

Form **990-N**

**Electronic Notice (e-Postcard) for  
Tax-Exempt Organization Not Required to File  
Form 990 or 990-EZ**

**2023**

Electronic Filing Only – Do Not Mail

For the 2023 calendar year, or tax year beginning 8/08, 2023, ending 6/30, 2024

Check if applicable  
 Termination

<b>Organization name and address</b> ORGANIZACION DE LATINX PO BOX 2419 BORREGO SPRINGS, CA 92004
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<b>Employer identification number</b> 93-2954175
<b>Telephone Number</b> 619-948-5900

Other names the organization uses

Website:>

Check >  if the organization's gross receipts are normally not more than \$50,000 (\$5,000 for a 509(a)(3) supporting organization)

<b>Principal Officer Information</b>	<b>Name</b>	Israel Ochoa
	<b>Address</b>	PO BOX 2419 BORREGO SPRINGS, CA 92004

CLIENT COPY

Form 990-N, also known as the e-Postcard, must be filed electronically with the Internal Revenue Service. There will be no paper form accepted by the Internal Revenue Service.

**Do Not** mail this form to the Internal Revenue Service.



MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

## 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)

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

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

<p><b>ORGANIZACION DE LATINX</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <b>PO BOX 2419</b> Address (Number and Street)</p> <p><b>BORREGO SPRINGS, CA 92004</b> City or Town, State, and ZIP Code</p> <p><b>619-948-5900</b>      <b>OLAXDEBORREGO.SCHOLARSHI</b> Telephone Number      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> <p>State Charity Registration Number <u>CT0292495</u></p> <p>Corporation or Organization No. <u>5853397</u></p> <p>Federal Employer ID No. <u>93-2954175</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 8/08/23 ending 6/30/24) list:

Total Revenue \$ \_\_\_\_\_ (including noncash contributions) 13,708. Noncash Contributions \$ \_\_\_\_\_ 0. Total Assets \$ \_\_\_\_\_ 10,240.

Program Expenses \$ \_\_\_\_\_ 450. Total Expenses \$ \_\_\_\_\_ 3,468.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

 Signature of Authorized Agent	ISRAEL OCHOA Printed Name	PRESIDENT Title	<u>3/12/2025</u> Date
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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](http://www.oag.ca.gov/charities)

## ANNUAL TREASURER'S REPORT ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code  
 11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

(For Registry Use Only)

ORGANIZACION DE LATINX Name of Organization	State Charity Registration Number <u>CT0292495</u>
PO BOX 2419 Address (Number and Street)	Corporation or Organization No. <u>5853397</u>
BORREGO SPRINGS, CA 92004 City or Town, State and ZIP Code	Federal Employer I.D. No. <u>93-2954175</u>

For annual accounting period ( beginning 08 / 08 / 2023 ending 06 / 30 / 2024 )

### BALANCE SHEET

#### ASSETS

Cash	\$ 10,240.27
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$
<b>TOTAL ASSETS</b>	<b>\$ 10,240.27</b>

#### LIABILITIES

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$
<b>TOTAL LIABILITIES</b>	<b>\$</b>

#### FUND BALANCE

Total Assets less Total Liabilities	\$ 10,240.27
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### REVENUE STATEMENT

#### REVENUE

Cash Contributions	\$ 5,336.41
Noncash Contributions	\$
Program Revenue	\$ 8,362.00
Investments	\$
Special Events	\$
Other Revenue	\$ 9.40
<b>TOTAL REVENUE</b>	<b>\$ 13,707.81</b>

#### EXPENSES

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$ 2,489.34
Rent	\$
Utilities	\$
Supplies/Postage	\$ 128.20
Insurance	\$
Other Expenses	\$ 850.00
<b>TOTAL EXPENSES</b>	<b>\$ 3,467.54</b>

#### NET REVENUE

Total Revenue less Total Expenses	\$ 10,240.27
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I hereby 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.

Signature of Authorized Agent	Israel Ochoa Printed Name	President Title	3/12/2025 Date
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Other Expenses

Program Expenses	450.00
Miscellaneous Expenses	<u>400.00</u>
	850.00

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