STATE OF CALIFORNIA
RRF-1
(Rev. 09/2017)



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

STREET ADDRESS:
1300 I 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.

(For Registry Use Only)

RECEIVED
Attorney General's Office
MAY 07 2021
Registry of Charitable Trusts

Broadway West
Name of Organization

List all DBAs and names the organization uses or has used

707 S. Broadway Suite #1225
Address (Number and Street)

Los Angeles, CA 90014
City or Town, State, and ZIP Code

323-872-4664 — Telephone Number
marcus@bwaywest.com — E-mail Address

Check if:
- [x] Change of address
- [ ] Amended report

State Charity Registration Number CT0264977

Corporation or Organization No. 4258049

Federal Employer ID No. 61-1922181

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**
**Make Check Payable to Department of Justice**

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|---|---|---|---|---|---|
| Less than $25,000 | 0 | Between $100,001 and $250,000 | $50 | Between $1,000,001 and $10 million | $150 |
| Between $25,000 and $100,000 | $25 | Between $250,001 and $1 million | $75 | Between $10,000,001 and $50 million | $225 |
| | | | | Greater than $50 million | $300 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01 / 01 / 2019 ending 12 / 31 / 2019 ) list:

Gross Annual Revenue $ 32,790.00 Noncash Contributions $ 0.00 Total Assets $ 0.00

Program Expenses $ 32,791.00 Total Expenses $ 32,791.00

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|---|---|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | | ✓ |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | ✓ |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | | ✓ |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | | ✓ |
| 5. During this reporting period, did the organization receive any governmental funding? | | ✓ |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? | | ✓ |
| 7. Does the organization conduct a vehicle donation program? | | ✓ |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | | ✓ |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | ✓ |

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

| Signature of Authorized Agent | Printed Name | Title | Date |
|---|---|---|---|
| [signature] | Marcus Lovingood | Chairman | 5/4/2021 |

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