

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 20 2024**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023**Department of the Treasury
Internal Revenue ServiceName of filer **CALIFORNIA NEVADA DISTRICT EXCHANGE**
3 CALIFORNIA-HAWAII-NEVADAEIN or SSN
95-1128716

Name and title of officer or person subject to tax

KENNETH A OWENS, II TREASURER**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here.	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here. . .	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>27,494.</u>
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here. . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here.	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here.	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here.	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here.	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here.	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here.	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize LASKER KIM & CO LLP to enter my PIN 02024 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.95928195928

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

GUSTAVO L. RENDON, C.P.A.

Date

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990-EZ

Short Form
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-0047

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 7/01, 2023, and ending 6/30, 2024

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C CALIFORNIA NEVADA DISTRICT EXCHANGE 3 CALIFORNIA-HAWAII-NEVADA C/O KEN OWENS, 80572 KNIGHTSWOOD RD INDIO, CA 92201-9009	D Employer identification number 95-1128716 E Telephone number (310) 828-2674 F Group Exemption Number 1097
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G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify):	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).
I Website: WWW.CALNEVEXCHANGE.ORG	

J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 27,494.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received.	27,494.
	2	Program service revenue including government fees and contracts.	
	3	Membership dues and assessments.	
	4	Investment income.	
	5a	Gross amount from sale of assets other than inventory.	
	5b	Less: cost or other basis and sales expenses.	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	
	6	Gaming and fundraising events:	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000).	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).	
6c	Less: direct expenses from gaming and fundraising events.		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).		
7a	Gross sales of inventory, less returns and allowances.		
7b	Less: cost of goods sold.		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).		
8	Other revenue (describe in Schedule O).		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	27,494.	
Expenses	10	Grants and similar amounts paid (list in Schedule O).	
	11	Benefits paid to or for members.	
	12	Salaries, other compensation, and employee benefits.	3,010.
	13	Professional fees and other payments to independent contractors.	
	14	Occupancy, rent, utilities, and maintenance.	
	15	Printing, publications, postage, and shipping.	
	16	Other expenses (describe in Schedule O). SEE SCHEDULE O	5,341.
	17	Total expenses. Add lines 10 through 16.	8,351.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9).	19,143.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	55,719.
	20	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	12,615.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	87,477.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	55,719.	22 87,477.
23 Land and buildings.....		23
24 Other assets (describe in Schedule O).....		24
25 Total assets.....	55,719.	25 87,477.
26 Total liabilities (describe in Schedule O).....	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	55,719.	27 87,477.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 THE CLUB ALSO HAS GENERAL EXPENSES ALLOCABLE TO PROGRAM SERVICES.		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	7,730.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	621.
30 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a).....	32	8,351.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
EMILY MYHRE				
DIV 6 DIRECTOR	5	0.	0.	0.
M.C. BUZZ CHAMBERS				
DIV. 2 DIRECTOR	5	0.	0.	0.
KEN DUFOUR				
DIV 3 DIRECTOR	5	0.	0.	0.
KENNETH A OWENS, II				
COO	8	0.	0.	0.
JOHN BLYTHE				
DIV 7 & 8 DIR	10	0.	0.	0.
R. DALE EVANS				
DIV 4 DIRECTOR	5	0.	0.	0.
JANELL DARBY				
DIV 1 DIRECTOR	5	0.	0.	0.
JIM ALTWEGG				
IMMED PAST PRES	4	150.	0.	0.
KEN DUFOUR				
PRESIDENT ELECT	8	600.	0.	0.
JAY SHERY, M.D.				
DIV 5 DIRECTOR	5	0.	0.	0.
R. DALE EVANS				
PRESIDENT	8	900.	0.	0.
PHIL GRIEGO				
DIV 10 DIRECTOR	5	0.	0.	0.
JOHNNY TAI				
SECRETARY	8	680.	0.	0.
BONITA GIBSON				
TREASURER	8	680.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	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.		X
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.		X
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)?		X
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.		
c 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.		X
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.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b 0.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a 0.		
b Gross receipts, included on line 9, for public use of club facilities. 39b 0.		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A 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 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.		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
e 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.		X
41 List the states with which a copy of this return is filed: <u>NONE</u>		

42a The organization's books are in care of: KENNETH A OWENS, II Telephone no. (310) 828-2674
Located at: 1117 FRANKLIN ST SANTA MONICA CA ZIP + 4 90403-2323

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X

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).

c At any time during the calendar year, did the organization maintain an office outside the United States?

	Yes	No
42c		X

If "Yes," enter the name of the foreign country: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here. ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	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.		X
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.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X
45b		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KENNETH A OWENS, II		Date	
	Type or print name and title TREASURER			
Paid Preparer Use Only	Print/Type preparer's name GUSTAVO L. RENDON, C.P.A.	Preparer's signature GUSTAVO L. RENDON, C.P.A.	Date	Check <input type="checkbox"/> if self-employed
	Firm's name LASKER KIM & CO LLP		PTIN P00039539	
	Firm's address 16530 VENTURA BLVD STE 211 ENCINO, CA 91436		Firm's EIN 95-1726866	
			Phone no. (310) 842-9000	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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 the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization
CALIFORNIA NEVADA DISTRICT EXCHANGE
3 CALIFORNIA-HAWAII-NEVADA

Employer identification number
95-1128716

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES.....	\$	75.
CONVENTION EXPENSES.....		621.
MISCELLANEOUS.....		650.
OFFICE EXPENSES.....		490.
SUPPLIES/PRINTING.....		3,505.
TOTAL	\$	5,341.

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER BETWEEN FUND ACCOUNTS.....	\$	12,615.
TOTAL	\$	12,615.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROGRAM OF COMMUNITY SERVICE

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONVENTION EXPENSE IS FOR THE NATIONAL CONVENTION WHERE EXCHANGE CLUB MEMBERS ARE
ACKNOWLEDGED FOR THEIR SERVICE IN THE COMMUNITY AND INFORM MEMBERS OF OTHER WAYS
TO BE OF SERVICE IN THEIR COMMUNITIES.

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

YOUTH OF THE YEAR IS TO HONOR YOUTHS WHO ARE OUTSTANDING IN THEIR COMMUNITIES.
A.C.E. (ACCEPTING THE CHALLENGE OF EXCELLENCE) IS AN AWARD FOR YOUTHS THAT HAVE
OVERCOME SOCIAL CHALLENGES AND HAVE GRADUATED FROM HIGH SCHOOL.

FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
SEARCH FOR TALENT IS TO HONOR YOUTHS WHO HAVE EXCEPTIONAL TALENT.		
INCLUDES FOREIGN GRANTS:	NO	
AWARDS ARE GIVEN TO MEMBERS TO RECOGNIZE THEIR CONTRIBUTIONS TO THEIR COMMUNITIES.		
INCLUDES FOREIGN GRANTS:	NO	
NEW CLUBS ARE SUPPORTED BY THE DISTRICT TO HELP THEM IN THEIR INITIAL YEAR OR OPERATION. THE CLUB PRINTS A		

Name of the organization CALIFORNIA NEVADA DISTRICT EXCHANGE
3 CALIFORNIA-HAWAII-NEVADA

Employer identification number
95-1128716

FORM 990-EZ, PART III, LINE 31 (CONTINUED)
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
DISTRICT ROSTER TO ENABLE MEMBERS TO CONTACT OTHER EXCHANGE CLUB'S MEMBERS. INCLUDES FOREIGN GRANTS: NO		
EXCHANGITE MAGAZINE IS TO ACKNOWLEDGE EFFORTS OF MEMBERS IN THEIR COMMUNITIES AND INFORM OTHER MEMBERS OF WAYS IN WHICH THEY CAN BE OF SERVICE IN THEIR COMMUNITIES. INCLUDES FOREIGN GRANTS: NO		
DISTRICT MEETINGS & TRAVEL IS FOR THE DISTRICT CONVENTION WHERE EXCHANGE CLUB MEMBERS ARE ACKNOWLEDGED FOR THEIR SERVICE IN THE COMMUNITY AND PASS ON IDEAS FOR COMMUNITY SERVICE TO OTHER MEMBERS. INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 0.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

CALIFORNIA NEVADA DISTRICT EXCHANGE

Identifying number

95-1128716

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5).....	1	27,494.
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14).....	2	27,494.
3	Total expenses and disbursements (Form 199, line 9).....	3	8,351.
4	Tax due (Form 109, line 23).....	4	
5	Overpayment (Form 109, line 24).....	5	

Part II Settle Your Account Electronically for Taxable Year 2023

- 6 ☐ Direct Deposit of refund (Form 109 only.)
- 7 ☐ Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

- 10 Routing number _____
- 11 Account number _____
- 12 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign
Here

Signature of officer

Date

TREASURER

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**ERO's
signature

GUSTAVO L. RENDON, C.P.A.

Date

Check if
also paid
preparer ☒Check if
self-
employed ☐

ERO's PTIN

P00039539

Firm's name (or yours
if self-employed)
and addressLASKER KIM & CO LLP
16530 VENTURA BLVD STE 211
ENCINO CA

Firm's FEIN

95-1726866

ZIP code 91436

**Paid
Preparer
Must
Sign**Paid
preparer's
signature

Date

Check if
self-employed ☐

Paid preparer's PTIN

Firm's name
(or yours if self-
employed) and
address

Firm's FEIN

ZIP code

2023

California Exempt Organization
Annual Information Return

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 7/01/2023, and ending (mm/dd/yyyy) 6/30/2024.

Corporation/Organization name CALIFORNIA NEVADA DISTRICT EXCHANGE 3 CALIFORNIA-HAWAII-NEVADA		California corporation number 0984722
Additional information. See instructions.		FEIN 95-1128716
Street address (suite or room) C/O KEN OWENS, 80572 KNIGHTSWOOD RD		PMB no.
City INDIO	State CA	ZIP code 92201-9009
Foreign country name	Foreign province/state/county	Foreign postal code

A First return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A
C IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. \$
D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) •	L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: 1 <input checked="" type="checkbox"/> Cash 2 <input type="checkbox"/> Accrual 3 <input type="checkbox"/> Other	M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series	N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	27,494.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	27,494.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	27,494.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	8,351.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	19,143.
Payments	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Penalties and interest. See General Information J.	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.	16	0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	TREASURER	Date	Telephone (310) 828-2674
Paid Preparer's Use Only	Preparer's signature	GUSTAVO L. RENDON, C.P.A.	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	LASKER KIM & CO LLP 16530 VENTURA BLVD STE 211 ENCINO, CA 91436		Firm's FEIN P00039539
				Telephone 95-1726866
				(310) 842-9000
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

CACA1112L 01/02/24

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	•	1	
	2	Interest	•	2	
	3	Dividends	•	3	
	4	Gross rents	•	4	
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See instructions)	•	6	
	7	Other income. Attach schedule	•	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	
	10	Disbursements to or for members	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	SEE STMT 1
	12	Other salaries and wages	•	12	3,010.
	13	Interest	•	13	
	14	Taxes	•	14	
	15	Rents	•	15	
	16	Depreciation and depletion (See instructions)	•	16	
	17	Other expenses and disbursements. Attach schedule	•	17	SEE STATEMENT 2
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	5,341.
					8,351.

Schedule L Balance Sheet**Beginning of taxable year****End of taxable year**

	(a)	(b)	(c)	(d)
Assets				
1 Cash		55,719.		87,477.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 Total assets		55,719.		87,477.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund		55,719.		87,477.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		55,719.		87,477.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	19,143.	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8	•	
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6	•	19,143.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5	•	19,143.				

STATEMENT 1
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
EMILY MYHRE 1046 ROCKAWAY AVE UNIT C GROVER BEACH, CA 93433-2087	DIV 6 DIRECTOR 5.00	\$ 0.	\$ 0.	0.
M.C. BUZZ CHAMBERS 10101 MONTECITO PLZ GARDEN GROVE, CA 92840-1557	DIV. 2 DIRECTOR 5.00	0.	0.	0.
KEN DUFOUR 971 SANDCASTLE DR. CORONA DEL MAR, CA 92625-1617	DIV 3 DIRECTOR 5.00	0.	0.	0.
KENNETH A OWENS, II 80572 KNIGHTSWOOD RD INDIO, CA 92201-9009	COO 8.00	0.	0.	0.
JOHN BLYTHE 10700 HWY 178 LAKE ISABELLA, CA 93240-9103	DIV 7 & 8 DIR 10.00	0.	0.	0.
R. DALE EVANS 5728 DELAMAR DR. FONTANA, CA 92336-4590	DIV 4 DIRECTOR 5.00	0.	0.	0.
JANELL DARBY 9255 N MAGNOLIA AVE SPC 70 SANTEE, CA 92071-3140	DIV 1 DIRECTOR 5.00	0.	0.	0.
JIM ALTWEGG 811 E BRIDGER AVE APT 486 LAS VEGAS, NV 89101-8935	IMMED PAST PRES 4.00	150.	0.	0.
KEN DUFOUR 971 SANDCASTLE DR CORONA DEL MAR, CA 92625-1617	PRESIDENT ELECT 8.00	600.	0.	0.
JAY SHERY, M.D. 10811 WASHINGTON BLVD, STE 250 CULVER CITY, CA 90232-3670	DIV 5 DIRECTOR 5.00	0.	0.	0.
R. DALE EVANS 5728 DELAMAR DR. FONTANA, CA 92336-4590	PRESIDENT 8.00	900.	0.	0.
PHIL GRIEGO 6846 TRINIDAD DR. SAN JOSE, CA 95120-2057	DIV 10 DIRECTOR 5.00	0.	0.	0.

CALIFORNIA STATEMENTS
CALIFORNIA NEVADA DISTRICT EXCHANGE
3 CALIFORNIA-HAWAII-NEVADA

STATEMENT 1 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHNNY TAI 8211 SAN ANGELO DR., APT B8 HUNTINGTON BEACH, CA 92647-7271	SECRETARY 8.00	\$ 680.	\$ 0.	\$ 0.
BONITA GIBSON 3744 N MCCLENDON DR., #42-1707 PINE, AZ 85544	TREASURER 8.00	680.	0.	0.
TOTAL		\$ 3,010.	\$ 0.	\$ 0.

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

BANK CHARGES.....	\$ 75.
CONVENTION EXPENSES.....	621.
MISCELLANEOUS.....	650.
OFFICE EXPENSES.....	490.
SUPPLIES/PRINTING.....	3,505.
TOTAL	\$ 5,341.



(For Registry Use Only)

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

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.

CALIFORNIA NEVADA DISTRICT EXCHANGE 3 CALIFORNIA-HAWAII-NEVADA		Check if: <input type="checkbox"/> Change of address	
Name of Organization		<input type="checkbox"/> Amended report	
List all DBAs and names the organization uses or has used		<input type="checkbox"/> Organization requests email notifications	
C/O KEN OWENS, 80572 KNIGHTSWOOD RD		State Charity Registration Number 029973	
Address (Number and Street)		Corporation or Organization No. 0984722	
INDIO, CA 92201-9009		Federal Employer ID No. 95-1128716	
City or Town, State, and ZIP Code			
(310) 828-2674	KAOWENS2@VERIZON.NET		
Telephone Number	Email Address		

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 7/01/23 ending 6/30/24) list:

Total Revenue \$
(including noncash contributions) 27,494. Noncash Contributions \$ 0. Total Assets \$ 87,477.
Program Expenses \$ 0. Total Expenses \$ 8,351.

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.

CLIENT'S COPY

KENNETH A OWENS, II

TREASURER

Signature of Authorized Agent

Printed Name

Title

Date

Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-0047

2023**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2023 calendar year, or tax year beginning 7/01, 2023, and ending 6/30, 2024**B** Check if applicable: **C**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

CALIFORNIA NEVADA DISTRICT EXCHANGE
3 CALIFORNIA-HAWAII-NEVADA
C/O KEN OWENS, 80572 KNIGHTSWOOD RD
INDIO, CA 92201-9009**D** Employer identification number

95-1128716

E Telephone number

(310) 828-2674

F Group Exemption
Number

1097

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):**I** Website: WWW.CALNEVEXCHANGE.ORG**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not**
required to attach Schedule B
(Form 990).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total
assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 27,494.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received.	1	27,494.
	2	Program service revenue including government fees and contracts.	2	
	3	Membership dues and assessments.	3	
	4	Investment income.	4	
	5a	Gross amount from sale of assets other than inventory.	5a	
	5b	Less: cost or other basis and sales expenses.	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000).	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).	6b	
	6c	Less: direct expenses from gaming and fundraising events.	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6d	
	7a	Gross sales of inventory, less returns and allowances.	7a	
	7b	Less: cost of goods sold.	7b	
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).	7c	
	8	Other revenue (describe in Schedule O).	8	
Net Assets	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	27,494.
	10	Grants and similar amounts paid (list in Schedule O).	10	
	11	Benefits paid to or for members.	11	
	12	Salaries, other compensation, and employee benefits.	12	3,010.
	13	Professional fees and other payments to independent contractors.	13	
	14	Occupancy, rent, utilities, and maintenance.	14	
	15	Printing, publications, postage, and shipping.	15	
	16	Other expenses (describe in Schedule O). SEE SCHEDULE O	16	5,341.
17	Total expenses. Add lines 10 through 16.	17	8,351.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9).	18	19,143.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	55,719.
	20	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	20	12,615.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	87,477.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	55,719.	22 87,477.
23 Land and buildings.		23
24 Other assets (describe in Schedule O).		24
25 Total assets.	55,719.	25 87,477.
26 Total liabilities (describe in Schedule O).	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	55,719.	27 87,477.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE CLUB ALSO HAS GENERAL EXPENSES ALLOCABLE TO PROGRAM SERVICES.		
(Grants \$) If this amount includes foreign grants, check here.	28a	7,730.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here.	29a	621.
30 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here.	30a	
31 Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here.	31a	
32 Total program service expenses (add lines 28a through 31a).	32	8,351.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
EMILY MYHRE DIV 6 DIRECTOR	5	0.	0.	0.
M.C. BUZZ CHAMBERS DIV. 2 DIRECTOR	5	0.	0.	0.
KEN DUFOUR DIV 3 DIRECTOR	5	0.	0.	0.
KENNETH A OWENS, II COO	8	0.	0.	0.
JOHN BLYTHE DIV 7 & 8 DIR	10	0.	0.	0.
R. DALE EVANS DIV 4 DIRECTOR	5	0.	0.	0.
JANELL DARBY DIV 1 DIRECTOR	5	0.	0.	0.
JIM ALTWEGG IMMED PAST PRES	4	150.	0.	0.
KEN DUFOUR PRESIDENT ELECT	8	600.	0.	0.
JAY SHERY, M.D. DIV 5 DIRECTOR	5	0.	0.	0.
R. DALE EVANS PRESIDENT	8	900.	0.	0.
PHIL GRIEGO DIV 10 DIRECTOR	5	0.	0.	0.
JOHNNY TAI SECRETARY	8	680.	0.	0.
BONITA GIBSON TREASURER	8	680.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	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	X
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	X
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	X
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	
c 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	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b 0.	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a 0.	39a	
b Gross receipts, included on line 9, for public use of club facilities. 39b 0.	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A 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 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.	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
e 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	X
41 List the states with which a copy of this return is filed: <u>NONE</u>		

42a The organization's books are in care of: KENNETH A OWENS, II Telephone no. (310) 828-2674
Located at: 1117 FRANKLIN ST SANTA MONICA CA ZIP + 4 90403-2323

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X

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).

c At any time during the calendar year, did the organization maintain an office outside the United States?

	Yes	No
42c		X

If "Yes," enter the name of the foreign country: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here. ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KENNETH A OWENS, II Type or print name and title		Date TREASURER	
	CLIENT'S COPY			
Paid Preparer Use Only	Print/Type preparer's name GUSTAVO L. RENDON, C.P.A.	Preparer's signature GUSTAVO L. RENDON, C.P.A.	Date	Check <input type="checkbox"/> if self-employed PTIN P00039539
	Firm's name LASKER KIM & CO LLP		Firm's EIN 95-1726866	
	Firm's address 16530 VENTURA BLVD STE 211 ENCINO, CA 91436		Phone no. (310) 842-9000	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA

Form 990-EZ (2023)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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 the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CALIFORNIA NEVADA DISTRICT EXCHANGE
3 CALIFORNIA-HAWAII-NEVADA

Employer identification number

95-1128716

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES.....	\$	75.
CONVENTION EXPENSES.....		621.
MISCELLANEOUS.....		650.
OFFICE EXPENSES.....		490.
SUPPLIES/PRINTING.....		3,505.
TOTAL	\$	5,341.

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER BETWEEN FUND ACCOUNTS.....	\$	12,615.
TOTAL	\$	12,615.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROGRAM OF COMMUNITY SERVICE

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONVENTION EXPENSE IS FOR THE NATIONAL CONVENTION WHERE EXCHANGE CLUB MEMBERS ARE
ACKNOWLEDGED FOR THEIR SERVICE IN THE COMMUNITY AND INFORM MEMBERS OF OTHER WAYS
TO BE OF SERVICE IN THEIR COMMUNITIES.

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

YOUTH OF THE YEAR IS TO HONOR YOUTHS WHO ARE OUTSTANDING IN THEIR COMMUNITIES.

A.C.E. (ACCEPTING THE CHALLENGE OF EXCELLENCE) IS AN AWARD FOR YOUTHS THAT HAVE
OVERCOME SOCIAL CHALLENGES AND HAVE GRADUATED FROM HIGH SCHOOL.

FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
SEARCH FOR TALENT IS TO HONOR YOUTHS WHO HAVE EXCEPTIONAL TALENT.		
INCLUDES FOREIGN GRANTS: NO		
AWARDS ARE GIVEN TO MEMBERS TO RECOGNIZE THEIR CONTRIBUTIONS TO THEIR COMMUNITIES.		
INCLUDES FOREIGN GRANTS: NO		
NEW CLUBS ARE SUPPORTED BY THE DISTRICT TO HELP THEM IN THEIR INITIAL YEAR OR OPERATION. THE CLUB PRINTS A		

Name of the organization	CALIFORNIA NEVADA DISTRICT EXCHANGE 3 CALIFORNIA-HAWAII-NEVADA	Employer identification number	95-1128716
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FORM 990-EZ, PART III, LINE 31 (CONTINUED)
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
DISTRICT ROSTER TO ENABLE MEMBERS TO CONTACT OTHER EXCHANGE CLUB'S MEMBERS. INCLUDES FOREIGN GRANTS: NO		
EXCHANGITE MAGAZINE IS TO ACKNOWLEDGE EFFORTS OF MEMBERS IN THEIR COMMUNITIES AND INFORM OTHER MEMBERS OF WAYS IN WHICH THEY CAN BE OF SERVICE IN THEIR COMMUNITIES. INCLUDES FOREIGN GRANTS: NO		
DISTRICT MEETINGS & TRAVEL IS FOR THE DISTRICT CONVENTION WHERE EXCHANGE CLUB MEMBERS ARE ACKNOWLEDGED FOR THEIR SERVICE IN THE COMMUNITY AND PASS ON IDEAS FOR COMMUNITY SERVICE TO OTHER MEMBERS. INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 0.