TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) 01/01/2025, and ending (mm/dd/yyyy) 12/31/2025.

Corporation/Organization name	California corporation number
PROJECT WELL	2625198
Additional information. See instructions.	FEIN 201306611
Street address (suite or room) 2211 BRAEMAR ROAD	PMB no.
City OAKLAND	State CA / ZIP code 94602-2005
Foreign country name / Foreign province/state/county / Foreign postal code	

A First return . . . ☐ Yes ☑ No

B Amended return . . . ● ☐ Yes ☑ No

C IRC Section 4947(a)(1) trust . . . ☐ Yes ☑ No

D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● ____ / _____ / _____

E Check accounting method: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other

F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF
(3) ● ☐ Sch H (990) (4) ☐ Other 990 series

G Is this a group filing? See instructions. . . . ● ☐ Yes ☑ No

H Is this organization in a group exemption . . . ☐ Yes ☑ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . ● ☐ Yes ☑ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. . . . ● ☐ Yes ☑ No

K Is the organization exempt under R&TC Section 23701g?. . ● ☑ Yes ☐ No
If "Yes," enter the gross receipts from nonmember sources . . $ 44,677

L Is the organization a limited liability company? . . . ● ☐ Yes ☑ No

M Did the organization file Form 100 or Form 109 to report taxable income? . . . ● ☐ Yes ☑ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . ● ☐ Yes ☑ No

O Is federal Form 1023/1024 pending? . . . ☐ Yes ☑ No
Date filed with IRS 09/14/2004

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . ●			1	0 00
	2 Gross dues and assessments from members and affiliates . . . ●			2	0 00
	3 Gross contributions, gifts, grants, and similar amounts received . . . ●			3	54,677 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B . . . ●			4	0 00
	5 Cost of goods sold . . . ●	5	0 00		
	6 Cost or other basis, and sales expenses of assets sold . . . ●	6	0 00		
	7 Total costs. Add line 5 and line 6. . . .			7	0 00
	8 Total gross income. Subtract line 7 from line 4. . . . ●			8	54,677 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 . . . ●			9	52,848 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . ●			10	0 00
Payments	11 Total payments . . . ●			11	0 00
	12 Use tax. See General Information K . . . ●			12	0 00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 . . . ●			13	0 00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 . . . ●			14	0 00
	15 Penalties and interest. See General Information J. . . .			15	0 00
	16 **Balance due.** Add line 12 and line 15. Then subtract line 11 from the result . . . ◉			16	0 00

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶	Title	Date	● Telephone
	TREASURER		(510) 387-3009

Paid Preparer's Use Only

Preparer's name ●			
Preparer's signature ▶	Date	Check if self-employed ▶ ☐	● PTIN
Firm's name (or yours, if self-employed) and address ▶			● Firm's FEIN ● Telephone

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

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.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	0 00
	2	Interest	2	0 00
	3	Dividends	3	0 00
	4	Gross rents	4	0 00
	5	Gross royalties	5	0 00
	6	Gross amount received from sale of assets (See instructions)	6	0 00
	7	Other income. Attach schedule	7	0 00
	8	**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	54,677 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	52,848 00
	10	Disbursements to or for members	10	0 00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0 00
	12	Other salaries and wages	12	0 00
	13	Interest	13	0 00
	14	Taxes	14	0 00
	15	Rents	15	0 00
	16	Depreciation and depletion (See instructions)	16	0 00
	17	Other expenses and disbursements. Attach schedule	17	0 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	52,848 00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash		72,270		74,099
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 **Total assets**		72,270		74,099
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
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.

1 Net income per books		7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5			