TAXABLE YEAR

California Exempt Organization Annual Information Return

2023	3 Annual Information Return			
Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy) Corporation/Organization name California corporation				ioration number
Additional inf	ormation. See instructions.		FEIN	
Street address (suite or room)			PMB no.	
City			State	ZIP code
Foreign coun	try name Foreig	n province/state/county		Foreign postal code
 B Amended C IRC Secti D Final info ● □ Dis Enter date E Check act F Federal re (4) □ Ott G Is this a g H Is this org 	rn	Yes No Yes No J If exempt under R&TC sengaged in political active organization exemplif "Yes," enter the gross Anized K Other Is the organization a lim Dther Did the organization file taxable income? No No	? See instructions Section 23701d, h vities? See instruct onpt under R&TC S receipts from no nited liability comp Form 100 or Forr er audit by the IRS	
Part I Co	mplete Part I unless not required to file this form. See (General Information B and C.		
Receipts and Revenues	 Gross sales or receipts from other sources. From Side Gross dues and assessments from members and affilia Gross contributions, gifts, grants, and similar amounts Total gross receipts for filing requirement test. Add line This line must be completed. If the result is less than 	ates s received e 1 through line 3. \$50,000, see General Infor <u>mation B .</u>		. • 2 00
	 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 			00 7 00 7 00 8 00
	 9 Total expenses and disbursements. From Side 2, Part II, line 18 0 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 			. • 10 00
۔ ب Payments ہ	 11 Total payments			.● 13 00 .● 14 00 15 00 ● 16 00
Sign Here	Under penalties of perjury, I declare that I have examined this retu true, correct, and complete. Declaration of preparer (other than tax Signature of officer	payer) is based on all information of which p Title		
Paid Preparer's Use Only	Preparer's signature		heck if self- mployed ▶ □	• PTIN
	Firm's name (or yours, if self-employed)			 Firm's FEIN Telephone
	May the FTB discuss this return with the preparer sho	own above? See instructions		

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Organizations with gross receipts of more than \$50,000 and private foundations Part II regardless of amount of gross receipts - complete Part II or furnish substitute information. 00 1 Gross sales or receipts from all business activities. See instructions..... 1 2 00 2 Interest 3 00 **3** Dividends Receipts 00 from 4 Gross rents 4 Other 00 5 Gross royalties -5 Sources 00 6 Gross amount received from sale of assets (See instructions)....... 6 7 00 7 Other income. Attach schedule 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 9 00 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 00 00 00 00 Expenses **13** Interest • 13 and 00 **14** Taxes. • 14 Disburse-00 • 15 **15** Rents ments 00 00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 00 End of taxable year Schedule L **Balance Sheet** Beginning of taxable year Assets (a) (b) (C) (d) **1** Cash..... 2 3 • 4 5 Federal and state government obligations 1 6 • 7 Investments in stock 8 Mortgage loans C 9 Other investments. Attach schedule 10 **b** Less accumulated depreciation Land..... 11 8 12 13 Liabilities and net worth 14 0 Contributions, gifts, or grants payable 15 Bonds and notes payable 16 Mortgages payable.... 0 17 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. Reconciliation of income per books with income per return Schedule M-1 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 2 not included in this return. Attach schedule . . • • **3** Excess of capital losses over capital gains 8 Deductions in this return not charged Income not recorded on books this year. against book income this year. 4 • • 5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8..... deducted in this return. Attach schedule 10 Net income per return.

Subtract line 9 from line 6