#### **2023 TAX RETURN**

		Client Copy	
Client:	HLOC001		
Prepared for:	How 2 Love Our Cops 220 Broughton Court Granite Bay, CA 95746 209-452-5533		
Prepared by:	David Scinto Scinto Group, LLP PO Box 1797 Grass Valley, CA 95945 530-273-3200		
Date:	February 15, 2024		
Comments:		Coby	
Route to:			

FDIL2001L 05/20/23

# **2023 Exempt Org. Return** prepared for:

**How 2 Love Our Cops** 220 Broughton Court Granite Bay, CA 95746



Scinto Group, LLP PO Box 1797 Grass Valley, CA 95945

2023 Federal Exempt Organi	Federal Exempt Organization Tax Summary (EZ)										
How 2 Lo	ve Our Cops		82-0852381								
FORM 990-EZ REVENUE	2023	2022	Diff								
Contributions, gifts, and grants	111,513	181,696	-70,183								
Total revenue.	111,513	181,696	-70,183								
EXPENSES  Salaries and employee benefits  Professional fees/pymt to contractors  Printing, publications, and postage  Other expenses	7,102 1,431	0 0 0 0 132,376	20,882 7,102 1,431 27,381								
Total expenses	189,172	132,376	56,796								
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Net assets/fund bal. at end of year	130,521	49,320 81,201 130,521	-126,979 49,320 -77,659								



2023 California 199	9 Tax Summary	/	Page 1			
How 2 Lo	ve Our Cops	pps				
RECEIPTS AND REVENUES	2023	2022	Diff			
Gross contributions, gifts, & grants Total gross receipts Total costs Total gross income	111,513 0	181,696 181,696 0 181,696	-70,183 -70,183 0 -70,183			
EXPENSES Total expenses Excess receipts over expenses	189,172	132,376 49,320	56,796 -126,979			
FILING FEE Filing fee Balance due	0	0	0			



2023

### **General Information**

Page 1

**How 2 Love Our Cops** 

82-0852381

#### Forms needed for this return

Federal: 990-EZ, Sch A, Sch B, Sch O California: 199, Sch B, 3885, 8453-EO (199), e-file Instructions, RRF-1

#### Carryovers to 2024

None



12/31/23

### **2023 Federal Book Depreciation Schedule**

Page 1

**How 2 Love Our Cops** 

82-0852381

_No	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990	)-PF															
Machinery	and Equipment															
1 Comput	er Equipment	2/02/23		1,829							1,829		200DB HY	5	.20000	366
2 Comput	er Equipment	2/03/23		2,044							2,044		200DB HY	5	.20000	409
Total M	achinery and Equipment			3,873		0	0	ı	0 (	0 0	3,873	0				775
Total D	epreciation			3,873		0	0		0 (	0 0	3,873	0			=	775
Grand 1	otal Depreciation			3,873		0	0		0 (	0 0	3,873	0			=	775
							C	262								

12/31/23

### 2023 California Book Depreciation Schedule

Page 1

**How 2 Love Our Cops** 

82-0852381

No. <u>Description</u> Form 199	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. <u>Pct.</u>	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate _	Current Depr.
Machinery and Equipment															
1 Computer Equipment	2/02/23		1,829	)						1,829		200DB HY	5	.20000	366
2 Computer Equipment	2/03/23		2,044	1					<u> </u>	2,044		200DB HY	5	.20000	409
Total Machinery and Equipmen	t		3,873	3	0	0	O	(	0	3,873	0				775
Total Depreciation			3,873	<u> </u>	0	0	0	(	0	3,873	0			=	775
Grand Total Depreciation			3,873	<u>}</u>	0	0		(	0	3,873	0			_	775
						C	061								

### **Federal Filing Instructions**

**How 2 Love Our Cops** 

82-0852381

#### **ELECTRONICALLY FILED:**

Form 990-EZ - 2023 Short Form Return of Organization Exempt From Income Tax

The above tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization.

#### **PAYMENT:**

No payment is required.



#### Form **8879-TE**

## IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	

\_ \_ , 2023, and ending \_ \_ , 20 \_ \_ \_ , 20

EIN or SSN

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

82-0852381 How 2 Love Our Cops Name and title of officer or person subject to tax Lorie Osborne 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 . . . . 2a Form 990-EZ check here... 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here . . . . 6a Form 990-T check here.... **7a Form 4720** check here . . . . 8a Form 5227 check here . . . . 9a Form 5330 check here . . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b 10a Form 8038-CP check here. Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of entity) \_\_\_\_\_\_\_, (EIN) \_\_\_\_\_\_, (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 of 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 X | authorize Scinto Group, LLP to enter my PIN 82530 as my signature ERO firm name Enter five numbers, but 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 **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68574233333 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 David Scinto **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 Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For t	he 2023 calendar year, or tax year beginning , 2023, and ending	,	,
В	Check	if applicable: C	Employer i	dentification number
		s change	02 00	E2201
		change How 2 Love Our Cops 220 Broughton Court	82-08 Telephone	
F	Initial	Granite Bay CA 95746		52-5533
-		urn/termnated		
H		l Ir	Group Ex Number	xemption
G	Acco	unting Method: X Cash Accrual Other (specify):	if the	organization is <b>not</b>
1	Web			Schedule B
J	Tax-e	$\frac{1}{100}$ (Form 99) xempt status (check only one) $ \frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100$	0).	
K	Form	of organization: X 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 to	tal	
_		ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		111,513.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction of the organization used Schedule O to respond to any question in this Part I	ctions t	or Part I) X
_	1	Contributions, gifts, grants, and similar amounts received		
	2	Program service revenue including government fees and contracts		111,513.
	3	Membership dues and assessments		
	4	Investment income.		
	_	Gross amount from sale of assets other than inventory		
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	. 5c	
	6	Gaming and fundraising events:		
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ģ	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events 6c		
	d	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	·	
		Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7с	
	8	Other revenue (describe in Schedule O)	. 8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	111,513.
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
ses	12	Salaries, other compensation, and employee benefits		20,882.
Expenses	13	Professional fees and other payments to independent contractors		7,102.
Ä	14	Occupancy, rent, utilities, and maintenance.		
	15	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O).  See Schedule O	. 15	1,431.
	16 17	Total expenses. Add lines 10 through 16.		159,757.
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	189,172. -77,659.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye		11,000.
ASS	13	figure reported on prior year's return)	. <b>19</b>	130,521.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O).	. 20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,862.

Par	Check if the organization used Sche	ructions for Part II) edule 0 to respond to any qu	estion in this Part II			X
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			130,521		49,764.
23	Land and buildings	See Schedule	 e. ()		23	2 222
24 25	Total assets			130,521	24	3,098. 52,862.
26	Total liabilities (describe in Schedule O)			130,321	. 26	52,002.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	130,521	. 27	52,862.
Par	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	🔯		Expenses
What	Check if the organization used Sclis the organization's primary exempt purpose? See	hedule O to respond to any o	question in this Part	III X		uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest pro	gram services, as	òrgài	nizations; optional
meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	ces provideď, thé nu	imber of persons	for of	thers.)
28	Counseling, and Post Crit					
	7,5 <b>x</b>					
29	(Grants \$ ) If th	is amount includes foreign g	rants, check here		28a	52,382.
29						
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		29a	
30						
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		30a	
31	Other program services (describe in Sch					
		is amount includes foreign g			31 a	
	Total program service expenses (add line)				32	52,382.
Par	List of Officers, Directors, Check if the organization used Sci				ee the	nstructions for Part IV)
	Officers in the organization asea of	(b) Average hours per			s,	
	(a) Name and title	week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS 1099-NEC)	contributions to employed benefit plans, and def	oyee erred	<ul><li>(e) Estimated amount of other compensation</li></ul>
Vic	ctoria Newman	C-(	(if not paid, enter -0-	) compensation		
	esident & CEO			0.	0.	0.
	ephanie Thompson	-				
	cretary	0		0.	0.	0.
	rie Osborne	0			0	0
	easurer Chryn Hamel	0		0.	0.	0.
	airman	0		0.	0.	0.
		<del></del>				
						_
		<del></del>				
D 4 1		TEE 400101 (	09/07/22			Farm 000 F7 (0000)
BAA		TEEA0812L 0	00/0//23			Form <b>990-EZ</b> (2023)

Yes   No   If Yes, Provide a detailed description of each activity not previously reported to the IRS?   If Yes, *Provide a detailed description of each activity in Schedule 0.   33	Pa	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	see S		$^{\circ}$ $\square$
34 We aw significant changes made to the cognizing or owening documents? If Yes, "table is confirmed copy of the amended documents if they effect a change to the organizations made the organizations have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2 Ge, and 78, among others?).  b If Yes' to line 35e, has the organization filed a Form 990-T for the year? If Yes, "provide an explanation in Schedulc O S5b cereoriting," and proxy tax requirements during the year? If Yes, "complete Schedulc C, Part III."  55		the instructions for Fart v.) offect if the organization used schedule of to respond to any question in this Fart v			No
a sharp to the organization's name. Otherwise, explain the change no Shedule 0. See instructions.  324	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
(such as those reported on lines 2, 6a, and 7a, among others)?  bit "Yes' to line 35a, has the organization file or form 990-T for the year? If "No," provide an explanation in Schedule O. C Was the organization as section 501(c)(d), 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 II. 4  36 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of some smale in a prior year and still unstanding at the end of the tax year covered by this return? 38a D C. 38a Enter amount of the sax year covered by this return? 38a D C. 38b D	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		Х
c Was the organization a section 501 (c)(4), 501 (c)(6), or 501 (c)(6) organization subject to section 603(e) notice; reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35 a		35a		Х
36 Did the organization undergo a liquidation, dissolution, retimation, or significant disposition on leat assets during the year? If "ves," complete applicable parts of Schedule N	ı	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		
disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a   0.   37a Enter amount of political expenditures, director indirect, as a described in the instructions.   37a   0.   5 bid the organization file Form 112P-POL for this year?   37b   X   38a Dd the organization file Form 112P-POL for this year?   37b   X   38a Dd the organization brown 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   X   5   17 Yes," complete Schedule L, Part II, and enter the total amount involved.   38b   0.   5   37b   37b			35c		Х
b Did the organization file Form 1120-POL for this year?  88 a Did the organization forms (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?  88 b Did the organizations made in a prior year and still outstanding at the end of the tax year covered by this return?  88 b D D, 38 b D D, 38 b D D, 39 b D D, 39 b D D, 39 b D D, 39 b D, 40 b Gross receipts, included on line 9, tor public use of club facilities.  89 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 c Gross public (3), 501(c)(4), and 501(c)(2) organizations. Did the organization drugge in any section 4955: 0, and 4958 excess benefit transaction during the year under sections 4912, 4955.  80 c Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4938.  90 c Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax imposed an organization managers or disqualified persons during the year under sections 4912, 4955, and 4938.  91 c Poly (4) organization and the organization and provided tax shelter transaction and tax and the provided persons during the year and tax and provided tax and enter the amount of tax exempt interest received or accrued during the tax year.  91 c Planta tax and the provided tax and ente	36		36		Х
38a   X b   If "Yes," complete Schedule L, Part II, and enter the total amount involved			37b		Х
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b 0.  40a Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under: section 4911:		a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	38a		
a Initiation fees and capital contributions included on line 9			=		
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: 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 thing 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-E27 if "Yes," complete Schedule L. Part I. 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.  d 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.  d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865 .  10.  41 List the states with which a copy of this return is filed:  None  42a The organization's books are in care of Lorie Osborne Located at PO Box BIT Pentryn CA  2IP + 4 295 663  42b A 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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  42c X  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check he					l
section 4911: 0, ; section 4912: 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. c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied 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 imposed on organization by the organization. 4 any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  42a The organizations At any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  At any time during the calendar year, did the organization have an interest in or a signature or other authority organization and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)?  Between 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?  42b		,			l
section 4911: 0, ; section 4912: 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. c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied 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 imposed on organization by the organization. 4 any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  42a The organizations At any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  At any time during the calendar year, did the organization have an interest in or a signature or other authority organization and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)?  Between 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?  42b		· · · · · · · · · · · · · · · · · · ·			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior per transaction or during the year, or did it engage in an excess benefit transaction in a prior per transaction or did it engage in an excess benefit transaction in a prior per transaction or did it engage in an excess benefit transaction in a prior per transaction or did it is possible to the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8866.1.  10.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8866.1.  None  12.  42a The organization's books are in care of:  Located at:  Do Box 8IT Penryn CA  Set the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly:  15.  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?  16.  17.  18.  18.  18.  19.  18.  18.  19.  18.  19.  19					
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If "No," provide an explanation in Schedule O			44c		Х
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	(	I 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		
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	<b>45</b> a				X
	ŀ	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		

						Yes	No		
<b>46</b> Did t	the organization engage, directly or indire lidates for public office? If "Yes," complet	ctly, in political campa e Schedule C. Part I	nign activities on behalf o	of or in opposition to	46		X		
Part VI									
	All section 501(c)(3) organization for lines 50 and 51.		questions 47-49b an	d 52, and complete	e the table	es			
	Check if the organization used	Schedule O to res	pond to any questio	n in this Part VI					
<b>47</b> Did t	he organization engage in lobbying activities	or have a section 501(h	n) election in effect during	the tax year? If "Yes,"		Yes	No		
	plete Schedule C, Part II						X		
	e organization a school as described in so the organization make any transfers to an		·				X		
	es," was the related organization a section						Λ		
<b>50</b> Com	plete this table for the organization's five hig	hest compensated empl	oyees (other than officers,	directors, trustees, and	key				
empl	oyees) who each received more than \$100,0	00 of compensation from		I					
	(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) Estimate other com				
None_									
<b>f</b> Tota	I number of other employees paid over \$	100,000							
51 Comp	plete this table for the organization's five hig pensation from the organization. If there i	hest compensated indep	endent contractors who e	ach received more than S	\$100,000 of				
	(a) Name and business address of each independent of		<b>(b)</b> Type	of service	(c) Comp	ensatio	n		
None			<b>JP 3</b> (4) (4)		(0) 00				
110110			-						
			-						
			-						
			-						
<b>d</b> Tota	I number of other independent contractors	s each receiving over S	<u> </u>						
	the organization complete Schedule A? <b>N</b> pleted Schedule A				X Yes		No		
Under penalti	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	edules and statements, and to the	e best of my knowledge and be					
Cian	Signature of officer			Date					
Sign Here	Lorie Osborne			Treasurer					
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check A if	PTIN				
Paid	David Scinto	David Scinto		self-employed ]	P0017186	1			
Preparer Use Only	Firm's name Scinto Group, L Firm's address PO Box 1797	LP		Firm's EIN	Firm's EIN 68-0477398				
Jac Only		A 95945			530-273-3200				
May the IF	RS discuss this return with the preparer sl		ructions		· · · X Yes		No		
BAA					Form 99	0-EZ (	(2023)		

#### SCHEDULE A (Form 990)

(E) Total

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number How 2 Love Our Cops 82-0852381 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D)

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			·			
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			-01			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C	0h1			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20	•					%
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14				%
16a	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, cl	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	e. Explain in Part \	/I how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	e. Explain in Part \	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		,	•			
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusùal grants.")		10,653.	132,231.	82,796.	73,321.	299,001.
2	tax-exempt purpose			3,151.	98,900.	38,192.	140,243.
3	that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	0.	10,653.	135,382.	181,696.	111,513.	439,244.
b	disqualified persons	0.	0.	0.	0.	0.	0.
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	<b>Public support.</b> (Subtract line 7c from line 6.)						439,244.
Sec	tion B. Total Support			-10 V			
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	0.	10,653.	135,382.	181,696.	111,513.	439,244.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	0.	10,653.	135,382.	181,696.	111,513.	439,244.
14	First 5 years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second,	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	
Sec	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f))	)	15	%
16	Public support percentage from 2	2022 Schedule A,	Part III, line 15			16	%
	tion D. Computation of Inv					1 1	_
	Investment income percentage f				ımn (f))	17	%
	Investment income percentage fi	•		-			%
	<b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check	the organization di	d not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, and	line 17
	<b>33-1/3% support tests—2022.</b> If the line 18 is not more than 33-1/3%	the organization di , check this box a	d not check a box nd <b>stop here.</b> The	on line 14 or line organization qua	e 19a, and line 16 alifies as a publicl	is more than 33-1, y supported organiz	/3%, and zation
20	Private foundation. If the organize	zation did not ched	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions	

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

	11 0 0			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes,"</i> answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)		1	
11	⊔ac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	,	governing body of a supported organization?	11a		
ł	A fai	mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	ction	B. Type I Supporting Organizations			
1	Did t	the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or m office orga than were	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1		
_		ng the tax year.	•		
2	that bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such sefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orga	nization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all ti	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a □ -	The organization satisfied the Activities Test. Complete line 2 below.			
		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instrı	ıctions	5).
	• Ш	The diganization supported a governmental entity. Besonde in Park When you supported a governmental entity (see		101101110	.,,.
2	Activ	rities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
i	supp <b>orga</b> resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> inizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	<b>b</b> Did t more <i>reas</i>	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.			
i	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did to supp	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in	n Part VI). <b>See</b>		
Sec	tion A — Adjusted Net Income	is illus	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
	Average monthly value of securities	1a				
ŀ	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	I Total (add lines 1a, 1b, and 1c)	1d				
•	Discount claimed for blockage or other factors     (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C — Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).					

BAA Schedule A (Form 990) 2023

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	•

Line 8 amount divided by line 9 amount		10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)	-01		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	UDI		
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



# Schedule B (Form 990)

**Schedule of Contributors** 

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

OMB No. 1545-0047

	Love Our Cops		82-0852381	
Organiza	tion type (check one)			
Filers of		Section:		
Form 990	or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on	
		527 political organization		
Form 990	)-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
Note: Or	ly a section 501(c)(7),	red by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.	
General	Rule			
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and III See instructions for determining a contributor's total contributions.			
Special I	Rules			
	regulations under section 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lined from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or	
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.			
	contributor, during th contributions totaled during the year for an <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but r more than \$1,000. If this box is checked, enter here the total contributions the <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received <i>nonexclusively</i> religious, charitable, ore during the year.	no such at were received arts unless the etc., contributions	
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 the filing requirements of Schedule B (Form 990).		

Employer identification number

How 2	Love Our Cops	82-08	852381		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Bayside Covenant Church  8191 Sierra College Blvd  Roseville, CA 95661	\$ <u>27,000.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Emilia Muller  220 Broughton Court  Granite Bay, CA 95746	\$ <u>5,000.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Gordon Graham  220 Broughton Court  Granite Bay, CA 95746	\$ <u>5,000</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		.\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		

Name of organization Employer identification number 82-0852381

How 2 Love Our Cops Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	'		T .
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Name of organization Employer identification number How 2 Love Our Cops 82-0852381 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### SCHEDULE O (Form 990)

#### 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.

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

How 2 Love Our Cops

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

82-0852381

Form 990-EZ,	Part I, Line 16
Other Expens	es

	,300. ,540.
Bank Fees	289.
Charitable Contributions	500.
Counseling Support	,520.
Depreciation	775.
Education 13,	760.
	,379.
	,050.
	,773.
Law Enforcement Support	500.
Licenses & Permits	597.
Meals 3,	,439.
	,384.
Miscellaneous	40.
	,075. ,474.
	700.
	, 933.
Spouse Assistance Program	400.
Taxes & Licenses	75.
Ticketing Service Fees	102.
	,071.
	,081.
	757.
(,07,	

### Form 990-EZ, Part II, Line 24 Other Assets

	<u>Begin</u>	<u>ning</u>	 Ending
Machinery and Equipment	\$	0.	\$ 3,098.
Total	\$	0.	\$ 3,098.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Build resilience in active and retired law enforcement families through training, resources, community, and encouragement.

#### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

**How 2 Love Our Cops** 

82-0852381

#### **ELECTRONICALLY FILED:**

Form 199 - 2023 California Exempt Organization Annual Information Return will be electronically filed upon receipt of a signed Form 8453-E0.

#### **PAYMENT:**

No payment is required.



### **California Filing Instructions**

**How 2 Love Our Cops** 

82-0852381

#### **FORM TO FILE:**

Form RRF-1 - Registration/Renewal Fee Report to Attorney General of California

#### SIGNATURE:

Sign and date Form RRF-1.

#### **PAYMENT:**

There is a fee due of \$75 which is payable by May 15, 2024. Attach a check or money order for the full amount payable to "Department of Justice" and write the California charity registration number on the payment.

#### WHEN TO FILE:

On or before May 15, 2024.

Registry of Charitable Trusts
P.O. Box 903447
Sacramento CA CA



# 2023 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 20	23 or fiscal	year beginning (mm/c	dd/yyyy)		,	and endir	ng (mm/	dd/yyyy)				
Corporation/Or	ganiza	tion name		<del></del>							Califo	ornia corporation r	number
HOW 2 I	OVE	OUR CO	OPS								41	32205	
Additional infor	mation	n. See instructio	ns.								FEIN		
Street address	(suite	or room)									PMB	-0852381	
		TON COU	JRT								1 1410	110.	
City								State			ZIP c		
GRANITE Foreign country								CA	ign province/state	/county		746 gn postal code	
r oreigir country	y Hairie	•						li orei	igii province/state	County	1 0161	gri postar code	
B Amended C IRC Section D Final info	return on 494 rmatio issolve e: (mm countin Cash eturn fi ier 990 group f	7(a)(1) trust .  n return?  d	Surrendered (Withdrawn)  ual 3	Yes Yes Yes Merged / F	X No	J Iff on S  K Iss Iff no L Iss M D ta	ot reported  exempt ur rganization ee instruct  the organ "Yes," ente onmember the organ id the organ axable inco	to the FT  Inder R&TC engaged i ions  ization exe er the gros sources . ization a li inization fi me?	ave any changes B? See instructio C Section 23701d, in political activit empt under R&TC ss receipts from imited liability co ile Form 100 or F der audit by the I	has the ies? Section 2 mpany?	23701g?. \$ o report	◆	X No X No X No X No
	vhat is	the parent's n	exemption		X No	a ls	udited in a s federal Fo ate filed w	prior year orm 1023/ ith IRS	r?			• Yes	X No
rarti	1		es or receipts from o								1		
Receipts and Revenues	2 3 4 5 6 7	Gross due: Gross cont Total gross This line n Cost of go Cost or oth	s and assessments tributions, gifts, grans receipts for filing roust be completed.  ods sold	from members ants, and similar requirement test of the result is leading to the expenses of as	and affilia amounts I . Add line ess than \$ sets sold.	tes eceiv 1 thro 550,00	ed  ough line 0, see G  . • 5  . • 6	S e 3. General I	EE SCH.	• B. •	2 3 4		1,513.
	8									8	111	1,513.	
	9		nses and disbursen								9		9,172.
Expenses	10		receipts over expen								10		7 <b>,</b> 659.
	11	Total payn									11		
	12	Use tax. S	ee General Informa	tion K						● [	12		
	13	Payments	balance. If line 11 i	s more than line	e 12, subtr	act lir	ne 12 fro	m line 1	11	·· • _	13		
Daymanta	14	Use tax ba	alance. If line 12 is r	more than line 1	1, subtrac	t line	11 from	line 12		● _ ′	14		
Payments	15	Penalties a	and interest. See Ge	eneral Informatio	on J						15		
	16	Balance due	. Add line 12 and line 15.	Then subtract line 1	11 from the r	esult .				•	16		0.
Sign Here	correc	penalties of pett, and complete	erjury, I declare that I have a. Declaration of preparer (	examined this return, (other than taxpayer)	, including ac is based on a Title	all inforr	nation of w	ules and s hich prepa	tatements, and to rer has any knowl Date	the best o	•	wledge and belief Telephone 9-452-55	
	Prepa	arer's ►					Date		Check if self-	_  □		PTIN	
Paid	signa	ture DA	VID SCINTO						employed	► X		0171861 Firm's FEIN	
Preparer's Use Only	Firm's	s name	SCINTO GROU	-							<b>⊣</b> ັ.		
•	self-e	mployed) ddress	PO BOX 1797									-0477398 Telephone	
	GRASS VALLEY, CA 95945					530-273-3200							
-	May	the FTR di	iscuss this return wi	th the preparer	shown ah	ove?	See inst	ructions				X Yes	No
CACA1112L 0	1/02/24		iouso this return wi	ar the proparer	5.10 mil abi			4000013				163	

059

HOW 2 LOVE OUR COPS
Part II Organizations with gross receipts of more than \$50,000 and private foundations

		rega	rdless of amount of gross receipts —	complete Part II or furnis	sh subs	titute information					
		1	Gross sales or receipts from all b	ousiness activities. See	instruc	tions		1			
		2	Interest					2			
		3 Dividends									
Rece		4	Gross rents	_							
from Othe		5	Gross royalties								
Sour		6	Gross amount received from sale								
		_	Other income. Attach schedule	•							
		7						8			
		8	Total gross sales or receipts from other so	-							
		9	Contributions, gifts, grants, and similar an								
		10	Disbursements to or for members								
		11	Compensation of officers, directo					11		0.	
Evne	ncoc	12	Other salaries and wages						19,1	<u> 170.</u>	
and	enses	13	Interest								
	urse-	14	Taxes				• • • • • • • • • • • • • • • • • • • •	14	1,7	712.	
men	IS	15	Rents				•	15			
		16	Depreciation and depletion (See						7	775.	
		17	Other expenses and disbursemen	nts. Attach schedule		SEE ST	ATEMENT 2 •	17	167,5	<u></u> 515.	
		18	Total expenses and disbursements. Add li					18			
Sch	edule	. L	Balance Sheet	Beginning of	taxabl	e vear	End	d of ta	xable year		
Asse				(a)		(b)	(c)		(d)		
1				,,		130,521.	, ,		• 49,7	764.	
2			receivable						•		
3	Net not	es rec	eivable						•		
4	Invento	ries .							•		
5	Federal	and s	state government obligations						•		
6	Investn	nents i	n other bonds						•		
7	Investn	nents i	n stock						•		
8	Mortga	ge loai	ns			- 1			•		
9			nents. Attach schedule		21	7.4			•		
•			ssets	<u> </u>			3,8	73			
			ated depreciation					75.	3 (	098.	
11			ateu depreciation				,		•	,,,,,,	
12			Attach schedule.						•		
						120 521				262	
13						130,521.			52,8	302.	
			et worth						•		
14		. ,	able						•		
			, gifts, or grants payable						<u>-</u>		
16			otes payable						•		
17	•	• .	yable						•		
18			es. Attach schedule								
19			or principal fund			130,521.			• 52 <b>,</b> 8	362.	
20			pital surplus. Attach reconciliation						•		
21			nings or income fund						•		
_22			ies and net worth			130,521.			52,8	<u> 362.</u>	
Sch	edule	• M-`	1 Reconciliation of income per Do not complete this schedule	if the amount on Sche	dule L,		(d), is less than	\$50,00	00.		
1			er books	-77 <b>,</b> 659.	. 7	Income recorded on	books this year not inc	luded			
2			ne tax <u>•</u>				ch schedule	[	•		
3											
4			ecorded on books this year.			against book incom		Ĺ			
			ıle		Attach schedule						
5	-		orded on books this year not deducted		9		nd line 8				
in this return. Attach schedule											
6	Total. <i>F</i>	Add lin	e 1 through line 5	-77 <b>,</b> 659.	•	Subtract line 9	rrom line 6		-77,6	<u> 59.</u>	

3652234 Side 2 Form 199 2023 059 CACA1112L 01/02/24

# Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

How 2	Love Our Cops		82-0852381						
Organiza	Organization type (check one):								
Filers of		Section:							
Form 990 or 990-EZ		$\overline{X}$ 501(c)( 3 ) (enter number) organization							
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
527 political organization									
Form 990-PF		501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General	Rule								
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and III See instructions for determining a contributor's total contributions.									
Special I	Rules								
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).									

Employer identification number

How 2	Love Our Cops	82-0	852381
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Bayside Covenant Church  8191 Sierra College Blvd  Roseville, CA 95661	\$ <u>27,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Emilia Muller  220 Broughton Court  Granite Bay, CA 95746	\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Gordon Graham  220 Broughton Court  Granite Bay, CA 95746	\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number 82-0852381

How 2 Love Our Cops Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	'		T .
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c)	(d) Date received
Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	\$	
(a) No.	(b)	(c)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>		
		Ċ.	
	<u> </u>	 	

Name of organization Employer identification number How 2 Love Our Cops 82-0852381 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

CALIFORNIA FORM

TAXABLE YEAR

### 2023 Corporation Depreciation and Amortization

フロロム	

	ch to Form 100 or For	m 100W. FOR	M 199									
Corpoi	ration name								Califor	nia corp	poratio	n number
HOV	V 2 LOVE OUR O	COPS							413	2205	5	
Parl		cpense Certain Pro										
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se		•							2		
3	Threshold cost of IR									3 4		\$200,000
4 5	Reduction in limitation for t									5		_
6		Description of property	act line 4 from line		ost (business			lected (		,		
<u> </u>	(a)	Description of property		(5) €	ost (business	usc only)	(6)	iccica	.031			
7	Listed property (elec	ted IRC Section 17	<sup>7</sup> 9 cost)			7						
8	Total elected cost of		•				ine 7			8		
9	Tentative deduction.	Enter the smaller	of line 5 or line $8$ .							9		
10	Carryover of disallov									10		
11	Business income lim				•					11		
12 13	IRC Section 179 exp Carryover of disallov					_				12		
Part		nd Election of Addit						2435	6			
14	(a)	(b)	(c)		(d)	(e)	(f)		<u> </u>	٠١		(h)
1-7	Description	Date acquired	Cost or		reciation	Depreciation	Life	or	Deprecia	ation :	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	:	this	year		year depreciation
					er years							depreciation
COM	MPUTER EQUIPM	2/02/2023	1,829.			200DB		5		36	66.	
COM	MPUTER EQUIPM	2/03/2023	2,044.			200DB		5		40	9.	
					AU							
					,01		1					
15	Add the amounts in \$2,000. See instruct							15		77	75.	
Parl												
16	Total: If the corporat		umb on line 10 and	lina 15	a a luura ma (au	\						
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	1111e 15 356, add	, column (g I the amour	) <b>or</b> nts on line 1	5, colum	ıns (g	) and (h	) or		
	Depreciation (if no e									( <b>(</b> )	16	
	Total depreciation cl									<b>O</b> L	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1/ is g line 6. If line 17 is	reater than line 16, less than line 16.	, enter t enter th	he difference e difference	ce here and e here and o	l on Forn on Form	า 100 100 ก	or r			
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	าounts a	re used to	determine r	net incon	าe bef	ore			
Parl	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is i	necessary).						18	
19		(b)	(c)			d)	(0)		<b>(f)</b>		1	(g)
13	<b>(a)</b> Description	Date acquire	d (c) Cost o		Amort	ization	(e) R&T0		<b>(f)</b> Period	or		Amortization
	of property	(mm/dd/yyyy	v) other bas	sis		r allowable er years	Sections (see in:		percenta	age		for this year
					iii caille	or years	(SEE III	3 (I )				
												_
							1					
20	Total. Add the amou	ınts in column (a).								20		
21	Total amortization cl									21		
22	Amortization adjustn	nent. If line 21 is a	reater than line 20	. enter t	he differen	ce here and	l on Forr	n 100	or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter th	e difference	e here and o	on Form	100 o	r	22		

CACA3501L 12/30/23 059 7621234 FTB 3885 2023

#### **How 2 Love Our Cops**

82-0852381

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 <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Victoria Newman 220 Broughton Court ,	President & CEO 0	\$ 0.	\$ 0.	\$ 0.
Stephanie Thompson 220 Broughton Court ,	Secretary 0	0.	0.	0.
Lorie Osborne 220 Broughton Court ,	Treasurer 0	0.	0.	0.
Kathryn Hamel 220 Broughton Court ,	Chairman O	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

### Statement 2 Form 199, Part II, Line 17 Other Expenses

Accounting Fees	Ś	6,627.
Administrative expenses		3,300.
Advertising and Promotion		19,540.
Bank Fees		289.
Charitable Contributions		500.
Counseling Support		6,520.
Education		13,760.
Event Expenses and Supplies.		28,379.
Fundraiser Vendor Services.		4,050.
Insurance		2,773.
Law Enforcement Support		500.
Licenses & Permits		597.
Meals		3,439.
Merchandise - Bookshop.		23,384.
Miscellaneous		40.
Office Expenses		5,075.
Other fees.		475.
Peer Support Program		5,474.
Postage and Shipping		1,431.
Professional Development.		6,700.
Speaker Fees		3,933.
Spouse Assistance Program		400.
Taxes & Licenses		75.
Ticketing Service Fees		102.
Travel		28,071.
Vendor Support	÷	2,081.
Total	\$	167,515.

059						
Date Accep	oted		De	O NOT MAIL T	HIS F	ORM TO THE FTB
TAXABLE `	YEAR California e-file F	Return Author	rization for			FORM
202:	Exempt Organiza	ations				8453-EO
Exempt Organi					Identifying	number
HOW 2 I	LOVE OUR COPS				82-08	52381
	Electronic Return Information (whole		II 4 5 100 II			111 510
	gross receipts or unrelated business taxa gross income or total tax (Form 199, line	·		•	-	111,513. 111,513.
	expenses and disbursements (Form 199,		•		-	
	lue ( Form 109, line 23)				-	103/1721
5 Overp	payment (Form 109, line 24)				5	
Part II S	Settle Your Account Electronicall	y for Taxable Year	2023			
6 D	pirect Deposit of refund (Form 109 only.)					
<b>7</b> E	Electronic funds withdrawal 7a Amou	nt	<b>7b</b> Withdrawal	date (mm/dd/yyy	y)	
Part III S	chedule of Estimated Tax Payments for	Taxable Year 2024 (The	se are NOT installment pay	ments for the current	amount th	e exempt organization owes.)
		First Payment	Second Payment	Third Payme	nt	Fourth Payment
8 Amou	•					
	Irawal Date					
	Banking Information (Have you verif	ied trie exempt organiz	ation's panking inform	iation?)		
	ng number unt number		2 Type of account:	Checking		avings
			Z Type of account.	Checking		ivings
I authorize specified in electronic f	Declaration of Officer the exempt organization's account to be a Part IV for the direct deposit refund agreefunds withdrawal for the amount listed on ecified in Part IV.	ees with the authorizati	on stated on my retur	n. If I check Part	II, box	7, I authorize an
return origi correspond organization Tax Board for the tax	Ities of perjury, I declare that I am an officer nator (ERO), transmitter, or intermediate ling lines of the exempt organization's 20. o's return is true, correct, and complete. If th (FTB) does not receive full and timely pa liability and all applicable interest and pe be transmitted to the FTB by the ERO, trans	service provider and the 23 California electronic exempt organization is yment of the exempt or nalties. I authorize the	ne amounts in Part I a return. To the best of filing a balance due ret ganization's tax liabil exempt organization	bove agree with the my knowledge a turn, I understand the tity, the exempt or the turn and accom	the amound belied that if the ganizat panying	unts on the  of, the exempt  Franchise  ion will remain liable  schedules and
refund is dela	ayed, I authorize the FTB to disclose to the ERO o	r intermediate service provi	der the reason(s) for the	delay or the date whe	en the ref	und was sent.
Sign	<b>&gt;</b>		► TREASUR	ER		
Here	Signature of officer	Date	Title	ы		
	Declaration of Electronic Return					
the best of organizatio officer's sig forms and Authorized exempt orga under pena statements	nat I have reviewed the above exempt org my knowledge. (If I am only an intermed in's return. I declare, however, that form I gnature on form FTB 8453-EO before tran information that I will file with the FTB, an e-file Providers. I will keep form FTB 845 anization return is filed, whichever is later, an alties of perjury, I declare that I have exan in, and to the best of my knowledge and be mave knowledge.	diate service provider, IFTB 8453-EO accurated smitting this return to the I have followed all of 3-EO on file for four yound I will make a copy availined the above exemptions.	understand that I amy reflects the data on he FTB. I have provid ther requirements desears from the due datailable to the FTB upon of organization's returnect, and complete. I r	not responsible the return.) I haved the organization of the organization of the return or request. If I am also and accompany	for reviee obtain on office b. 1345 four ye so the paring school of the base o	ewing the exempt and the organization or with a copy of all and 2023 Handbook for ars from the date the aid preparer, edules and
	ERO's signature DAVID SCINTO		als	so paid X self- eparer X employ	· 🖂	P00171861

preparer X employed X P00171861 **ERO** SCINTO GROUP, LLP Firm's FEIN Must Firm's name (or yours if self-employed) and address PO BOX 1797 68-0477398 Sign ZIP code 95945 GRASS VALLEY Under penalties of perjury, I declare that I have examined the above 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. Date Paid preparer's PTIN

Paid preparer's print preparer's signature

Preparer

Must Sign

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

Paid preparer's PTIN

Paid preparer's PTIN

Firm's FEIN

ZIP code

#### STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

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.

·			Check if:	·					
HOW 2 LOVE OUR COPS				Change of address					
Name of Organization			Amended report						
List all DBAs and names the organization uses of	or has used								
220 BROUGHTON COURT Address (Number and Street)				Registration Number 4132205					
GRANITE BAY, CA 95746  City or Town, State, and ZIP Code			Corporation of	or Organization No. 4132205					
209-452-5533									
Telephone Number E-mail Address Fed			Federal Empl	oyer ID No. <u>82-0852381</u>					
ANNUAL REGI	ISTRATION F	RENEWAL FEE SCHEDULE (11 C Make Check Payable to Depa							
Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>	Total Revenue	<u>F</u>	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 mill Between \$1,000,001 and \$5 m Between \$5,000,001 and \$20	illion \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	lion \$1				
PART A – ACTIVITIES									
For your most recent full acco	ounting peri	od (beginning 1/01/2	3 ending	12/31/23 ) list:					
Total Revenue \$ (including noncash contributions)	111,51	3. Noncash Contributions	\$	0. Total Assets \$ 5	2,86	<u>62.</u>			
Program Expen	ıses \$	0.	Total Expense	s \$ 189,172.					
PART B — STATEMENTS RE	GARDIN	G ORGANIZATION DURII	NG THE PERI	OD OF THIS REPORT					
Note: All questions must be answe providing an explanation and				ou must attach a separate page structions for information required.	Yes	No			
1 During this reporting period, were officer, director or trustee thereof, either	e there any o er directly o	contracts, loans, leases or other financ r with an entity in which any su	ial transactions bety och officer, director	ween the organization and any or trustee had any financial interest?		X			
2 During this reporting period, was	there any th	neft, embezzlement, diversion o	or misuse of the	organization's charitable property or funds?		X			
3 During this reporting period, were	any organi	zation funds used to pay any p	enalty, fine or ju	idgment?		X			
<b>4</b> During this reporting period, were coventurer used?	the service	es of a commercial fundraiser, fundr	aising counsel fo	or charitable purposes, or commercial		X			
5 During this reporting period, did t	he organiza	tion receive any governmental	funding?			X			
6 During this reporting period, did t	he organiza	tion hold a raffle for charitable	purposes?			X			
7 Does the organization conduct a	vehicle dona	ation program?				X			
8 Did the organization conduct an ingenerally accepted accounting pr	ndependent inciples for	audit and prepare audited fina this reporting period?	ncial statements	s in accordance with		X			
9 At the end of this reporting period	d, did the or	ganization hold restricted net asset	s, while reportin	g negative unrestricted net assets?		X			
I declare under penalty of perjury to and belief, the content is true, corre				documents, and to the best of my kno	owled	ge			
	LOR	IE OSBORNE	TREASURE	3					
Signature of Authorized Agent	Printed		Title	Date					

### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For t	he 2023 calendar year, or tax year beginning , 2023, and ending	,	,			
В	Check	if applicable: C	Employer i	dentification number			
		s change	02 00	E2201			
		change How 2 Love Our Cops 220 Broughton Court	82-0852381 <b>E</b> Telephone number				
F	Initial	Granite Bay CA 95746	209-452-5533				
F		urn/termnated					
H		l Ir	Group Ex Number	xemption			
G	Acco	unting Method: X Cash Accrual Other (specify):	if the	organization is <b>not</b>			
ı	Web			Schedule B			
J	Tax-e	$\frac{1}{2}$ (Form 99) xempt status (check only one) $ \frac{1}{2}$ $\frac{1}{2}$	0).				
K	Form	of organization: X 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 to	tal				
_		ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		111,513.			
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction of the organization used Schedule O to respond to any question in this Part I	ctions t	or Part I) X			
_	1	Contributions, gifts, grants, and similar amounts received					
	2	Program service revenue including government fees and contracts		111,513.			
	3	Membership dues and assessments					
	4	Investment income.					
	_	Gross amount from sale of assets other than inventory					
		Less: cost or other basis and sales expenses					
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	. 5c				
	6	Gaming and fundraising events:					
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a					
Ģ	b	Gross income from fundraising events (not including \$ of contributions					
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)					
	С	Less: direct expenses from gaming and fundraising events 6c					
	d	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	·				
		Less: cost of goods sold					
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7с				
	8	Other revenue (describe in Schedule O)	. 8				
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	111,513.			
	10	Grants and similar amounts paid (list in Schedule O)					
	11	Benefits paid to or for members					
ses	12	Salaries, other compensation, and employee benefits		20,882.			
Expenses	13	Professional fees and other payments to independent contractors		7,102.			
Ä	14	Occupancy, rent, utilities, and maintenance.					
	15	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O).  See Schedule O	. 15	1,431.			
	16 17	Total expenses. Add lines 10 through 16.		159,757.			
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	189,172. -77,659.			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye		11,009.			
ASS	13	figure reported on prior year's return)	. <b>19</b>	130,521.			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O).	. 20				
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,862.			

Par	Check if the organization used Sche	ructions for Part II) edule 0 to respond to any qu	estion in this Part II			X
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			130,521		49,764.
23	Land and buildings	See Schedule	 e. 0		23	2 222
24 25	Total assets			130,521	24	3,098. 52,862.
26	Total liabilities (describe in Schedule O)			130,321	. 26	52,002.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	130,521	. 27	52,862.
Par	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	🔯		Expenses
What	Check if the organization used Sclis the organization's primary exempt purpose? See	hedule O to respond to any o	question in this Part	III X		uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest pro	gram services, as	òrgài	nizations; optional
meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	ces provideď, thé nu	imber of persons	for of	thers.)
28	Counseling, and Post Crit					
	7,5 <b>x</b>		,,			
29	(Grants \$ ) If th	is amount includes foreign g	rants, check here		28a	52,382.
29						
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		29a	
30						
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		30a	
31	Other program services (describe in Sch					
		is amount includes foreign g			31 a	
	Total program service expenses (add line)				32	52,382.
Par	List of Officers, Directors, Check if the organization used Sci				ee the	nstructions for Part IV)
	Officers in the organization asea of	(b) Average hours per			s,	
	(a) Name and title	week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS 1099-NEC)	contributions to employed benefit plans, and def	oyee erred	<ul><li>(e) Estimated amount of other compensation</li></ul>
Vic	ctoria Newman	C-(	(if not paid, enter -0-	) compensation		
	esident & CEO			0.	0.	0.
	ephanie Thompson	-				
	cretary	0		0.	0.	0.
	rie Osborne	0			0	0
	easurer Chryn Hamel	0		0.	0.	0.
	airman	0		0.	0.	0.
		<del></del>				
						_
		<del></del>				
D 4 1		TEE 400101 (	09/07/22			Farm 000 F7 (0000)
BAA		TEEA0812L 0	00/0//23			Form <b>990-EZ</b> (2023)

Yes   No   If Yes, Provide a detailed description of each activity not previously reported to the IRS?   If Yes, *Provide a detailed description of each activity in Schedule 0.   33	Pa	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	see S		$^{\circ}$ $\square$
34 We aw significant changes made to the cognizing or owening documents? If Yes, "table is confirmed copy of the amended documents if they effect a change to the organizations made the organizations have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2 Ge, and 78, among others?).  b If Yes' to line 35e, has the organization filed a Form 990-T for the year? If Yes, "provide an explanation in Schedulc O S5b cereoriting," and proxy tax requirements during the year? If Yes, "complete Schedulc C, Part III."  55		the instructions for Fart v.) offect if the organization used schedule of to respond to any question in this Fart v			No
a sharp to the organization's name. Otherwise, explain the change no Shedule 0. See instructions.  324	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
(such as those reported on lines 2, 6a, and 7a, among others)?  bit "Yes' to line 35a, has the organization file or form 990-T for the year? If "No," provide an explanation in Schedule O. C Was the organization as section 501(c)(d), 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 II. 4  36 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Enter amount of some since and som	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		Х
c Was the organization a section 501 (c)(4), 501 (c)(6), or 501 (c)(6) organization subject to section 603(e) notice; reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35 a		35a		Х
36 Did the organization undergo a liquidation, dissolution, retimation, or significant disposition on leat assets during the year? If "ves," complete applicable parts of Schedule N	ı	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		
disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a   0.   37a Enter amount of political expenditures, director indirect, as a described in the instructions.   37a   0.   5 bid the organization file Form 112P-POL for this year?  38a Dd the organization file Form 112P-POL for this year?  38a Dd the organization file Form 112P-POL for this year?  38b Dd the organization brown 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?  38b			35c		X
b Did the organization file Form 1120-POL for this year?  88 a Did the organization forms (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?  88 b Did the organizations made in a prior year and still outstanding at the end of the tax year covered by this return?  88 b D D, 38 b D D, 38 b D D, 39 b D D, 39 b D D, 39 b D D, 39 b D, 40 b Gross receipts, included on line 9, tor public use of club facilities.  89 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 b Gross receipts, included on line 9, tor public use of club facilities.  80 c Gross public (3), 501(c)(4), and 501(c)(2) organizations. Did the organization drugge in any section 4955: 0, and 4958 excess benefit transaction during the year under sections 491(2, 4955). and 4938.  91 c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 491(2, 4955), and 4938.  91 c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 491(2, 4955), and 4938.  91 c All organizations. At any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? 11 Yes, complete Form 8936-1.  91 c All organizations and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Account()? EAR	36		36		Х
38a   X b   If "Yes," complete Schedule L, Part II, and enter the total amount involved			37b		Х
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b 0.  40a Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under: section 4911:		a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	38a		
a Initiation fees and capital contributions included on line 9			=		
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: 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 thing 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-E27 if "Yes," complete Schedule L. Part I. 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.  d 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.  d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865 .  10.  41 List the states with which a copy of this return is filed:  None  42a The organization's books are in care of Lorie Osborne Located at PO Box BIT Pentryn CA  2IP + 4 295 663  42b A 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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  42c X  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check he					l
section 4911: 0, ; section 4912: 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. c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied 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 imposed on organization by the organization. 4 any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  42a The organizations At any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  At any time during the calendar year, did the organization have an interest in or a signature or other authority organization and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)?  Between 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?  42b		,			l
section 4911: 0, ; section 4912: 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. c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied 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 imposed on organization by the organization. 4 any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  42a The organizations At any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  At any time during the calendar year, did the organization have an interest in or a signature or other authority organization and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)?  Between 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?  42b		· · · · · · · · · · · · · · · · · · ·			
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If "No," provide an explanation in Schedule O			44c		Х
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	(	I 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		
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	<b>4</b> 5a				X
	ŀ	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		

						Yes	No
<b>46</b> Did t	the organization engage, directly or indire lidates for public office? If "Yes," complet	ctly, in political campa e Schedule C. Part I	nign activities on behalf o	of or in opposition to	46		X
Part VI							
	All section 501(c)(3) organization for lines 50 and 51.		questions 47-49b an	d 52, and complete	e the table	es.	
	Check if the organization used	Schedule O to res	pond to any questio	n in this Part VI			
<b>47</b> Did t	he organization engage in lobbying activities	or have a section 501(h	n) election in effect during	the tax year? If "Yes,"		Yes	No
	plete Schedule C, Part II						X
	e organization a school as described in so the organization make any transfers to an		·				X
	es," was the related organization a section						Λ
<b>50</b> Com	plete this table for the organization's five hig	hest compensated empl	oyees (other than officers,	directors, trustees, and	key		
empl	oyees) who each received more than \$100,0	00 of compensation from		I			
	(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) Estimate other com		
None_							
<b>f</b> Tota	I number of other employees paid over \$	100,000					
51 Comp	plete this table for the organization's five hig pensation from the organization. If there i	hest compensated indep	endent contractors who e	ach received more than S	\$100,000 of		
	(a) Name and business address of each independent of		<b>(b)</b> Type	of service	(c) Comp	ensatio	n
None			<b>JP 3</b> (4) (4)		(0) 00		
110110			-				
			-				
			-				
			-				
<b>d</b> Tota	I number of other independent contractors	s each receiving over S	<u> </u>				
	the organization complete Schedule A? <b>N</b> pleted Schedule A				X Yes		No
Under penalti	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	edules and statements, and to the	e best of my knowledge and be			
Cian	Signature of officer			Date			
Sign Here	Lorie Osborne			Treasurer			
	Type or print name and title			110000101			
	Print/Type preparer's name	Preparer's signature	Date	Check A if	PTIN		
Paid	David Scinto	David Scinto		self-employed ]	P0017186	1	
Preparer Use Only	Firm's name Scinto Group, L Firm's address PO Box 1797	LP		Firm's EIN	68-0477	30b	
Jac Only		A 95945			)-273-32		
May the IF	RS discuss this return with the preparer sl		ructions		· · · X Yes		No
BAA					Form 99	0-EZ (	(2023)

#### SCHEDULE A (Form 990)

(E) Total

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number How 2 Love Our Cops 82-0852381 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D)

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			·			
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			-01			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C	0h1			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20	•					%
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14				%
16a	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, cl	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	e. Explain in Part \	/I how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	e. Explain in Part \	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

C	Lian A. Dudalia Command						
	tion A. Public Support	T		( ) 0001	T		
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions.	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
ı	and membership fees						
	and membership fees received. (Do not include						
2	any "unusùal grants.")		10,653.	132,231.	82,796.	73,321.	299,001.
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose			3,151.	98,900.	38,192.	140,243.
3	Gross receipts from activities			3,131.	30,300.	30/132.	110/210.
	that are not an unrelated trade						•
1	or business under section 513.  Tax revenues levied for the						0.
4	organization's benefit and						
	either paid to or expended on						_
5	its behalf The value of services or						0.
J	facilities furnished by a						
	governmental unit to the						^
_	organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,	0.	10,653.	135,382.	181,696.	111,513.	439,244.
/a	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13		_	_		_	_
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	<b>Public support.</b> (Subtract line 7c from line 6.)			4			439,244.
Sec	tion B. Total Support			-101			100/2111
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
Calen	uai veai (Oi IISCAI Veai Deullillillu III) — I	(a) 2019					
9	Amounts from line 6	0.	10,653.	135,382.	181,696.	111,513.	439,244.
9	Amounts from line 6						
9	Amounts from line 6						439,244.
9 1 <b>0</b> a	Amounts from line 6						
9 1 <b>0</b> a	Amounts from line 6						439,244.
9 1 <b>0</b> a	Amounts from line 6						439,244.
9 10a b	Amounts from line 6	0.	10,653.	135,382.	181,696.	111,513.	439,244. 0.
9 10a b	Amounts from line 6						439,244.
9 10a b	Amounts from line 6	0.	10,653.	135,382.	181,696.	111,513.	439,244. 0.
9 10a b	Amounts from line 6	0.	10,653.	135,382.	181,696.	111,513.	0. 0.
9 10a b c 11	Amounts from line 6	0.	10,653.	135,382.	181,696.	111,513.	439,244. 0.
9 10a b c 11	Amounts from line 6	0.	10,653.	135,382.	181,696.	111,513.	0. 0.
9 10a b c 11	Amounts from line 6	0.	10,653.	135,382.	181,696.	111,513.	0. 0. 0.
9 10a b c 11	Amounts from line 6	0.	0.	0.	0.	111,513.	0. 0. 0.
9 10a b c 11	Amounts from line 6	0.	0.	135,382.	181,696. 0.	0.	0. 0. 0.
9 10a b c 11	Amounts from line 6	0.  0.  for the organizatio	10,653.  0.  10,653. n's first, second,	135, 382.  0.  135, 382. third, fourth, or fi	181,696.  0.  181,696.  fth tax year as a s	111,513.  0.  111,513.  section 501(c)(3)	0. 0. 0. 0. 439,244.
9 10a b c 11 12	Amounts from line 6	0.  0.  for the organizatio stop here	10,653.  0.  10,653.  n's first, second,	135, 382.  0.  135, 382. third, fourth, or fi	181,696.  0.  181,696.  fth tax year as a s	111,513.  0.  111,513.  section 501(c)(3)	0. 0. 0. 0. 439,244.
9 10a b c 11 12 13 14 Sec	Amounts from line 6	0.  0.  for the organizatio stop here	10,653.  0.  10,653.  n's first, second, first, sec	135,382.  0.  135,382. third, fourth, or fi	181,696.  0.  181,696. fth tax year as a s	111,513.  0.  111,513. ection 501(c)(3)	0. 0. 0. 0. 439,244. X
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	0. for the organizatio stop here	10,653.  0.  10,653.  n's first, second, sercentage  (f), divided by lin	135, 382.  0.  135, 382. third, fourth, or fine 13, column (f))	181,696.  0.  181,696.  fth tax year as a s	111,513.  0.  111,513.  ection 501(c)(3)	0. 0. 0. 0. 439,244. X
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	0.  for the organizatio stop here  blic Support Polic Support Support Polic Support	10,653.  0.  10,653.  n's first, second, first, sec	135, 382.  0.  135, 382.  third, fourth, or fine 13, column (f)	181,696.  0.  181,696.  fth tax year as a s	111,513.  0.  111,513.  ection 501(c)(3)	0. 0. 0. 0. 439,244. X
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	0.  0.  for the organizatio stop here blic Support Por 23 (line 8, column 2022 Schedule A, estment Incon	10,653.  0.  10,653.  n's first, second, first, sec	135, 382.  0.  135, 382.  third, fourth, or friends and fourth, or friends and fourth.	181,696.  0.  181,696.  fth tax year as a s	111, 513.  0.  111, 513.  section 501(c)(3)  15  16	0. 0. 0. 0. 439,244. X
9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	0.  for the organizatio stop here	10,653.  0.  10,653.  n's first, second, sercentage (f), divided by line Part III, line 15  ne Percentage column (f), divide	135, 382.  0.  135, 382. third, fourth, or fine 13, column (f))	181, 696.  0.  181, 696.  fth tax year as a s	111,513.  0.  111,513.  ection 501(c)(3)  15  16	0. 0. 0. 0. 439,244. X
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	0.  for the organizatio stop here  blic Support Po 23 (line 8, column 2022 Schedule A, estment Incom or 2023 (line 10c, rom 2022 Schedule	10,653.  0.  10,653.  n's first, second, first, sec	135, 382.  0.  135, 382. third, fourth, or fine 13, column (f)) d by line 13, column 17	181, 696.  0.  181, 696.  fth tax year as a s	111, 513.  0.  111, 513.  ection 501(c)(3)  15  16  17  18	0. 0. 0. 0. 439,244. X
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	0.  for the organizatio stop here	10,653.  0.  10,653.  n's first, second, sercentage (f), divided by lin Part III, line 15  ne Percentage column (f), divide e A, Part III, line d not check the b	135, 382.  0.  135, 382. third, fourth, or fine 13, column (f))  d by line 13, column (f)  ox on line 14, and	181, 696.  0.  181, 696.  fth tax year as a s  mn (f))	111, 513.  0.  111, 513.  ection 501(c)(3)  15  16  17  18  than 33-1/3%, and	0. 0. 0. 439,244.  0.  \$ 0.  439,244.  X    X
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	0.  for the organizatio stop here  blic Support Po 23 (line 8, column 2022 Schedule A, estment Incom or 2023 (line 10c, rom 2022 Schedule the organization di this box and stop	10,653.  0.  10,653.  n's first, second, sercentage (f), divided by line Percentage column (f), divide e A, Part III, line d not check the behere. The organi	135, 382.  0.  135, 382. third, fourth, or fine 13, column (f))  d by line 13, column (f)  ox on line 14, and a sation qualifies a	181, 696.  0.  181, 696.  fth tax year as a s  mn (f))	111, 513.  0.  111, 513.  ection 501(c)(3)  15  16  17  18  than 33-1/3%, and orted organization.	0. 0. 0. 439,244.  0.  439,244.  X  8 8 8 8 Iline 17
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	0. for the organizatio stop here blic Support Po 23 (line 8, column 2022 Schedule A, estment Incom or 2023 (line 10c, rom 2022 Schedule the organization die this box and stop he organization die organization die the organization die orga	10,653.  0.  0.  10,653.  n's first, second, sercentage (f), divided by lin Part III, line 15  ne Percentage column (f), divide e A, Part III, line of here. The organid not check a box	135, 382.  0.  135, 382. third, fourth, or fine 13, column (f))  d by line 13, column (f)  ox on line 14, and zation qualifies at on line 14 or line	181, 696.  0.  181, 696.  fth tax year as a s  mn (f))	111, 513.  0.  111, 513.  111, 51	439,244.  0.  0.  0.  439,244.  X  *  *  *  *  line 17

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

	11 0 0			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes,"</i> answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)		1	
11	⊔ac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	,	governing body of a supported organization?	11a		
ł	A fai	mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	ction	B. Type I Supporting Organizations			
1	Did t	the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or m office orga than were	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1		
_		ng the tax year.	•		
2	that bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such sefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	orga	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all ti	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a □ -	The organization satisfied the Activities Test. Complete line 2 below.			
		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instrı	ıctions	5).
	• Ш	The diganization supported a governmental entity. Besonde in Park When you supported a governmental entity (see		101101110	.,,.
2	Activ	rities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
i	supp <b>orga</b> resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> inizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	<b>b</b> Did t more <i>reas</i>	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.			
i	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	За		
	<b>b</b> Did to supp	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in	n Part VI). <b>See</b>
Sec	tion A — Adjusted Net Income	is illus	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors     (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D — Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	•

Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)	-01		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	UDI		
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



## Schedule B (Form 990)

**Schedule of Contributors** 

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

OMB No. 1545-0047

	Love Our Cops		82-0852381		
Organiza	tion type (check one)				
Filers of		Section:			
Form 990	990 or 990-EZ X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization			
Form 990	)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: Or	ly a section 501(c)(7),	red by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.		
General	Rule				
X	or more (in money or a contributor's total of	illing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and III See instructions for defontributions.			
Special I	Rules				
	regulations under secti 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lined from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or		
	contributor, during th literary, or education	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro e year, total contributions of more than \$1,000 exclusively for religious, charital purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	table, scientific,		
	contributor, during th contributions totaled during the year for an <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but r more than \$1,000. If this box is checked, enter here the total contributions the <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received <i>nonexclusively</i> religious, charitable, ore during the year.	no such at were received arts unless the etc., contributions		
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 the filing requirements of Schedule B (Form 990).			

Employer identification number

How 2	Love Our Cops	82-0	852381
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Bayside Covenant Church  8191 Sierra College Blvd  Roseville, CA 95661	\$ <u>27,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Emilia Muller  220 Broughton Court  Granite Bay, CA 95746	\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Gordon Graham  220 Broughton Court  Granite Bay, CA 95746	\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number 82-0852381

How 2 Love Our Cops Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	'		Ι .
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c)	(d) Date received
Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	\$	
(a) No.	(b)	(c)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>		
		Ċ.	
	<u> </u>	 	

Name of organization Employer identification number How 2 Love Our Cops 82-0852381 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### SCHEDULE O (Form 990)

#### 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.

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

How 2 Love Our Cops

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

82-0852381

Form 990-EZ,	Part I, Line 16
Other Expens	es

	,300. ,540.
Bank Fees	289.
Charitable Contributions	500.
Counseling Support	,520.
Depreciation	775.
Education 13,	,760.
	,379.
	,050.
	,773.
Law Enforcement Support	500.
Licenses & Permits	597.
Meals 3,	,439.
	,384.
Miscellaneous	40.
	,075. ,474.
	700.
	, 700.
Spouse Assistance Program	400.
Taxes & Licenses	75.
Ticketing Service Fees	102.
	,071.
	,081.
	757.
(,07,	

### Form 990-EZ, Part II, Line 24 Other Assets

	<u>Begin</u>	<u>ning</u>	 Ending
Machinery and Equipment	\$	0.	\$ 3,098.
Total	\$	0.	\$ 3,098.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Build resilience in active and retired law enforcement families through training, resources, community, and encouragement.

#### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

TAXABLE YEAR California e-file	Return Autho	rization for		FORM
2023 Exempt Organiz				8453-EC
Exempt Organization name			Identify	ving number
HOW 2 LOVE OUR COPS			82-	0852381
Part I Electronic Return Information (whole	e dollars only)		<b>4</b> -	
1 Total gross receipts or unrelated business tax	xable income (Form 199	, line 4 or Form 109, lir	ne 5)	
2 Total gross income or total tax (Form 199, lin		•		
3 Total expenses and disbursements (Form 19	•			
<b>4</b> Tax due ( Form 109, line 23)				
5 Overpayment (Form 109, line 24)				
Part II Settle Your Account Electronica	lly for Taxable Yea <mark>ı</mark>	r <b>2023</b>		
6 Direct Deposit of refund (Form 109 only.)	1			
7 Electronic funds withdrawal 7a Amo	unt	<b>7b</b> Withdrawal	date (mm/dd/yyyy)	
Part III Schedule of Estimated Tax Payments fo	r Taxahle Year 2024 (Th	ese are NOT installment navm	nents for the current amount	the evenut organization owes
art in Schedule of Estimated Tax F dyments to	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				Í
9 Withdrawal Date				
Part IV Banking Information (Have you ve	rified the exempt organize	zation's banking informa	ation?)	
10 Routing number				
11 Account number		12 Type of account:	Checking	Savings
Part V Declaration of Officer				
authorize the exempt organization's account to be	e settled as designated	in Part II. If I check Par	t II, box 6, I declare ti	hat the bank account
specified in Part IV for the direct deposit refund ag	rees with the authorizat	tion stated on my return	i. If I check Part II, bo	x 7, I authorize an
electronic funds withdrawal for the amount listed o	n line 7a and any estim	ated payment amounts	listed on Part III, line	8 from the bank
account specified in Part IV.		annimation and that the in	formantion I was ideal to	may ala akwamia
Jnder penalties of perjury, I declare that I am an office eturn originator (ERO), transmitter, or intermediat				
corresponding lines of the exempt organization's 2	023 California electronia	c return. To the best of	my knowledge and be	elief, the exempt
organization's return is true, correct, and complete. If	the exempt organization is	s filing a balance due retu	ırn, I understand that if	the Franchise
Tax Board (FTB) does not receive full and timely p				
for the tax liability and all applicable interest and p				
statements be transmitted to the FTB by the ERO, tran refund is delayed, I authorize the FTB to disclose to the ERO		· · · · · · · · · · · · · · · · · · ·		
L Cidita is delayed, i additionize the FFD to disclose to the ERO		rider the reason(s) for the di	ciay of the date when the	iciana was sent.
		TREASURE	ER	
Sign				

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.

			Date	Check if	Check	if	ERO's PTIN
-00	ERO's signature DAVID	SCINTO		also paid preparer X	self- emplo	yed X	P00171861
Firm's name (or yours if self-employed) and address		SCINTO GROUP, LLP				Firm's FE	IN
		PO BOX 1797					68-0477398
and a	and address	GRASS VALLEY			CA	ZIP code	95945
		ave examined the above organization's return and acc		l statements, an	nd to the b	est of my	knowledge and belief, they
re true, correct	t, and complete. I make this	declaration based on all information of which I have	e knowledge.				
	Roid		Date				Paid preparer's PTIN

Paid preparer's signature Check if self-employed **Paid Preparer** Firm's FEIN Must Firm's name (or yours if self-employed) and address Sign ZIP code