990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

<u>A</u>	ror the	2024 calenda	ar year, or tax year beginning 07/01/2024 and e	naing 06	30/20	25
В	Check if ap	oplicable:	C Name of organization	D Emp	loyer id	entification number
Н	Address change LOS ANGELES ROBOTICS				2	0-0572530
H	Name cha	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E Tele	ohone n	umber
H	Initial retur	rn n/terminated	1457 3rd Street		31	0-529-4637
Ħ	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption
	Application		Manhattan Beach, CA 90266	Nur	nber	
G	Account	ting Method:	Cash Accrual Other (specify):	H Check	if the	e organization is not
1 1	Website	larobotic	s.org			ach Schedule B
J 1	Гах-exen	npt status (che	eck only one) — 🔽 501(c)(3) 🗌 501(c) () (insert no.) 🔲 4947(a)(1) or	527 (Form 9	90).	
K	Form of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other:			
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if total assets		
(Pa	ırt II, colı	umn (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ		. \$	141,239
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the instru	ctions	for Part I)
			the organization used Schedule O to respond to any question in			
	1		ons, gifts, grants, and similar amounts received		1	100,000
	2	Program se	ervice revenue including government fees and contracts		2	41,239
	3	Membersh	ip dues and assessments		3	0
	4	Investment			4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	0		
	b		or other basis and sales expenses	0		
	С		ss) from sale of assets other than inventory (subtract line 5b from line	e 5a)	5с	0
	6	•	nd fundraising events:	,		
	а	Gross inc	ome from gaming (attach Schedule G if greater than			
ne				0		
Revenue	b	Gross inco	ome from fundraising events (not including \$ 0 of	contributions		
è			aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	0		
	С	Less: direc	et expenses from gaming and fundraising events 6c	0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and subtract		
		line 6c) .			6d	0
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a) .		7c	0
	8	-	nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	141,239
	10		d similar amounts paid (list in Schedule O)		10	92,419
	11	Benefits pa	aid to or for members		11	0
S	12	Salaries, o	ther compensation, and employee benefits		12	0
uš	13	Profession	al fees and other payments to independent contractors		13	0
Expenses	14		y, rent, utilities, and maintenance		14	0
й	15	Printing, po	ublications, postage, and shipping		15	0
	16		enses (describe in Schedule O) See Schedule O, Statement 1		16	32,283
	17		enses. Add lines 10 through 16		17	124,702
S	18		(deficit) for the year (subtract line 17 from line 9)		18	16,537
šet	19		or fund balances at beginning of year (from line 27, column (A)) (•••
ASS	1		ar figure reported on prior year's return)		19	24,194
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	0
Z	21				21	40,731
_						

Form 990-EZ (2024) Page **2**

	Balance Sheets (see the instructions	ior Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part II		<u>v</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			28,629	22	27,488
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sch	edule O, Statement 2.		0	24	13,475
25	Total assets			28,629	25	40,963
26	Total liabilities (describe in Schedule O) See So	chedule O, Statement.	3	4,435	26	232
27	Net assets or fund balances (line 27 of column	n (B) must agree with	line 21)	24,194	27	40,731
Par	Statement of Program Service Accom	plishments (see th	e instructions for F	art III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part III 🗼 . 🔝 🗌		Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 4		, ,	uired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			,	nizations; optional for
28	TEAMS: Provided robotics team grants to 41 school					
	about 450 elementary and middle school students o	n 45 teams with robot	ics equipment and c	oach training.		
	(0 0					
	(Grants \$ 55,254) If this amount				28a	1,950
29	LEAGUES: Supported 13 leagues for 323 teams with	about 3,230 element	ary and middle school	ol students in		
	Los Angeles Unified School District.					
	(Overland)	in alcolon forming and	nt absoluteur		00-	
20	(Grants \$ 28,545) If this amount				29a	860
30	CHAMPIONSHIPS: Organized and supported 2 Sout					
	Championship events for 119 teams with about 1,19	o elementary and mid	die school students.			
	(Grants \$ 8,620) If this amount	includes foreign gra	nto chook horo		30a	25 402
21	(Grants \$ 8,620) If this amount Other program services (describe in Schedule O)				Sua	25,192
31		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a				32	28,002
Pari						· · · · · · · · · · · · · · · · · · ·
ı aı	Check if the organization used Schedule				istiuo	
	Oncok ii the organization acca concati	o to respond to air			i i	· · · · <u></u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	Estimated amount of ther compensation
Louis	s A Young	2.00	0			
	ident					
	hen Stein	10.00	0			
Vice	President					
	/ C Wells	0.10	0			
Secr	etary					
Secr LeRo	etary by E Nelson	0.10	0			
Secre LeRo Treas	etary by E Nelson surer	20.00	0			
Secre LeRo Treas Anita	etary by E Nelson surer a L Nelson					
Secre LeRo Treas Anita Direc	etary by E Nelson surer a L Nelson ctor	20.00	0			
LeRo Treas Anita Direc Tarel	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			
Secre LeRo Treas Anita Direc	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			
LeRo Treas Anita Direc Tarel	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			
LeRo Treas Anita Direc Tarel	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			
LeRo Treas Anita Direc Tarel	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			
LeRo Treas Anita Direc Tarel	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			
LeRo Treas Anita Direc Tarel	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			
LeRo Treas Anita Direc Tarel	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			
LeRo Treas Anita Direc Tarel	etary by E Nelson surer a L Nelson ctor k A Shraibati	20.00	0			

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		٧
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	000		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
100	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40h		
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		•
С	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: CA			
42a	The organization's books are in care of: LeRoy E Nelson Telephone no.	310-52	9-463	7
	Located at: 1457 3rd Street Manhattan Reach CA 90266	902	266	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1.40		
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	, Ju		
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		•

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ (2	2024)						P	age -
							Yes	No
	the organization engage, directly or in							
	andidates for public office? If "Yes," o		, Part I			. 46		~
Part VI	Section 501(c)(3) Organizations							
	All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, and	complete th	ie tables f	or line	es
	50 and 51.							_
	Check if the organization used Sch	nedule O to respond	to any question i	n this Part	<u>VI</u>	<u></u>		
							Yes	No
	the organization engage in lobbying				ct during the	tax		
-	? If "Yes," complete Schedule C, Par					. 47		~
	e organization a school as described ir					. 48		~
	the organization make any transfers to		_	anization? .		. 49a		~
	es," was the related organization a se					. 49b		
	plete this table for the organization's							d key
emp	loyees) who each received more than	\$100,000 of comper	1			e, enter "N	ione."	
		(b) Average	(c) Reportable compensation		ealth benefits, ions to employee	(e) Estimate	d amou	nt of
(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS	SC/ benefit pla	ans, and deferred			
			1099-NEC)	cor	npensation			
None								
		(
\$100	pplete this table for the organization' 0,000 of compensation from the organ) Name and business address of each independ	nization. If there is no	ensated independene, enter "None."			h received		thar
	,		(1)					
None								
			-					
			1					
			1					
d Tota	I number of other independent contra	ctors each receiving	over \$100,000 .					
	the organization complete Schedu	•		ganizations	must attac	 h а		
	pleted Schedule A			•		· 🔽 Yes		lo
Under penalties	s of perjury, I declare that I have examined this	eturn, including accompan	ying schedules and stat	ements, and to	the best of my k	nowledge and	belief,	it is
	nd complete. Declaration of preparer (other than						,	-
Sign	Signature of officer				Date			
Here	LeRoy Nelson, Treasurer							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Preparer					self-emplo	_		
Use Only					Firm's EIN			
	Firm's address				Phone no.			
May the IRS	discuss this return with the preparer	shown above? See i	nstructions			. 🗌 Yes		lo

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

LOS	ANGELES ROBOTICS						72530
	rt I Reason for Public Cha					<u> </u>	ons.
The o	organization is not a private founda		,		•	,	
1	A church, convention of churc	•				0(b)(1)(A)(i).	
2	A school described in section		•		•		
3	A hospital or a cooperative ho		,			,, ,, ,	
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the
_	hospital's name, city, and stat An organization operated for						
5	section 170(b)(1)(A)(iv). (Com		college or university	owned o	o operate	ed by a government	ai unii described i
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .						
7	An organization that normally	•				· · · · ·	n the general publi
•	described in section 170(b)(1)			port 11011	ugovo		r the general pash
8	☐ A community trust described i		•	Part II.)			
9	☐ An agricultural research organ				erated in	conjunction with a l	and-grant college
	or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally	receives (1) more	than 33 ¹ /3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	receipts from activities related support from gross investmen	t income and un	related business taxa	ole incom	ne (less se	ection 511 tax) from	businesses
	acquired by the organization a						
11	An organization organized and	•		•		. , , ,	
12	An organization organized and one or more publicly supported						
	the box on lines 12a through 12						
а				, ,		•	,
u	the supported organization						
	supporting organization. Y						
b	Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of				persons	that control or man	age the supported
	organization(s). You must		•				
С							ally integrated with
_	its supported organization		,		-		
d							
	that is not functionally inter requirement (see instruction		0 ,	•		•	id an attentiveness
_			•		-		all Tunalli
е	functionally integrated, or						e II, Type III
f	Enter the number of supported	• •					
g			orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
	•		above (see ilistructions))			li isti detions)	ilistructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(D)							
(E)							
Tata	•1					ı	l .

Schedule A (Form 990) 2024 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2021 (a) 2020 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2024 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	280	105,800	27,126	50,000	100,000	283,206
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	11,169	32,306	67,254	50,787	41,239	202,755
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	11,449	138,106	94,380	100,787	141,239	485,961
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	·	97	103,704	24,002	50,000	100,000	277,803
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000		4				
	or 1% of the amount on line 13 for the year	0		0	0	0	0
С	Add lines 7a and 7b	97	103,704	24,002	50,000	100,000	277,803
8	Public support. (Subtract line 7c from	71	103,704	24,002	30,000	100,000	277,003
	line 6.)						208,158
Secti	on B. Total Support						200/100
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	11,449	138,106	94,380	100,787	141,239	485,961
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	0	0	0	0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on	_	_	_	_	_	
40		0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	0	0	U	U	0	0
	and 12.)	11,449	138,106	94,380	100,787	141,239	485,961
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	•			•		
Secti	on C. Computation of Public Suppor	rt Percentage					
15	Public support percentage for 2024 (line	B, column (f), d	vided by line 1	13, column (f))		15	42.83 %
16	Public support percentage from 2023 Sch					16	47.48 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2024 (-		17	0 %
18	Investment income percentage from 2023					18	0 %
19a	33 ¹ / ₃ % support tests—2024. If the organ						
	17 is not more than 331/3%, check this box		-	-		_	_
b	331/3% support tests—2023. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this Private foundation. If the organization di	_	=			-	_
20	Frivate journation. If the organization of	u noi check a l	JUX UH IIHE 14.	. 19a. Of 190. C	THECK THIS DOX	anu see insiili	AUUNS . III

Schedule A (Form 990) 2024 Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a		
_		5b 5c		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes" answer line 10b below	100		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2024 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2024 Page **6**

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org		izotiono	rage C
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'	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	on A-Adjusted Net Income	IIZUL	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	, Ó	
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally	integrated Type III suppor	ting organization

Schedule A (Form 990) 2024 Page **7**

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 a From 2019 From 2020 **c** From 2021 **d** From 2022 From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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 instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

LOS ANGELES ROBOTICS	20-0572530					
Form 990-EZ, Part I, Line 10 - Provide support for VEX IQ Robotics Competition teams of economically dis	advantaged students and					
organize robotics leagues and championships at schools in Los Angeles Unified School District. See also Part III. Statement of Program						
Service Accomplishments and Other Program Services.						
J						
						
						
						
(71)						
						
						
· ·						

Schedule O, Statement 1 LOS ANGELES ROBOTICS

Form: Form 990-EZ (2024) EIN: 20-0572530

Page: 1 Part I, Line 16

Description	Amount
Administrative expenses	4,280
Awards	1,594
Event expenses	3,565
Fields	8,705
Food for volunteers	1,754
Fuel	56
Refund expenses	1,000
Registration fees	590
Rental expenses	7,714
Shirts for volunteers	1,137
Supplies	1,108
Training	412
Other expenses	368
Total:	32.283

Schedule O, Statement 2 **LOS ANGELES ROBOTICS**

Form: Form 990-EZ (2024) EIN: 20-0572530

Page: 2 Part II, Line 24

Other Asset	s Structured	Explanation
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Provided by	FOY A
Description	EOY Amount
Accounts Receivable	13,455
Credit Card Credit Balance	20
Total:	13,475
	.0
	0,
OR-LA	

Schedule O, Statement 3 **LOS ANGELES ROBOTICS**

Form: Form 990-EZ (2024) EIN: 20-0572530

Part II, Line 26 Page: 2

Other Liabilities Structured Explanation	
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Description	EOY Amount
Accounts Payable	223
Credit Card Balance	9
Total:	232



Schedule O, Statement 4 LOS ANGELES ROBOTICS

Form: Form 990-EZ (2024)

Page: 2

Part III

Primary Exempt Purpose

Primary Exempt Purpose

Provide support for VEX IQ Robotics Competition teams of economically disadvantaged students and organize robotics leagues and championships at schools in Los Angeles Unified School District.

