

Return of Organization Exempt From Income Tax

2022

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA VEHICLE FOUNDATION		D Employer identification number 94-2902791
	Doing business as		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2200 FRONT STREET		
City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95818		G Gross receipts \$ 1,061,298	
F Name and address of principal officer: STEVE KOONCE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1983	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE CALIFORNIA AUTOMOBILE MUSEUM IS TO PRESERVE, EXHIBIT AND TEACH THE STORY OF THE AUTOMOBILE AND ITS INFLUENCE ON OUR LIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 432,890	Current Year 525,357
	9 Program service revenue (Part VIII, line 2g)	184,623	326,644
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,029,459	176,132
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,646,972	1,028,133
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	731	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	170,462	363,404
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	109,021	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	324,623	423,674
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	495,816	787,078	
19 Revenue less expenses. Subtract line 18 from line 12	1,151,156	241,055	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,611,677	End of Year 4,575,470
	21 Total liabilities (Part X, line 26)	501,654	224,390
	22 Net assets or fund balances. Subtract line 21 from line 20	4,110,023	4,351,080

Part II Signature Block

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

Sign Here	STEVE KOONCE			
	Signature of officer	Date		
Paid Preparer Use Only	Type or print name and title STEVE KOONCE, PRESIDENT			
	Print/Type preparer's name Dieter Stenger	Preparer's signature Dieter Stenger	Date 09-28-2023	Check <input type="checkbox"/> if self-employed PTIN P00546336
	Firm's name Homer, Stenger & Company, Inc.	Firm's EIN		
	Firm's address 1010 Racquet Club Dr Ste 107 Auburn CA 95603	Phone no. 530-889-3969		

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

For Paperwork Reduction Act Notice, see the separate instructions.