

Return of Organization Exempt From Income Tax

2024

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 2024 calendar year, or tax year beginning and ending

Header section containing organization name (FIND YOUR LIGHT FOUNDATION), EIN (20-1731840), principal officer (JACK GROBAN), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and asset/liability totals.

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.

Signature block containing the signature of Jack Groban, Secretary, dated 11/15/2025.

Paid Preparer Use Only section containing preparer name (BRANDON KLEIN, CPA), firm name (GELFAND, RENNERT, & FELDMAN, LLC), and contact information.

May the IRS discuss this return with the preparer shown above? See instructions.

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)

<p>FIND YOUR LIGHT FOUNDATION Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>1880 CENTURY PARK EAST STE 1600 Address (Number and Street)</p> <p>LOS ANGELES CA 90067 City or Town, State, and ZIP Code</p> <p>(310) 553-1707 Telephone Number</p> <p style="text-align: right;">Email Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number <u>125988</u></p> <p>Corporate or Organization No. <u>2677241</u></p> <p>Federal Employer ID No. <u>20-1731840</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2024 ending 12/31/2024) list:

Total Revenue \$ (including noncash contributions) 2,059,518. **Noncash Contributions \$** 84,904. **Total Assets \$** 6,388,135.

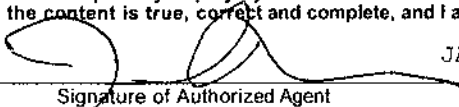
Program Expenses \$ 1,191,843. **Total Expenses \$** 1,403,681.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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 authorized to sign.

	JACK GROBAN	SECRETARY	11/15/2025
Signature of Authorized Agent	Printed Name	Title	Date

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

FIND YOUR LIGHT FOUNDATION

2677241

Additional information. See instructions. FEIN

20-1731840

Street address (suite or room) PMB no.

1880 CENTURY PARK EAST STE 1600

City State ZIP code

LOS ANGELES

CA

90067

Foreign country name Foreign province/state/country 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.	1	1,425,597.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. STMT. 2.	3	1,637,377.00
	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	4	3,062,974.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold ●	6	1,003,456.00
	7	Total costs. Add line 5 and line 6	7	1,003,456.00
	8	Total gross income. Subtract line 7 from line 4.	8	2,059,518.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	1,449,061.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	610,457.00
Payments	11	Total payments.	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Penalties and interest. See General Information J	15	00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	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	Title	Date	Telephone
Paid Preparer's Use Only	JACK GROBAN		SECRETARY	11/15/2025
	Preparer's signature	Date	Check if self-employed	PTIN
	GELFAND, RENNERT, & FELDMAN, LLC			P01549360
	1880 CENTURY PARK EAST, SUITE 1600			Firm's FEIN
LOS ANGELES, CA 90067			81-5179315	
			Telephone	310-553-1707
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2024

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name FIND YOUR LIGHT FOUNDATION	Identifying number 20-1731840
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	3,062,974.
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	2,059,518.
3 Refund (Form 109, line 26)	3	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 Direct deposit of refund (Form 109 only.)

6 Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____ 11 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here JACK GROBAN 11/15/2025 SECRETARY
 Signature of officer Date Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign [Signature] Date 11/10/25 Check if also paid preparer Check if self-employed ERO's PTIN _____

Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____ ZIP code _____

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign [Signature] Date 11/10/25 Check if self-employed Paid preparer's PTIN P01549360

Firm's name (or yours if self-employed) and address GELFAND, RENNERT, & FELDMAN, LLC Firm's FEIN 81-5179315 ZIP code 90067
1880 CENTURY PARK EAST, SUITE 1600
LOS ANGELES CA