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)

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/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For	the 2023 calen	dar year, or tax	year beg	innina		202	3, and endi	na			, 20		
В		ck if applicable:	applicable: C						iig .	In Em	D Employer identification number			
	П	Address change SIERRA MADRE SEARCH & RESCUE TEAM											Į.	
	Н	Name change PO BOX 24									95-6095581 E Telephone number			
	-	Initial return				20 2000								
	Н									(6	26)	355-3411		
	\vdash	Final return/terminated												
	Н	Amended return								G Gros	s receipts	\$	*** **********************************	
		Application pending							H(a) Is this a group return for subordinates? Yes X No					
_			SAME AS C ABOVE						H(b) Are all	ill subordinates included? yes No.," attach a list. See instructions.				
1	Ta	x-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527						IT NO,	attach a	ist. See i	nstructions.		
J	W	ebsite: HT	TP://WWW.S	,,,,		H(c) Group	evemntion	number						
K	Fo	rm of organization:	X Corporation	Trust	Association	Other	T ₁	Year of format					-	
P	art I	Summan				0.101		rear or format	iori,		State of	f legal domicile: C	A	
	1	Briefly describ	e the organiza	tion's mis	sion or most	significant act	hivities · MT	IDEDNEC	C CEAD	CII 337	D DT			
	RESCHERICH AND RESCHERICHES.										SCUE			
ğ														
2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assist and the second of second of the governing body (Part VI, line 1a). Number of voting members of the governing body (Part VI, line 1b). Total number of individuals employed in calendar year 2023 (Part V, line 2a). Total number of volunteers (estimate if necessary). Total unrelated business revenue from Part VIII column (C) line 12													
Z.														
Ğ	3	Number of vot	posed of mo	ore than 2	5% of it	s net a	ssets.							
00	4	Number of ind	lependent votin	g membe	rs of the gove	erning body (F	Part VI lin	e 1h)			3		6	
Į.	5	lotal number	of individuals e	mploved i	in calendar ve	ar 2023 (Par	W line 2:	a)			F		6	
.≥	6	rotal number	or volunteers (e	estimate if	necessary)						6		0	
Ac		Total unrelated	u business reve	enue from	Part VIII. coli	umn (C) line	12				7		46	
	b	Net unrelated	business taxab	le income	from Form 9	90-T. Part I. I	ine 11		. 1		7b		0.	
						,				rior Yea			0.	
-	8	Contributions a	Contributions and grants (Part VIII, line 1h).							nor rea		Current Y	ear	
Revenue	9	Program service revenue (Part VIII, line 2g)												
Ve	10	Investment inc	vestment income (Part VIII, column (A), lines 3, 4, and 7d)											
æ	11	Other revenue	(Part VIII, colu	mn (A) li	nes 5-6d 8c	9	110)							
	12	Total revenue	- add lines 8 t	hrough 14	fmust equal	Port VIII colu	ιπορ (Λ) li							
	13	Grants and sin	nilar amounts n	aid (Part	IX column (A	lines 1 2)	11111 (A), II	irie 12)	-					
es	14	The same of the sa												
	15	Benefits paid to or for members (Part X, column (A), line 4)										Dress Dates for all the		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)												
Expenses	16a													
ă	b	Total fundraising expenses (Part IX, column (D), line 25)											50327	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)									-			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).									•		<u> </u>	
	19	Revenue less expenses. Subtract line 18 from line 12												
P 8			mperiodo. Cubi	det inte 1	o nom me 12									
ts	20	Total assets (P	art Y line 16)						Beginning	of Curre	it Year	End of Ye	ar	
Net Assets Fund Balanc	21	Total assets (P Total liabilities	(Part Y line 26	3										
a d				ž - 1986								^-	A0.	
		Net assets or fu		Subtract lin	ne 21 from lin	e 20			-				Alexander A	
THE RESERVE AND	rt II	Signature												
Unde	r penalt	ties of perjury, I decla eclaration of preparer	are that I have exam	ined this retu	rn, including acco	mpanying schedu	les and stater	ments, and to th	e best of my	knowledge	and beli	ef. it is true, correct	t and	
		Total attorn or preparer	(other than officer)	is based on a	all information of w	vnich preparer has	s any knowled	dge.				-,	,	
		Classitus of all												
Sign Here			Signature of officer						Date					
			DAVID JOHNSON TRE						EASURE	R				
		Type or print na	me and title		0					-				
		Print/Type prep	arer's name		Preparer's signat	1	1	Date /		heck 2	if P	TIN		
Paid Preparer		ELIZABE'	TH JEBBIA		ELTOBER	JUBBLA	100	5/10/	01/	_				
			ELIZABE	TH JEB	1	//		Joll	x 4 se	elf-employe	u P	00247732		
Jse	Onl	y Firm's address	PO BOX		U CIA			//		and Fire				
			SIERRA		CA 0100	-				rm's EIN				
/av	the I	S discuss this	SIERRA	MADKE,	CA 91025	0			Pi	hone no.	6268	180415		
nay	uie ir	RS discuss this i	eturn with the	preparer s	snown above?	See instruct	ions					X Yes	No	