EXTENDED TO NOVEMBER 15, 2024

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
O.L.I.V.E. CHARITABLE ORGANIZATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
330 S. C STREET

City or town, state or province, country, and ZIP or foreign postal code
MADERA, CA 93638

F Name and address of principal officer: APRIL MOLINA
330 S. C STREET, MADERA, CA 93638

D Employer identification number
84-2806845

E Telephone number
559-706-8455

G Gross receipts $ 191,384.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: OLIVEMADERA.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2016 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: O.L.I.V.E. CHARITABLE ORGANIZATION'S MISSION IS TO ADDRESS, EDUCATE, COORDINATE AND

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	2
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

CLIENT'S COPY

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	151,385.	141,230.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,146.	35,961.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183,531.	177,191.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	76,962.	81,148.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	125,720.	111,143.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	202,682.	192,291.
19	Revenue less expenses. Subtract line 18 from line 12	-19,151.	-15,100.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	103,714.	89,108.
21	Total liabilities (Part X, line 26)	3,424.	3,918.
22	Net assets or fund balances. Subtract line 21 from line 20	100,290.	85,190.

Part II Signature Block

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

Sign Here

Signature of officer Date

APRIL MOLINA, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: RALPH E. MCKINNIS
Preparer's signature: Ralph E. McKinnis
Date: MAY 27 2024
Check ☒ if self-employed
PTIN: P00538929

Firm's name: RALPH E MCKINNIS CPA
Firm's EIN: 26-4303530

Firm's address: 1925 HOWARD ROAD, SUITE E
MADERA, CA 93637
Phone no. 559-662-1588

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION