Norman Moline, CPA 301 E. Foothill Blvd., Suite 202 Arcadia, Califomia 91006 Tel.: (626) 445-5554 · Fax: (626) 445-8854 E-mail: nlmoline.cpa@juno.com

| Dear Emergency Network Los Angeles:   |
|---|
| 1   |
| Enclosed are your annual returns for the year ended $6/30/20$ .   |
| PLEASE MAIL THE INDICATED RETURNS BY THE DUE DATE OF $\frac{ll/15/20}{20}$  |
| On forms RRF-1 & CT-TR-1 please sign and mail to the Registry of Charitable Trusts in the envelope provided. No check is requiredEnclose check payable to the Registry of Charitable Trusts for \$  |
|   |
| Form 990-N has already been submitted electronically to the Internal Revenue Service. A copy is attached for your records. No check is required.  |
| Form 199-N has already been submitted electronically to the Franchise Tax Board. A copy is attached for your records. No check is required.   |
| Form SI-100, Statement of Information:  I filed this form online and paid the \$20 registration fee on your behalf.  No filing required this year, since the form is only due every other year. See attached "Results Detail" printout showing "Active" status. |
| Other information and enclosures include:   |
| 1.  |
| 2.  |
| The copies stapled to this page are for your files. Please call me if you have any questions.   |
| Sincerely,  Moran Maline  |
| Norman L. Moline Certified Public Accountant  Date 8/24/19  |

STATE OF CALIFORNIA RRF-1 (Rev. 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: www.oag.ca.gov/charities

DEPARTMENT OF JUSTICE PAGE 1 of 5 (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 Failure to submit this report annually no later than rour months and inteer days after the one 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.

| Emergency Network Los Ang<br>Name of Organization  | eles                          |   | Check if:                                |  |          |                     |  |
|--|-------------------------------|---|--|--|----------|---------------------|--|
|  |                               | Change of address   |  |  |          |                     |  |
| List all DBAs and names the organization uses or has used  |                               | Amended report  |  |  |          |                     |  |
| 5211 E. Washington Blvd., #2   | -294                          |   |  |  |          |                     |  |
| Address (Number and Street)  |                               |   | State Charity Registration Number 104151 |  |          |                     |  |
| Los Angeles, CA 90040-3959<br>City or Town, State, and ZIP Code  |                               | -   | Corporat                                 | tion or Organization No. 1989546   |          |                     |  |
| 323-234-3030   | 11                            | nfo@enla.org  |  |  |          |                     |  |
| Telephone Number   | E                             | -mail Address   | Federal I                                | Employer ID No. 95-4599478   |          |                     |  |
| ANNUAL REGI  | STRATION                      | RENEWAL FEE SCHEDULE (11 Cal. C<br>Make Check Payable to Departme                             | ode Regs.<br>nt of Justi                 | sections 301-307, 311, and 312)<br>ce  |          |                     |  |
| Gross Annual Revenue   | Fee                           | Gross Annual Revenue  | Fee                                      | Gross Annual Revenue   |          | Fee                 |  |
| Less than \$25,000<br>Between \$25,000 and \$100,000   | 0<br>\$25                     | Between \$100,001 and \$250,000<br>Between \$250,001 and \$1 million                          | \$50<br>\$75                             | Between \$1,000,001 and \$10 million<br>Between \$10,000,001 and \$50 million<br>Greater than \$50 million | . \$     | 150<br>3225<br>3300 |  |
| PART A - ACTIVITIES  |                               |   |  |  |          |                     |  |
| For your most recent full a  | ccounting                     | period (beginning 07 / 01 / 2019  | ending                                   | 06 / 30 / 2020 ) list:   |          |                     |  |
| Gross Annual Revenue \$1(  | 1,150.00                      | Noncash Contributions \$  |  | Total Assets \$ 103,08   | 4.65     |                     |  |
| Program Ex   | penses \$_                    | Total I   | Expenses                                 | \$ 270.00  |          |                     |  |
|  |                               | ZATION DURING THE PERIOD OF THE   |  |  |          |                     |  |
| Note: All questions must be ans  | wered. If yo                  | u answer "yes" to any of the question   | s below, y                               | ou must attach a separate page   |          |                     |  |
|  |                               | for each "yes" response. Please revie   |  |  | Yes      | No                  |  |
| <ol> <li>During this reporting period, were<br/>officer, director or trustee thereof.</li> </ol>   | there any co<br>either direct | ontracts, loans, leases or other financial t<br>ly or with an entity in which any such office | ransactions<br>cer, directo              | s between the organization and any or or trustee had any financial interest?                               |          | 1                   |  |
| 2. During this reporting period, was the   | nere any the                  | ft, embezzlement, diversion or misuse of  | the organi                               | ization's charitable property or funds?  |          | 1                   |  |
| 3. During this reporting period, were  | any organiza                  | ation funds used to pay any penalty, fine   | or judgmei                               | nt?  |          | 1                   |  |
| 4. During this reporting period, were coventurer used?   | the services                  | of a commercial fundraiser, fundraising   | counsel for                              | charitable purposes, or commercial   |          | <b>✓</b>            |  |
| 5. During this reporting period, did the   | e organizatio                 | on receive any governmental funding?  |  |  |          | 1                   |  |
| . During this reporting period, did the organization hold a raffle for charitable purposes?  |                               |   |  |  | <b>V</b> |                     |  |
|  |                               |   |  |  | 1        |                     |  |
| B. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? |                               |   |  |  | 1        |                     |  |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   |                               |   |  |  | 1        |                     |  |
| declare under penalty of perjury that<br>belief, the content is true, correct an   | it I have exa<br>d complete,  | and I am authorized to sign.  | inying doc                               | cuments, and to the best of my knowle  | dge ar   | ıd                  |  |
| Signature of Authorized Agen   | t                             | Michael Flood Printed Name  |  | Chairman<br>Title  | Del      |                     |  |
| - 3  |                               | FIRROU NOING  |  | 1106   | Dat      | e                   |  |

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

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

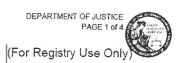
STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

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)



| Emergency Network Los Angeles<br>Name of Organization | State Charity Registration Number 104151 |
|---|--|
| 5211 E. Washington Blvd., #2-294                      |  |
| Address (Number and Street)                           | Corporation or Organization No. 1989546  |
| Los Angeles, CA 90040-3959                            |  |
| City or Town, State and ZIP Code                      | Federal Employer I.D. No. 95-4599478     |
| For annual accounting period ( beginning _ 07 / 01 /  | 2019_ending06_/_30_/_2020)               |

#### **BALANCE SHEET**

#### **ASSETS**

| Cash           | \$ 103,084.65 |
|----------------|---------------|
| Savings        | \$            |
| Investment     | \$            |
| Land/Buildings | \$            |
| Other Assets   | \$            |
| TOTAL ASSETS   | \$ 103,084.65 |

#### LIABILITIES

| Accounts Payable  | \$ |
|-------------------|----|
| Salary Payable    | \$ |
| Other Liabilities | \$ |
| TOTAL LIABILITIES | \$ |

#### **FUND BALANCE**

Total Assets less Total Liabilities \$ 103,084.65

### **REVENUE STATEMENT**

#### REVENUE

| \$ 101,150.00 |
|---------------|
| \$            |
| \$            |
| \$            |
| \$            |
| \$            |
| \$ 101,150.00 |
|               |

#### **NET REVENUE**

Total Revenue less Total Expenses \$ 100,880.00

#### **EXPENSES**

| Compensation of Officers/Dia | rectors \$ |        |             |
|------------------------------|------------|--------|-------------|
| Compensation of Staff        | \$         |        |             |
| Fundraising Expenses         | \$         |        |             |
| Rent                         | \$         |        |             |
| Utilities                    | \$         |        |             |
| Supplies/Postage             | \$         |        |             |
| Insurance                    | \$         |        |             |
| Other Expenses               | \$         | 270.00 | (Accounting |
| TOTAL EXPENSES               | \$         | 270.00 |             |

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.



| Form 990-N  | Electronic Notice (e-Postcard)                                      | OMB No. 1545-2085                           |  |  |
|---|---|---|--|--|
| Department of the Treasury<br>Internal Revenue Service                              | for Tax-Exempt Organization not Required to File Form 990 or 990-EZ | 2019  |  |  |
|   |   | Open to Public Inspection                   |  |  |
| A For the 2019 Calendar year, or t  | ax year beginning 2019-07-01 and ending 2020-06-30                  |   |  |  |
| B Check if available ☐ Terminated for Business ☐ Gross receipts are normally \$50,0 | C Name of Organization: EMERGENCY NETWORK LOS  ANGELES  Of or less  | D Employee Identification Number 95-4599478 |  |  |
| Anid  | 5211 E Washington Blvd 2-294, Los Angeles, CA, US, 90040            | 1-3-  |  |  |
| E Website:  | F Name of Principal Officer: Michael Flood                          | RS.   |  |  |
|   | 5211 E Washington Blvd 2-294, Los Angeles, CA, US.                  |   |  |  |
|   | 90040   |   |  |  |

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.





199N e-Postcard

## Confirmation

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 8/24/2020 9:16:51 AM.

Confirmation Number: 198954623703

Entity ID:

1989546

Entity Name:

**EMERGENCY NETWORK** 

LOS ANGELES, INC.

#### **Account Period Information**

**Account Period** 

7/1/2019

Beginning:

Account Period Ending:

6/30/2020

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: \$101150

This is not an amended return.

An IRS Form 1023/1024 is not pending.

#### **Entity Information**

FEIN:

954599478

Doing Business As: Website Address:

Entity's Mailing Address

5211 E Washington Blvd

2-294

Los Angeles CA 90040

#### Principal Officer's Information

Michael Flood 5211 E Washington Blvd 2-294

Los Angeles CA 90040

#### **Contact Information**

Name:

Norman Moline CPA

Phone:

6264455554



| 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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Alex Padilla California Secretary of State



# Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Thursday, August 20, 2020. Please refer to document <u>Processing Times</u> for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

## C1989546 EMERGENCY NETWORK LOS ANGELES, INC.

Registration Date:

Jurisdiction:

**Entity Type:** 

Status:

Agent for Service of Process:

**Entity Address:** 

**Entity Mailing Address:** 

**■** Certificate of Status

09/16/1996 CALIFORNIA

DOMESTIC NONPROFIT

ACTIVE

MICHAEL FLOOD

5211 E WASHINGTON BLVD SUITE 2-294

LOS ANGELES CA 90040

5211 E WASHINGTON BLVD SUITE 2-294

LOS ANGELES CA 90040

5211 E WASHINGTON BLVD SUITE 2-294

LOS ANGELES CA 90040

A Statement of Information is due EVERY EVEN-NUMBERED year beginning five months before and through the end of September.

| Document Type | lt | File Date  | LF | PDF |
|---------------|----|------------|----|-----|
| SI-COMPLETE   |    | 02/28/2020 |    | 5   |
| SI-COMPLETE   |    | 04/23/2018 |    | E   |
| REGISTRATION  |    | 09/16/1996 |    |     |

<sup>\*</sup> Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked.
   Please refer to California Corporations Code <u>section 2114</u> for information relating to service upon corporations that have surrendered.
- · For information on checking or reserving a name, refer to Name Availability.
- If the image is not available online, for information on ordering a copy refer to Information Requests.
- For information on ordering certificates, status reports, certified copies of documents and copies of
  documents not currently available in the Business Search or to request a more extensive search for records,
  refer to <u>Information Requests</u>.