

Form **990-N****Electronic Notice (e-Postcard) for
Tax-Exempt Organization Not Required to File
Form 990 or 990-EZ****2021**

Electronic Filing Only – Do Not Mail

For the 2021 calendar year, or tax year beginning 7/01, 2021, ending 6/30, 2022

Check if applicable

☐ Termination**Organization name and address**ISRAELI-PALESTINIAN CONFEDERATION, INC
15915 VENTURA BLVD #302
ENCINO, CA 91436**Employer identification number**

56-2534311

Telephone Number

(818) 783-2934

Other names the
organization usesWebsite: > WWW.ABOUTIPC.ORGCheck > ☒ if the organization's gross receipts are normally not more than \$50,000 (\$5,000 for a 509(a)(3) supporting organization)

Principal Officer Information	Name	JOSEF AVESAR
	Address	15915 VENTURA BLVD #302 ENCINO, CA 91436

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.



199N e-Postcard

Confirmation

[Privacy Policy](#)

Print this page for your records. The Confirmation Number below is proof that you successfully filed your 199N e-Postcard.

We received your 199N e-Postcard on 8/30/2023 10:43:33 AM.

Confirmation Number: 280099324214

Entity ID:

2800993

Entity Name:

ISRAELI-
PALESTINIAN
CONFEDERATIO
N, INC.

Account Period Information

Account Period

Beginning:

7/1/2021

Account Period

Ending:

6/30/2022

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

Gross Receipts: \$23728

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Entity Information

FEIN:

562534311

Doing Business

As:

Website

Address:

Entity's Mailing Address

15915 Ventura
Blvd Ste 302
Encino CA 91436

Principal Officer's Information

JOSEF AVESAR
15915 Ventura
Blvd Ste 302
Encino CA 91436

Contact Information

Name:

JOSEF AVESAR

Phone:

818-783-2934

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.

[Print](#)

[Log Out](#)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

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



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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.

ISRAELI-PALESTINIAN CONFEDERATION, INC Name of Organization		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used 15915 VENTURA BLVD #302 Address (Number and Street)		State Charity Registration Number CT148152
ENCINO, CA 91436 City or Town, State, and ZIP Code		Corporation or Organization No. 2800993
(818) 783-2934 Telephone Number	MAIL@ABOUTIPC.ORG E-mail Address	Federal Employer ID No. 56-2534311

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) 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 7/01/21 ending 6/30/22) list:

Total Revenue \$
(including noncash contributions) 23,728. Noncash Contributions \$ 0. Total Assets \$ 7,227.
Program Expenses \$ 17,182. Total Expenses \$ 17,297.

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.

	SUMNER FEIN	TREASURER	8/30/23
Signature of Authorized Agent	Printed Name	Title	Date



MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
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)

ISRAELI-PALESTINIAN CONFEDERATION, INC	
Name of Organization	State Charity Registration Number <u>CT148152</u>
<u>15915 VENTURA BLVD STE 302</u>	
Address (Number and Street)	Corporation or Organization No. <u>2800993</u>
<u>ENCINO, CA 91436</u>	
City or Town, State and ZIP Code	Federal Employer I.D. No. <u>56-2534311</u>

For annual accounting period (beginning 7/01/21 ending 6/30/22)

BALANCE SHEET

ASSETS

Cash	\$	<u>7227</u>
Savings	\$	
Investment	\$	
Land/Buildings	\$	
Other Assets	\$	
TOTAL ASSETS	\$	<u>7227</u>

LIABILITIES

Accounts Payable	\$	
Salary Payable	\$	
Other Liabilities	\$	
TOTAL LIABILITIES	\$	<u>0</u>

FUND BALANCE

Total Assets less Total Liabilities	\$	<u>7227</u>
-------------------------------------	----	-------------

REVENUE STATEMENT

REVENUE

Cash Contributions	\$	<u>23,728</u>
Noncash Contributions	\$	
Program Revenue	\$	
Investments	\$	
Special Events	\$	
Other Revenue	\$	
TOTAL REVENUE	\$	<u>23,728</u>

NET REVENUE

Total Revenue less Total Expenses	\$	<u>6431</u>
-----------------------------------	----	-------------

EXPENSES

Compensation of Officers/Directors	\$	
Compensation of Staff	\$	
Fundraising Expenses	\$	
Rent	\$	
Utilities	\$	
Supplies/Postage	\$	
Insurance	\$	
Other Expenses	\$	<u>17297</u>
TOTAL EXPENSES	\$	<u>17297</u>

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.

Sumner Fein
Signature of Authorized Agent

SUMNER FEIN
Printed Name

TREASURER
Title

8/30/23
Date