROPIES, SASHES	\$	1,169
PUBLICITY	\$	353
SUPPLIES	\$	1,236
INSURANCE	\$	495
BANK CHARGES	\$	125
FOOD EXPENSES	\$	2,858
DECORATION EXPENSE	\$	597
AUTO	\$	42
DESIGNING	\$	246
SHIPPING	\$	1,266
WEBSITE SERVICES	\$	120
TO	FAL \$	8,507
FORM 990-EZ, PART III - PRIMARY 1	EXEMPT PU	JRPOSE
OUR MISSION IS TO INSPIRE KANNAD	IGAS, TO	COME TOGETHER, CONNECT AND
·····		
CONTRIBUTE TO PROMOTE THE CULTURA	AL, HERI	TAGE AND LINGUISTICS FACETS OF

0.34 DO NOT MAIL THIS FORM TO THE FTB Date Accepted California e-file Return Authorization for TAXABLE YEAR 2019 **Exempt Organizations** 8453-EO **Exempt Organization name** Identifying number SAN JOAQUIN KANNADA SANGHA 84-2615041 Electronic Return Information (whole dollars only) 16,340 1 Total gross receipts (Form 199, line 4) 16,340 2 Total gross income (Form 199, line 8) 10,401 **3** Total expenses and disbursements (Form 199, Line 9) Part II Settle Your Account Electronically for Taxable Year 2019 Electronic funds withdrawal 4b Withdrawal date (mm/dd/yyyy) 4 4a Amount Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number 7 Type of account: Checking Savings 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 2019 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. Sign Signature of officer Here 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, 2019 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. Check if Check if self-**ERO's PTIN** ERO'salso paid **ERO** P01458780 signature Must Firm's FFIN Firm's name (or yours RIGHTTAXMATE 47-4873197 Sign if self-employed) 633 E FERNHURST DR UNIT 1001 ZIP code and address 77450 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 PTIN Paid Check Paid if selfpreparer's employed signature **Preparer** Firm's FEIN Must Firm's name (or yours if self-employed) Sign and address

TAXABLE YEAR California Exempt Organization 2019 Annual Information Return

FORM

	2019	Annual Inform	ation Return			199	
_		ar 2019 or fiscal year beginning (mm/dd/yyyy) 07/24/2	019 , and ending (mm/dd/yyy		31/2019	
Cor	poration/Orga			73		nia corporation number	
Add	ditional informa	SAN JOAQUI	N KANNADA SANGI	IA	FEIN	01236	
, , ,	anonai iniorine	alon. God monuculono.				2615041	
Stre	eet address (si	uite or room)			101	PMB no.	
	1267 T	WILLIS ST., STE	200				
City	/				State	Zip code	
	REDDII	NG			CA	96001	
For	eign country n	ame	Foreign province/state/county			Foreign postal code	
A B C D	Amended IRC Secti Final Inforr Denter date: Check acc Federal re	IReturn on 4947(a)(1) trust nation Return? ssolved Surrendered (Withdr (mm/dd/yyyy) ounting method: (1) Cash (2) turn filed? (1) 990T (2) ther 990 series	→ Yes X No Yes X No Wes X No Merged/Reorganized	engaged in political activities? S	ee instruction R&TC Section rom nonmemb harity exem the filing fe	s. N/A • Yes No 23701g? • Yes X No er \$ pt under R&TC ee exception,	
G H I	Is this a gr Is this org If "Yes," v	oup filing? See instructions ganization in a group exemption what is the parent's name? anization have any changes to its guidents.	Yes X No	Yes X No Yes X No No Did the organization file Form 100 or Form 109 to report taxable income? O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes X No			
	to the FTB	? See instructions	● Yes X No	Date filed with IRS			
<u>P</u>	art I C	omplete Part I unless not requ				0.0	
F	Receipts and	 Gross dues and assessme Gross contributions, gifts, Total gross receipts for fili 	om other sources. From Side 2, ents from members and affiliate grants, and similar amounts re ng requirement test. Add line 1	es ceived through line 3.	1 2 3	16,34000	
R	evenues	•	eted. If the result is less than $\$$	50,000, see General Information	000000000000000000000000000000000000000	16,340 00	
		5 Cost of goods sold6 Cost or other basis, and sales	evnences of assets sold		<u>0 0</u> 0 0		
		7 Total costs. Add line 5 and	l line 6		7	0 0	
		8 Total gross income. Subtra			• 8	16,340 00	
_	Expenses		rsements. From Side 2, Part II,	line 18	• 9	10,401 00	
_	-xpenses	10 Excess of receipts over ex	penses and disbursements. Su	ubtract line 9 from line 8	• 10	5,939 00	
		11 Total payments			• 11	00	
		12 Use tax. See General Info			• 12	0.0	
_			11 is more than line 12, subtraction		• 13	00	
Filing Fee	filing Fee	14 Use tax balance. If line 12 15 Filing fee \$10 or \$25. See	is more than line 11, subtract I	ine 11 from line 12	• 14 15	00	
		16 Penalties and Interest. Se			16	00	
		17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result			00		
		Under penalties of perjury, I declare that	t I have examined this return, including a	ccompanying schedules and statements,	and to the bes	t of my knowledge and belief, it is	
Sig		true, correct, and complete. Declaration Signature	of preparer (other than taxpayer) is base Title	d on all information of which preparer has	any knowledo	ge. ▼● Telephone	
пе	ere	of officer	TREASURER			925-327-8222	
Pa	iid	Preparer's signature			yed ▶	● PTIN P01458780	
Pr	Firm's FEIN				47-4873197		
Use Only		(or yours, if self-employed) 633 E	FERNHURST DR UN TX 77450	IT 1001		Telephone 844-298-1040	
		May the FTB discuss this retu	rn with the preparer shown abo	ve? See instructions		● X Yes No	

034 3651194 Form 199 2019 **Side 1**

SAN JOAQUIN KANNADA SANGHA

84-2615041

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. 1 Gross sales or receipts from all business activities. See instructions 00 2 2 Interest 00 Receipts Dividends 3 0.0 Gross rents from 4 Other Gross royalties 5 Gross amount received from sale of assets (See Instructions) 00 **Sources** 6 00 Other income. Attach schedule 7 00 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 9 0.0 Contributions, gifts, grants, and similar amounts paid. Attach schedule Disbursements to or for members 10 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 11 Other salaries and wages 12 **Expenses** 13 and Taxes 14 1,52700 15 Rents Disburse-15 16 Depreciation and depletion (See instructions) ments 16 17 Other Expenses and Disbursements. Attach schedule SEE STATEMENT 2 8,87400 17 **18** Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 10,40100 18 Schedule L **Balance Sheet** Beginning of taxable year End of taxable year **Assets** (d) (c) Net accounts receivable 2 Net notes receivable. Inventories Federal and state government obligations Investments in other bonds 7 Investments in stock Mortgage loans Other investments. Attach schedule **a** Depreciable assets **b** Less accumulated depreciation **11** Land Other assets ttach schedule..... 13 Total assets Liabilities and net worth **14** Accounts payable **15** Contributions, gifts, or grants payable **16** Bonds and notes payable 17 Mortgages payable Other liabilities.
Attach schedule 18 19 Capital stock or principal fund Paid-in or capital surplus. **21** Retained earnings or income fund 22 Total liabilities and net worth . 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 Net income per books Income recorded on books this year 2 Federal income tax not included in this return. Attach 3 Excess of capital losses over capital gains schedule 4 Income not recorded on books this year. Deductions in this return not charged Attach schedule against book income this year. Attach 5 Expenses recorded on books this year

Total. Add line 7 and line 8

Subtract line 9 from line 6.

Net income per return.

9

034 3652194 Side 2 Form 199 2019

not deducted in this return.

Attach schedule

6 Total. Add line 1 through line 5

California Statements

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address		
City	State Zip	Title	Avg Compensation Hrs Amount
KALPANA PRABHAKARA	27700 S FAIROAKS RD		
TRACY	CA 95304 CEO		
VINAYAK ANANTHARAMU	651 N COLCANNON DR		
MOUNTAIN HOUSE	CA 95391 SEC	RETARY	
RAJESH KRISHNAIAH	1443 S HART DR		
MOUNTAIN HOUSE	CA 95391 TRE.	ASURER	
TOTAL			0

California Statements

Statement 2 - Form 199, Part II, Line 17 - Other Expenses

Description		Amount
LEGAL	\$	97
MANAGEMENT		43
PRINTING, PUBLICATIONS, POST		227
BANK CHARGES		125
FOOD EXPENSES		2,858
DECORATION EXPENSE		597
AUTO		42
DESIGNING		246
SHIPPING		1,266
WEBSITE SERVICES		120
PROMOTIONAL, TROPIES, SASHES		1,169
PUBLICITY		353
SUPPLIES		1,236
INSURANCE	<u>-</u>	495
TOTAL	\$_	8,874