

California Exempt Organization
Annual Information Return

2024

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.	
Corporation/Organization name _____	
California corporation number _____	
Additional information. See instructions. _____	
FEIN _____	
Street address (suite or room) _____	
PMB no. _____	
City _____	State _____ ZIP code _____
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 ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized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 . . \$ _____
- 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 _____

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	<input checked="" type="checkbox"/>	1		00
	2	Gross dues and assessments from members and affiliates	<input checked="" type="checkbox"/>	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	<input checked="" type="checkbox"/>	3		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.	<input checked="" type="checkbox"/>	4		00
	5	Cost of goods sold	<input checked="" type="checkbox"/>	5		00
	6	Cost or other basis, and sales expenses of assets sold	<input checked="" type="checkbox"/>	6		00
	7	Total costs. Add line 5 and line 6.		7		00
	8	Total gross income. Subtract line 7 from line 4.	<input checked="" type="checkbox"/>	8		00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	<input checked="" type="checkbox"/>	9		00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<input checked="" type="checkbox"/>	10		00
Payments	11	Total payments	<input checked="" type="checkbox"/>	11		00
	12	Use tax. See General Information K	<input checked="" type="checkbox"/>	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<input checked="" type="checkbox"/>	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<input checked="" type="checkbox"/>	14		00
	15	Penalties and interest. See General Information J.	<input checked="" type="checkbox"/>	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<input checked="" type="checkbox"/>	16		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 <input checked="" type="checkbox"/>		Title _____	Date _____	<input checked="" type="checkbox"/> Telephone _____	
Paid Preparer's Use Only	Preparer's signature <input checked="" type="checkbox"/>		Date _____	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> PTIN _____	
	Firm's name (or yours, if self-employed) and address _____				<input checked="" type="checkbox"/> Firm's FEIN _____	
					<input checked="" type="checkbox"/> Telephone _____	
	May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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		00
	2	Interest	●	2		00
	3	Dividends	●	3		00
	4	Gross rents	●	4		00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See instructions)	●	6		00
	7	Other income. Attach schedule	●	7		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		00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00
	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11		00
	Expenses and Disbursements	12	Other salaries and wages	●	12	
13		Interest	●	13		00
14		Taxes	●	14		00
15		Rents	●	15		00
16		Depreciation and depletion (See instructions)	●	16		00
17		Other expenses and disbursements. Attach schedule	●	17		00
18		Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18		00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash				●
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				
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.				

Name of the organization	Employer identification number
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