THE PUN GROUP LLP 200 E. SANDPOINTE AVENUE, SUITE 600 SANTA ANA, CA 92707 949-777-8800

SEPTEMBER 20, 2024

FRIENDS COMMITTEE ON LEGISLATION OF CA 2030 W. EL CAMINO AVE 210 SACRAMENTO, CA 95833

FRIENDS COMMITTEE ON LEGISLATION OF CA:

ENCLOSED IS THE ORGANIZATION'S 2023 CALIFORNIA FORM RRF-1, AND REQUIRED PUBLIC COPY OF IRS FORM 990.

THE CALIFORNIA FORM RRF-1 AND IRS FORM 990 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

REGISTRY OF CHARITIES AND FUNDRAISERS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$75.00, PAYABLE TO DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

JAMES H. FRITZSCHE, CPA

DEPARTMENT OF JUSTICEPAGE 1 of 5

STATE OF CALIFORNIA RRF-1

(Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

		Check if: Change of address					
FRIENDS COMMITTEE ON LEGISLATION OF Name of Organization		mended report rganization requests email notifications					
		rganization requests email notifications					
List all DBAs and names the organization uses or has used		224255					
2030 W. EL CAMINO AVE, NO. 210 Address (Number and Street)	State C	narity Registration Number 024855					
SACRAMENTO, CA 95833	Corpora	ition or Organization No. 0524809					
City or Town, State, and ZIP Code 916-443-3734 FCLADMIN@FCLCA.ORG	Fadaval	Employer ID No. 94-1222456					
Telephone Number E-mail Address	Federal	Employer ID No. <u>94-1222430</u>					
ANNUAL REGISTRATION RENEWAL FEE SCHED Make Check Payable							
Total Revenue Fee Total Revenue	Fee	Total Revenue	Fee				
Less than \$50,000 \$25 Between \$250,001 and \$		Between \$20,000,001 and \$100 million	\$800				
Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and		Between \$100,000,001 and \$500 million Greater than \$500 million	\$1,000 \$1,200				
PART A - ACTIVITIES		1					
For your most recent full accounting period (beginning 01/	<u>'01/2023</u> er	ding 12/31/2023) list:					
Total Revenue (including noncash contributions) \$ 160,425 Noncash Contributions	;\$	0 Total Assets \$ 3.0	0,521				
(including noncash contributions) \$ 160,425 Noncash Contributions Program Expenses \$ 106,305	Total Ex	penses \$ 175,762					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: All questions must be answered. If you answer "yes" to any oproviding an explanation and details for each "yes" response							
During this reporting period, were there any contracts, loans, lease:		-	Yes No				
and any officer, director or trustee thereof, either directly or with an							
any financial interest?	version or misuse of	the every institution is showitable meanwhy	X				
During this reporting period, was there any theft, embezzlement, di or funds?	version or misuse of	the organization's charitable property	Х				
3. During this reporting period, were any organization funds used to p	ay any penalty, fine	or judgment?	х				
4. During this reporting period, were the services of a commercial function commercial coventurer used?	draiser, fundraising o	ounsel for charitable purposes, or	x				
5. During this reporting period, did the organization receive any gover	nmental funding?		X				
6. During this reporting period, did the organization hold a raffle for charitable purposes?							
7. Does the organization conduct a vehicle donation program?							
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge							
and belief, the content is true, correct and complete, and I am autho	rızed to sign.						
KEVAN ANDREA INSKO EXECUTIVE DIR.							
Signature of Authorized Agent Printed Name		Title Date					
320201							

Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpaver identification number (TIN) Print 94-1222456 FRIENDS COMMITTEE ON LEGISLATION OF CA File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 2030 W. EL CAMINO AVE, 210 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SACRAMENTO, CA 95833 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of DALE RICHTER 2030 W. EL CAMINO AVE, STE 210 - SACRAMENTO, CA 95833 Telephone No. 916-443-3734 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

using EFTPS (Electronic Federal Tax Payment System). See instructions.

0.

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

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

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addres	S EDIENDO COMUTERES ON LECTOLARION OF CA		
F	lchange Name change		94-12224	56
F	Initial	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/si		
F	return Fiṇal	2030 W ET CAMINO AVE 210	uite E Telephone numbe 916-443-	
_	return/ termin		G Gross receipts \$	160,425.
Г	ated Amend		· ·	•
F	return Applic tion	•	H(a) Is this a group re for subordinates	
_	pendir	2030 W. EL CAMINO AVE, STE 210, SACRAMENTO		
$\overline{}$	Tax-exe			list. See instructions
	Websit		H(c) Group exemptio	
_			ear of formation: 1952	
		Summary		<u></u>
_	Τ4	Briefly describe the organization's mission or most significant activities: LOBBY AN	D INFLUENCE T	HE
Governance		CALIFORNIA LEGISLATURE IN ACCORDANCE WITH TH	E VALUES, FAI	TH AND
rna	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
م ص	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	2
Activities &	6	Total number of volunteers (estimate if necessary)	6	46
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	342,605.	155,611.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	296.	4,635.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	636.	179.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	343,537.	160,425.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	149,526.	170,128.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	149,526.	1/0,120.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 26,380.	0.	0.
Ä	_b		9,992.	5,634.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	159,518.	175,762.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	184,019.	-15,337.
or or	3	nevertue less expenses. Subtract line 10 nont line 12	Beginning of Current Year	End of Year
Net Assets o	일 20	Total assets (Part X, line 16)	310,199.	300,521.
Ass	21	Total liabilities (Part X, line 26)	22,939.	28,598.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	287,260.	271,923.
	art II	Signature Block		
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Si		Signature of officer	Date	
He	re	KEVAN ANDREA INSKO, EXECUTIVE DIR.		
		Type or print name and title	10-1-	DTIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pa -		JAMES H. FRITZSCHE, CPA JAMES H. FRITZSCHE,	09/20/24 self-employe	P00423351
	eparer	Firm's name THE PUN GROUP LLP	Firm's EIN 4	6-4016990
Us	e Only	Firm's address 200 E. SANDPOINTE AVENUE, SUITE 600		0 777 0000
_		SANTA ANA, CA 92707	Phone no. 9 4	9-777-8800
		RS discuss this return with the preparer shown above? See instructions		X Yes No
LH	A FOR	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form 990 (2023)

Pai	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	
•	LOBBY AND INFLUENCE THE CALIFORNIA LEGISLATURE IN ACCORDAN	NCE WITH THE
	VALUES, FAITH AND RELIGIOUS PRACTICES OF THE RELIGIOUS SOC	
	FRIENDS (QUAKERS).	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to	
	revenue, if any, for each program service reported.	ne total expenses, and
 4а	100 200)
	LOBBY THE CALIFORNIA LEGISLATURE IN ACCORDANCE WITH THE FA	AITH AND
	PRACTICES OF THE RELIGIOUS SOCIETY OF FRIENDS (QUAKERS) AND	
	AND BY-LAWS OF THE FCLCA, MOSTLY IN THE AREAS OF HUMAN SEE	RVICES,
	CRIMINAL JUSTICE, PEACE AND THE DEATH PENALTY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$)
4d	,	,
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 106, 305.)
<u>4e</u>	Total program service expenses 106,305.	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١,		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ ا		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Bort II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۳		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۰		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ \ _{\\\\}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	1990 (2023) FRIENDS COMMITTEE ON LEGISLATION OF CA 94-1222	<u> </u>	Р	age 4
Par	rt IV Checklist of Required Schedules (continued)		V	N ₂
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
	Schedule L, Part I	25b		_^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
	Part V, line 1	34	X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		- V	
	If "Yes," complete Schedule R, Part V, line 2	36	X	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	х	
Par	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38		
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Sofficialis Contrains a response of fibre to any line in this part v			N ₂
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	= gameaton compry than sacrap than ording raiso for reportable payments to vehicles and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	2						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			X			
5а	, , , , , , , , , , , , , , , , , , , ,								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v				
	any contributions that were not tax deductible as charitable contributions?			6a	Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?			6b	х				
7	Organizations that may receive deductible contributions under section 170(c).								
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ a$	vices	provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		·=	7c		х			
d		7d		70					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7 f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
h									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	I	I						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	۔ ۔ ا	I						
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a							
D		11b							
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ī						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a				14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					7.7			
	excess parachute payment(s) during the year?			15		X			
46	If "Yes," see the instructions and file Form 4720, Schedule N.		•	4.5		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it inco	ome?	16		X			
17	If "Yes," complete Form 4720, Schedule O.	Ψ!' '; T : -							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 49532			17					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	n res, complete ronn coce.			_	000	(0000)			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4.0		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 900 is required to be filed.			
17 10	List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an erganization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (section 501(a))3	c colu) avail	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	5 UHIY	, avalla	aDIE
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
נו	statements available to the public during the tax year.	u iiiidi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DALE RICHTER - 916-443-3734			
	2030 W. EL CAMINO AVE, STE 210, SACRAMENTO, CA 95833			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.		
(A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated				
	hours per	box			rson is both an		compensation	compensation	amount of		
	week		Jer an	u a u	an octor/il usice)		iee)	from	from related	other	
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation from the	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		1099-NEC)	1000 (100)	and related	
	below	dualt	utiona	_	Key employee	st co	Je	,		organizations	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Form			_	
(1) KEVAN ANDREA INSKO	21.00										
EXECUTIVE DIR.	11.00			Х				80,554.	0.	13,210.	
(2) VICKI CARROLL	3.00										
CLERK	3.00	Х		Х				0.	0.	0.	
(3) JAMES ALEXANDER	2.00							_	_	_	
ASSOCIATE CLERK	2.00	Х		Х				0.	0.	0.	
(4) GEORGE MILLIKAN	2.00			l							
TREASURER		Х		Х				0.	0.	0.	
(5) ELLEN EGGERS	2.00			l							
RECORDING CLERK		Х		Х				0.	0.	0.	
(6) PEGGY CRAIK	1.00										
PROGRAM CLERK		Х						0.	0.	0.	
(7) SHANNON FREDIANI	1.00										
DIRECTOR	1 00	Х						0.	0.	0.	
(8) GEORGE GASTIL	1.00										
DIRECTOR		Х						0.	0.	0.	
		1									

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	timate	ed .
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount	of
		week (list any	-			1 0010	1	100)	from the	from related organizations	- 1		other pensa	tion
		hours for	Individual trustee or director				- - - -		organization	(W-2/1099-MIS			om the	
		related	stee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		org	anizati	ion
		organizations below	al trus	onal tr		loyee	comb		1099-NEC)				d relate	
		line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
			드	드	5	<u>\$</u>	포등	윤			\dashv			
			1											
											\dashv			
											-+			
											\dashv			
1b	Subtotal								80,554.		0.	1	3,2	
	Total from continuation sheets to Part VI								0.		0.	- 1	2 0	0.
	Total (add lines 1b and 1c)								80,554.		0.		3,2	<u> 10.</u>
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wh	าo r	eceived more than \$100	,000 of reportable	Э			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	امما	(OV 6	amn	love		r hic	sheet compensated emr	Novee on	ſ		103	110
Ū	line 1a? If "Yes." complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	•							•	•		4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir I		year.				
(A) Name and business address NONE (B) Description of services C							С)) ompe	رَ) nsatio	n				
									'			•		
								_						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ster	d ahove) who received m	ore than				
_	\$100,000 of compensation from the organic	•	. J. III		J 10		0	ردتر	a abovo, who received if	.c.o triair				

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
							sections 512 - 514
nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues1b					
ts, (С	Fundraising events1c					
la git	d	Related organizations 1d					
ini,	е	Government grants (contributions) 1e					
i Si	f	All other contributions, gifts, grants, and					
ig H		similar amounts not included above 1f	155,611.				
dat	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>8</u> 0	h	Total. Add lines 1a-1f		155,611.			
			Business Code				
Se	2 a						
ervi Ie	b						
Program Service Revenue	С						
ran ev	d						
og	е						
ه ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)		4,635.			4,635.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
une		and sales expenses					
ther Revenue	С	Gain or (loss) 7c					
ığ		Net gain or (loss)					
ipe	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
\rightarrow	С	Net income or (loss) from sales of inventory					
sn		MICC INCOME	Business Code	170	170		
ne ne		MISC INCOME	900099	179.	179.		
Miscellaneous Revenue	b						
Sce	C						
Ξ		All other revenue		179.			
		Total Add lines 11a-11d		160,425.	179.	0.	4,635.
	12	Total revenue. See instructions		,4∠⊃•	ı ⊥/9•	l ∪•	4,033.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	93,764.	58,134.	18,753.	16,877
•	trustees, and key employees	93,704.	30,134.	10,733.	10,077
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	54,530.	6,792.	25,764.	21,974
7	Other salaries and wages	J4, JJU.	0,132.	43,104.	41,3/4
8	Pension plan accruals and contributions (include	2,443.	221.	1,200.	1 022
^	section 401(k) and 403(b) employer contributions)	9,182.	2,020.	3,857.	1,022 3,305 2,756
9	Other employee benefits	10,209.	4,288.	3,165.	2 756
10	Payroll taxes	10,209.	4,200.	3,103.	2,750
11	Fees for services (nonemployees):				
a	Management				
b	Legal	7,560.		7,560.	
	Accounting	61,713.	61,713.	7,500.	
	Lobbying Professional fundraising convices, See Part IV line 17	01,713.	01,713.		
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	4,029.	1,692.	1,249.	1,088
12	Advertising and promotion	1,025	1,052.	1,210.	1,000
13	Office expenses	351.	147.	109.	95
14	Information technology	3321			
15	Royalties				
16	Occupancy	4,200.	1,764.	1,302.	1,134
17	Travel	324.		324.	_,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	588.		588.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,174.	272.	727.	175
24	Other expenses. Itemize expenses not covered	-			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	BANK AND PAYROLL CHARGE	7,823.	1,127.	5,972.	724
b	TELEPHONE	1,810.	760.	561.	489
С	POSTAGE AND SHIPPING	1,242.	522.	385.	335
d	DUES AND SUBSCRIPTIONS	625.		625.	
е	All other expenses	-85,805.	-33,147.	-29,064.	-23,594
25	Total functional expenses. Add lines 1 through 24e	175,762.	106,305.	43,077.	26,380
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			l	

Part X Balance Sheet

		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		206,433.	1	192,975.
	2	Savings and temporary cash investments		100,686.	2	105,321.
	3	Pledges and grants receivable, net		-	3	-
	4	Accounts receivable, net		3,080.	4	2,225.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ		6		
ठ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
ĕ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)	310,199.	16	300,521.
	17	Accounts payable and accrued expenses		22,939.	17	28,598.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
es	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, suk				
<u>ia</u>		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax, p	-			
		parties, and other liabilities not included on lin				
				22 030	25	28 508
	26	Total liabilities. Add lines 17 through 25	heck here X	22,939.	26	28,598.
es		Organizations that follow FASB ASC 958, c	neck nere 22			
JIC	07	and complete lines 27, 28, 32, and 33.		287,260.	27	271,923.
3ale	27	Net assets with depar restrictions		201,200	28	271,525
β	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			20	
Ξ		and complete lines 29 through 33.	956, CHECK Here			
P	29	Capital stock or trust principal, or current fund	de		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		287,260.	32	271,923.
Z	33	Total liabilities and net assets/fund balances		310,199.	33	300,521.
	, 55	Total habilitios and not assets/fund balances		,		

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5	17 -1	0,4 5,7 5,3 7,2	62. 37.
6 7 8 9	Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	6 7 8 9			0.
10 Pa	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) TT XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10		1,9	23.
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	• O.	2a	Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b		X
С	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch	e audit,	2c		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	red audit	3a 3b		X

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FRIENDS COMMITTEE ON LEGISLATION OF CA

Employer identification number 94-1222456

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RELIGIOUS PRACTICES OF THE RELIGIOUS SOCIETY OF FRIENDS (QUAKERS).
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR AND FINANCE COMMITTEE REVIEWS THE FORM 990 PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
OUR CONFLICT OF INTEREST POLICY APPLIES TO THE BOARD OF DIRECTORS. WE
DISCUSS POTENTIAL PROBLEMS, IF ANY, AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. OUR
FORM 990 IS AVAILABLE TO THE PUBLIC VIA THE INTERNET.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS COMMITTEE ON LEGISLATION OF CA

Employer identification number 94-1222456

(a)	(b)	(c)	(d)	(e)		((f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)					ontrolling ntity	g
Part II Identification of Related Tax-Exempt Or organizations during the tax year.	rganizations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section			contr	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
FCL EDUCATION FUND - 68-0062639					FRIENDS	S COMMITTEE		
2030 W. EL CAMINO AVE, STE 210	EDUCATE FOR PEACE AND					ISLATION OF		
SACRAMENTO, CA 95833	JUSTICE	CALIFORNIA	501(C)(3)	LINE 7	CA		Ь—	Х

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Schedule R (Form 990) 2023

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	Genera	or Percentage	
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership	
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo	
										$\perp \perp$		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	
		country)		S. 1. 25.y		455515		Yes	No
									
-									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s)									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		Х				
b	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)						X		
	Loans or loan guarantees by related organization(s)						Х		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)						Х		
i		1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
					41.		х		
K	Lease of racilities, equipment, or other assets from related organization(s)				1k		X		
	 k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 								
						Х	Х		
						X			
0	Sharing of paid employees with related organization(s)				10	Λ.			
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
q	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)						Х		
2	f the answer to any of the above is "Yes," see the instructions for information on w	/ho must complete t	his line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amour	t involved				
1) F	CL EDUCATION FUND	Q	86,420.	1 OU					
2)									
3)									
4)									
5)_									
2)									
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	tions?	amount in box 20 of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes No	5
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