TAXABLE YEAR

California Exempt Organization Annual Information Return

202	4 Annual Information	Return				199
	ear 2024 or fiscal year beginning (mm/dd/yyyy)/Organization name		, and endin	g (mm/dd/yyyy) California cor	poration number	
Additional in	nformation. See instructions.			FEIN		
Street addre	ess (suite or room)				PMB no.	
City				State	e ZIP code	
Foreign cou	intry name	Foreign province/state/	county		Foreign posta	Il code
B Amende C IRC Sect D Final info	d return	Yes	oid the organization had treported to the FTE exempt under R&TC ngaged in political acts the organization exe "Yes," enter the gross the organization a line organization file axable income?s the organization undulated in a prior year of the filed with IRS	3? See instruction Section 23701d, tivities? See instru mpt under R&TC is receipts from n mited liability com e Form 100 or Fo ler audit by the IR ?	has the organiza actions. Section 23701g' onmember source pany? rm 109 to report	tion • Yes No
Part I C	omplete Part I unless not required to file this form.					
Receipts and Revenues	 Gross sales or receipts from other sources. From Gross dues and assessments from members and Gross contributions, gifts, grants, and similar and Total gross receipts for filing requirement test. A This line must be completed. If the result is less Cost of goods sold Cost or other basis, and sales expenses of assets Total costs. Add line 5 and line 6 	d affiliates	3. eneral Information B 5 6		2 3 3 00 00 00	00 00 00 00
Expenses	 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, 10 Excess of receipts over expenses and disbursem 	, Part II, line 18				00 00 00
Payments	 11 Total payments	2, subtract line 12 fror subtract line 11 from I J	n line 11		11 12 13 14 15 16 16	00 00 00 00 00 00
Sign Here	Under penalties of perjury, I declare that I have examined the true, correct, and complete. Declaration of preparer (other the Signature of officer	his return, including accor than taxpayer) is based or Title	n all information of which	statements, and to t preparer has any kn Date	he best of my know owledge. Telephone	rledge and belief, it is
Paid	Preparer's signature		1	Check if self- employed ▶ □	PTIN Firm's FEIN	
Preparer's Use Only	Firm's name (or yours, if self-employed) and address				Telephone	
	May the FTB discuss this return with the preparer shown above? See instructions					

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					
		1	Gross sales or receipts from all business ac				00
Receipts from		1	Interest				00
		-	3 Dividends				00
		1	4 Gross rents				00
Oth	rces		Gross royalties				00
004		1	6 Gross amount received from sale of assets (See instructions)			00	
			Other income. Attach schedule				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			00	
							00
			Disbursements to or for members			00	
							00
Expenses			2 Other salaries and wages				00
and			1 Taxes 14				00
	urse-		5 Rents				00
mer	its		Depreciation and depletion (See instructions				00
		17	Other expenses and disbursements. Attach	schedule		<u>17</u>	00
		18	Total expenses and disbursements. Add line	9 through line 17. Enter	here and on Side 1, Part I	line 9 18	00
		e L	Balance Sheet		taxable year		xable year
Ass	ets			(a)	(b)	(c)	(d)
							•
2	Net ac	cour	nts receivable				•
3	Net no	tes i	receivable				•
4	4 Inventories						•
5	Federa	l an	d state government obligations				•
6	Invest	men	ts in other bonds				•
7	Invest	men	ts in stock				•
8	Mortga	age l	loans				•
9	9 Other investments. Attach schedule						•
10	a Dep	recia	able assets				
b Less accumulated depreciation							
11	I 1 Land						•
			ts. Attach schedule				•
			ts				
			net worth				
			payable				•
			ons, gifts, or grants payable				•
			notes payable		1		•
			payable				•
			lities. Attach schedule				
			ck or principal fund				•
			capital surplus. Attach reconciliation				•
			arnings or income fund				•
	<u>Total I</u> edule		lities and net worth	uith income ner return			
SCI	ledule	; IVI-	Do not complete this schedule if the a		e 13, column (d), is less tl	nan \$50,000.	
1	Net inc	com	e per books	•	7 Income recorded on	books this year	
2	Federa	l inc	come tax	•	not included in this r	eturn. Attach schedule	•
3	3 Excess of capital losses over capital gains			•	8 Deductions in this re		
4	Incom	ncome not recorded on books this year.					
				· · · · · · · · · · · · · · · · · · ·	•		
5 Expenses recorded on books this year not					9 Total. Add line 7 and line 8		
deducted in this return. Attach schedule				•	1		
			•				•