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

		Electronic Filing	Only - Do Not i			
For the 2021 calendar year	, or tax year beg	inning 7/01	, 2021, endi	ng 6/3		
Check if applicable Termination	Organization ISRAELI 15915 V	on name and address -PALESTINIAN CONF ENTURA BLVD #302 CA 91436			Employer identification number 56-2534311 Telephone Number (818) 783-2934	
Other names the organization uses						
Website:> WWW.ABOUT		eceipts are normally not mor	e than \$50,000 (\$5,000 for a	a 509(a)(3) supporting organi	zation)
	Name	JOSEF AVESAR				
Principal Officer Information	Address	15915 VENTURA BI ENCINO, CA 91430				
					**************************************	_

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

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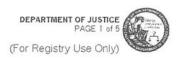
STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

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

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

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 301-306, 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.

Section 1. The section of the section 1.						
ISRAELI-PALESTINIAN CONF	FDERA	TION INC	Check if:	to of the con-		
Name of Organization	прина.	IION, INO	Change of Amended			
List all DBAs and names the organization uses or	has used			терогі		
15915 VENTURA BLVD #302		(8)	State Charity	Registration Number CT148152		
Address (Number and Street)						- 1
ENCINO, CA 91436 City or Town, State, and ZIP Code			Corporation of	or Organization No. 2800993		
(818) 783-2934 Telephone Number	MAIL@	ABOUTIPC.ORG	Federal Empl	oyer ID No. 56-2534311		
				sections 301-307, 311, and 312)		
ANNUAL REGISTA	ATIONR	Make Check Payable to Dep				
Total Revenue	Fee	Total Revenue	Fee	Total Revenue	E	ee
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 mi Between \$1,000,001 and \$5 r Between \$5,000,001 and \$20	nillion \$200	Between \$100,000,001 and \$500 mill	lion \$1	800 1,000 1,200
PART A – ACTIVITIES						
For your most recent full accoun	ting perio	od (beginning 7/01/	21 ending	6/30/22) list:		
Total Revenue \$	22 72	8. Noncash Contributions	ė	0. Total Assets \$	7,22	27
10 Seft. C: No	5-20-00-00-00-00-00-00-00-00-00-00-00-00-				1,44	21.
Program Expense	s \$	17,182.	Total Expense	s \$17,297.		
PART B – STATEMENTS REC	ARDIN	IG ORGANIZATION DUI	RING THE PER	RIOD OF THIS REPORT		
Note: All questions must be answere	d. If you a	answer "yes" to any of the que	stions below, you	must attach a separate page		
				uctions for information required.	Yes	No
During this reporting period, were the officer, director or trustee thereof, either	nere any o directly or	contracts, loans, leases or other finan r with an entity in which any s	cial transactions betw uch officer, director of	veen the organization and any rtrustee had any financial interest?		X
2 During this reporting period, was the	ere any th	neft, embezzlement, diversion	or misuse of the o	organization's charitable property or funds?		X
3 During this reporting period, were a	ny organi	zation funds used to pay any	penalty, fine or jud	dgment?		X
4 During this reporting period, were the coventurer used?	ne service	es of a commercial fundraiser, fund	raising counsel fo	r charitable purposes, or commercial		X
5 During this reporting period, did the	organiza	tion receive any governmenta	I funding?			X
6 During this reporting period, did the	organiza	tion hold a raffle for charitable	purposes?			X
7 Does the organization conduct a ve	nicle dona	ation program?				X
Did the organization conduct an ind generally accepted accounting prince	ependent ciples for t	audit and prepare audited fin this reporting period?	ancial statements	in accordance with		X
9 At the end of this reporting period,	did the or	ganization hold restricted net asse	ets, while reporting	negative unrestricted net assets?		X
I declare under penalty of perjury that and belief, the content is true, correct the signature of Authorized Agent	and com	camined this report, including plete, and I am authorized to some INER FEIN	accompanying do	R 8/3/2		
Signature of Authorized Agent	rinted	a rvanie	Title	Date		

STATE OF CALIFORNIA CT-TR-1 (Orig. 09/2017)

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

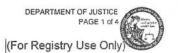
STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS:

ANNUAL TREASURER'S REPORT ATTORNEY GENERAL OF CALIFORNIA

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

(FORM CT-TR-1)



State Charity Registration Number CT148152
Corporation or Organization No. 2800993
Federal Employer I.D. No
101121 ending 6130122)
E SHEET
LIABILITIES
Accounts Payable \$
Salary Payable \$
Other Liabilities \$
TOTAL LIABILITIES \$
TOTAL ENDIETTED
FUND BALANCE
FUND BALANCE
Total Assets less Total Liabilities \$ 7227
Total Assets less Total Liabilities \$ 7227
Total Assets less Total Liabilities \$ 7227
Total Assets less Total Liabilities \$ 7227 STATEMENT EXPENSES
Total Assets less Total Liabilities \$ 7227 STATEMENT EXPENSES Compensation of Officers/Directors \$
Total Assets less Total Liabilities \$ 7227 STATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$
Total Assets less Total Liabilities \$ 7227 STATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$
Total Assets less Total Liabilities \$ 7227 STATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$ Rent \$
Total Assets less Total Liabilities \$ 7227 STATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$ Rent \$ Utilities \$
Total Assets less Total Liabilities \$ 7227 STATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$ Rent \$ Utilities \$ Supplies/Postage \$
Total Assets less Total Liabilities \$ 7227 STATEMENT EXPENSES Compensation of Officers/Directors \$ Compensation of Staff \$ Fundraising Expenses \$ Rent \$ Utilities \$ Supplies/Postage \$ Insurance \$