

STAFF REPORT CITY OF SOLANA BEACH

TO: FROM: MEETING DATE: ORIGINATING DEPT: SUBJECT: Honorable Mayor and City Councilmembers Gregory Wade, City Manager June 14, 2023 City Manager's Office FY 2023/24 Community Grant Program Requests

BACKGROUND:

On May 4, 2004, the City Council adopted Resolution No. 2004-68 approving Council Policy No. 14 establishing the Community Grant Program ("Grant Program") and Application Guidelines for the Grant Program.

At the March 8, 2023 City Council Meeting, the City Council authorized the Fiscal Year (FY) 2023/24 Community Grant Program. At this meeting, the City Council also increased the City's contribution to the program to \$20,000 which, when combined with EDCO's contribution of \$15,000 as part of the community enhancement efforts through the solid waste Franchise Agreement with the City, increased the total grant program to \$35,000. The City Council also authorized increasing the maximum grant amount to \$6,000 for a single grant request. This action will be ratified at the Council Meeting of June 28, 2023, when grants are awarded.

Following the approval of the FY 2023/24 Community Grant Program, Staff distributed a request for financial assistance for community grants. Staff utilized the City's "e-blast" notification system, social media accounts, and the City's website to notify the community that the request for proposals application period had started. The deadline for submission was May 25, 2023.

This item is before the City Council to review the grant applications received and to allow the applicants to make a brief presentation regarding their proposed programs.

DISCUSSION:

The community grant criteria approved by the City Council on March 8, 2023 was incorporated into the application guidelines of the "Request for Financial Assistance" document for FY 2023/24 (Attachment 1). The highlights of the application are as follows:

CITY COUNCIL ACTION: _____

AGENDA ITEM # C.1.

Application Criteria

- 1. Preferences will be given towards non-profits that provide services/goods to Solana Beach groups or individuals with special economic needs that are not being met in the economic environment. These can be non-profits whose funding has been reduced or eliminated and are unable to serve the populations in need.
- 2. Fair and justifiable program costs (budget required).
- 3. Program Originality (new and unique).
- 4. Collaboration/Partnerships.
- 5. Leverage of matching funds/resources.
- 6. Applicants must submit a financial conditions (Balance Sheet) statement as well as the applicant(s) revenue/expenditure statements and tax return statements for the prior operating year.
- 7. Completion of project between date of grant approval through May 31, 2024.
- 8. Grant funds are only intended for non-governmental agencies.

Qualifying Criteria for Financial Assistance

The main qualifying criteria for financial assistance under Council Policy No. 14 are summarized below:

Non-Profit Organizations

Nonprofit organizations which have officially filed as a nonprofit with the State of California and have a 501(c)3 certification must attach a copy of their current year non-profit certification form along with a Request for Financial Assistance Application. For organizations that are "recognized" nonprofits within the community but have never formally filed with the State, the City Council, at its discretion, may consider their application. It has been the practice in the past to allow applicants to submit a letter from either the Internal Revenue Service (IRS) or the California State Board of Equalization declaring the entity's tax-exempt status for the 501(c)3 certification.

Threshold Qualifying Criteria

Request for Financial Assistance Applications are limited to non-governmental, nonprofit organizations serving the Solana Beach community. Excluded entities include the following: County of San Diego, municipal organizations, special or water districts, school districts, schools (but not their supporting organizations) and private individuals. Applicants should have a State of California non-profit status certification or be a recognized Solana Beach "nonprofit" service, civic or youth organization.

Grant Requests FY 2023/24

The following fourteen (14) applications were received by the City during the solicitation period (in alphabetical order).

Applicant	Amount Requested
Assistance League Rancho San Dieguito	\$6,000
Bike Walk Solana	\$5,650
Boys and Girls Club of San Dieguito	\$6,000
California Western School of Law Community Law Project (CLP)	\$6,000
Casa De Amistad	\$6,000
Community Resource Center	\$5,000
Disconnect Collective, Inc.	\$6,000
Jaliscience Folkloric Academy	\$5,000
La Colonia Community Foundation	\$6,000
North Coast Repertory Theatre	\$5,000
Pathways to Citizenship	\$5,980
Rancho Sante Fe Youth Soccer	\$6,000
Solana Beach Community Connections	\$6,000
Solana Beach Civic & Historical Society	\$6,000
Total	\$80,630

The complete applications are included in a separate attachment that was distributed to Council along with the agenda packet prior to the City Council meeting.

Santa Fe Christian (SFC) Schools Cooperation

Eleven years ago, the City and SFC created a unique partnership to more efficiently and effectively assist the non-profit organizations that specifically serve the La Colonia de Eden Gardens community. This partnership, which has included a contribution ranging from \$10,000 to \$25,000 from SFC in past years, has allowed both the City and SFC to maximize its limited resources to provide the most benefit for this underserved population. Staff has reached out to SFC to inquire if it will be partnering the City again this year. SFC has confirmed its willingness to partner again with the City, and will meet with City Staff to review the applications prior to the June 28th Council Meeting. Once the City receives confirmation of funding, Staff will relay information to the Council.

CEQA COMPLIANCE STATEMENT:

Not a project as defined by CEQA.

FISCAL IMPACT:

The FY 2023/24 Proposed Budget contains an appropriation in the amount of \$35,000 to be used to fund community grants, subject to the City Council's discretion. All fiscal appropriations are budgeted under the City Council budget unit Contribution to Other Agencies.

In past years, the Council has authorized an additional \$5,000 from the Reserve Public Arts Account to be used to fund the North Coast Repertory Theatre grant application.

WORK PLAN:

N/A

OPTIONS:

- Approve Staff recommendation
- Approve Staff recommendation with modifications
- Deny Staff recommendation and provide direction

DEPARTMENT RECOMMENDATION:

Staff recommends that the City Council receive the Staff Report, Community Grant applications and consider the presentations from the grant applicants. This item will come back to the City Council at the June 24, 2023 City Council Meeting for Council's grant allocations.

CITY MANAGER RECOMMENDATION:

Approve Department Recommendation

Gregory Wade, City Manager

Attachments:

- 1. City of Solana Beach Community Grant Program "Request for Financial Assistance" FY 2023/24
- 2. Grant Applications

City of Solana Beach Community Grant Program

Request for Financial Assistance

FY 2023-24

APPLICATION GUIDELINES

The City of Solana Beach is soliciting grant applications until 5:00 p.m., Thursday, May 25, 2023. The City Council has a total of \$35,000 available for community organizations. A maximum of two grant applications may be submitted per community organization. Grants will be awarded with a maximum award of \$6,000.

Request for Grants are limited to <u>non-governmental</u>, nonprofit organizations serving the Solana Beach community. Excluded entities include the following: County of San Diego, Municipal Organizations, Special or Water Districts, school districts or schools (but not their supporting organizations), and private individuals.

Grant Application & Documents Required

Applicants must complete the attached application form and provide the following documents:

- Summary of organization's (overall) budget
- Proposed program budget detailing costs which are fair and reasonable.
- Financial Statements including the Balance Sheet and Revenue/Expenditure Statement, and the Tax Statements filed for the prior year.
- W-9 Form
- California Franchise Tax Board Entity Status Letter showing nonprofit status
 - Non-Profit Organizations

Organizations which have filed as a nonprofit with the State of California must attach a copy of its current year 501(c)3 nonprofit certification form. Organizations that are "recognized" nonprofits within the community but have not formally filed with the State, will be considered at the City Council's discretion. Note, any decision made by City Council is final in regards to the community grants process.

Program Requirements

- Must serve the residents of Solana Beach.
- Preferred to be a new program or one that provides a new or unique aspect to an existing program. Funds are available as one-time seed-money to augment a community program.

Application Submittal and Deadline: NO LATER THAN 5:00 p.m. Thursday, May 25, 2023

It is the City's preference that completed forms be received via email to dking@cosb.org and copied to pletts@cosb.org. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

Please contact Dan King, Assistant City Manager, at (858) 720-2477 if you need additional information.

Applications will be judged and selected on the following criteria:

Preferences will be given towards non-profits that provide services/goods to Solana Beach groups or individuals with special economic needs that are not being met in the economic environment. These can be non-profits whose funding has been reduced or eliminated and are unable to serve these populations in need.

- Program costs that are fair and justifiable.
- Program originality (new and unique).
- Consideration may be given to applications that collaborate or partner with other organizations.
- Consideration may be given to applications which receive matching funds from other organizations.
- Consideration may be given to applications as decided by the City Council.
- Information provided on application will be used to review prior grant management and performance history. Significant non-compliance issues will be taken into consideration and may affect future funding decisions by the City Council.

Grant Award and Expenditures:

The City Council, at its discretion, may modify the grant award to qualified recipients based on qualifying criteria, number of qualified applicants received, and purpose of request to meet areas as enumerated by the City Council that benefit the Solana Beach community. The total of all grant awards may not exceed \$35,000.

Grants will be funded after the approval of the awards by the City Council. Expenses must be directly related to services or materials of proposed activity during the grant award period (Date of Grant Approval through May 31, 2024). Grantees will be <u>required</u> to maintain records to support claimed expenditures and project accomplishments. Funds for the proposed project must not be used to replace or offset funding sources normally available for any portion of the project, nor be used by the applicant to fund/supplement its own monetary giving.

Final Report and Receipts:

The City Manager's Office will review submitted copies of paid receipts/invoices and a written report to ensure that funds were spent in compliance with the approved application. Applicant(s) will be required to reimburse the City of Solana Beach all inappropriately spent funds.

PROGRAM FY 2023-24 KEY DATES:

Distribute Grant Program Application, have it available and solicit for April 27, 2023 applications. May 25, 2023 DEADLINE for Request for Financial Assistance Applications (5:00pm). The City Manager's Office will review each application and make recommendations based upon: Completed application: 1) 2) Clear indication of the grant amount requested; 3) Receipt of grant application before the deadline WITH attachments; 4) Benefit to Solana Beach community and conformity with threshold criteria. First Council Review: All eligible grant applications for Fiscal Year 2023-June 14, 2023 24 will be considered by City Council. Review and public comment/presentations will be accepted. Final Council Review: City Council makes decision and approves grant June 28, 2023 recipients. The City Manager will be directed to issue awards to recipients. Announcement of grant award recipients is made to community via public notification. May 1, 2024 Letter will be sent to FY 2023-24 grant recipients reminding them to submit their reports and copies of receipts by May 31, 2024. (Exception to the May 31, 2024 completion date can be made with proof of good cause.) May 31, 2024 All FY 2023-24 grant recipients must submit copies of paid receipts/invoices and written report, that includes the number of citizens served and outcome of grant funded activity. If no paid receipts/invoices are received, recipient will be required to immediately reimburse City of Solana Beach grant funds.

All grant recipients' final reports will be submitted before the City Council for approval of expenditures. If determination is made that funds were expended inappropriately, Council will direct Grant recipients to reimburse the City of Solana Beach for the designated amount of award.



(

CITY OF SOLANA BEACH COMMUNITY GRANT AWARD PROGRAM FY2023/2024

1.	ASSISTANCE LEAGUE OF RANCHO SAN DIEGUITO	\$	6,000.00
2.	BIKE WALK SOLANA	\$	5,650.00
3.	BOYS AND GIRLS CLUBS OF SAN DIEGUITO	\$	6,000.00
4.	CALIFORNIA WESTERN SCHOOL OF LAW		
	COMMUNITY LAW PROJECT (CLP)	\$	6,000.00
5.	CASA DE AMISTAD	\$	6,000.00
6.	COMMUNITY RESOURCE CENTER	\$	5,000.00
7.	DISCONNECT COLLECTIVE	\$	6,000.00
8.	JALISCIENCE FOLKLORIC ACADEMY	\$	5,000.00
9.	LA COLONIA COMMUNITY FOUNDATION	\$	6,000.00
10	NORTH COAST REPERTORY THEATER	\$	6,000.00
11.	PATHWAYS TO CITIZENSHIP	\$	5,980.00
12	RANCHO SANTE FE YOUTH SOCCER	\$	6,000.00
13	SOLANA BEACH COMMUNITY CONNECTIONS	\$	6,000.00
14	SOLANA BEACH CIVIC & HISTORICAL SOCIETY	\$	6,000.00
	TOTAL	\$8	30,630.00

Assistance League Rancho San Dieguito

CITY OF SOLANA BEACH

COMMUNITY GRANT APPLICATION



The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: Assistance League of Rancho San Dieguito									
Contact Person: <u>Kathy O'Leary</u> Email address: <u>alrsd100@gmail.com</u>									
Daytime Phone: <u>760-753-1319</u> Evening Phone: <u>760-703-5216</u>									
Mailing Address: <u>270 F North El Camino Real, Box 368</u>									
City: Encinitas State:	CA Zip: <u>92024</u>								
 All the documents below are attached to this ap W-9 Summary of Organization's Budget Proposed Program Budget Financial and Tax Statements (see Appli Copy of the California Franchise Tax Box Section 23701d or Internal Revenue Cod 	ication Guidelines) ard Entity Status Letter, showing exemption under								
2. Has your organization received financial assista If yes, please state the fiscal year it was receive									

Shoes for preschoolers: 2014-2023

- 3. Title of FY 2023/24 Proposed Program/Service: Operation School Bell
- 4. What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.

The requested amount is \$6000--\$3000 for Shoes for Preschoolers Program and \$3000 for our Operation School Bell Program for students from Solana Beach Schools.

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

The \$3000 for Shoes for Preschoolers are from the Solana Beach Head Start Program and will be used at Marshall's in Solana Beach. The students and their families will be invited to shop at Marshall's and given a set amount to spend on shoes and clothes. There are usually about 60 students so they would each be allowed to spend \$50.

The \$3000 for Operation School Bell will be used at the Target Store in Encinitas. Each year we invite 100 elementary students from Solana Beach to shop with their families for Back to School clothes and shoes. This year each student will be given \$120 to spend. So this grant would fund 25 students.

6. Anticipated Program Objectives or Accomplishments:

All of the Head Start students participate in the program. Many of these students have never had a new pair of shoes or the experience of shopping with their families. This is a very special opportunity for them and their families for which they are very grateful. They know the community cares about them. Our chapter has provided the same shopping opportunity to elementary school students from Solana Beach since 2000. This grant of \$3000 will support 25 of the 100 students,

7. Program Dates/Location:

Elementary students: September 2023 at the Encinitas Target Store Head Start students: Two dates in March 2024

- 8. Estimated number of Solana Beach residents to be served by proposed program: 85
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

Assistance League will list the City of Solana Beach Community Grants as one of our donors in our publicity materials: community newsletter, our website, at our thrift shop, in the program for our spring fundraiser and on other grant applications.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

There are no matching funds available, but we have received a Neighborhood Reinvestment Grant from the San Diego County Board of Supervisors.

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

Our volunteer members work at both events--Marshall's and Target. They are not paid and we do not paid the employees at either store.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

If we do not receive full funding, we will still do both programs. However, the students will receive less money to spend.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

Authorized Signature of Organization

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.

Assistance League of Rancho San Dieguito Profit & Loss

04/04/2023		Budget	Forecast	Draft Budget
_	2021-22	22-23 Budget	22-23 Forecast	23-24 Budget
Income				
4000 · Contributions	123,868.65	33,575.00	26,308.00	26,220.00
4100 · Grants	54,896.80	32,200.00	31,313.00	31,000.00
4201 · Thrift Shop	190,875.46	199,000.00	228,000.00	226,000.00
4300 · Special events	90,911.49	34,000.00	56,810.00	72,000.00
4500 · Investment Income	249.05	370.00	3,675.00	13,500.00
4600 · Member-Only	10,874.61	9,095.00	13,262.00	11,280.00
Total Income	471,676.06	308,240.00	359,368.00	380,000.00
Gross Profit	471,676.06	308,240.00	359,368.00	380,000.00
Expense				
5100 · Philanthropic Programs	134,230.07	173,240.00	153,770.00	209,150.00
5200 · Thrift Shop Expense	129,579.26	143,545.00	137,710.00	141,715.00
5300 · Fundraising Expense	836.16	900.00	500.00	1,600.00
5600 · Special Events Expense	23,059.57	0.00	21,200.00	26,500.00
5800 · Management & General	10,994.91	13,380.00	11,586.00	13,585.00
5900 · Member Only expense	7,079.11	7,175.00	7,400.00	7,835.00
Total Expense	305,779.08	338,240.00	332,166.00	400,385.00
Net Income	165,896.98	-30,000.00	27,202.00	-20,385.00

.

For													OMB No. 1545-00	47	
	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)											2021			
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. A For the 2021 calendar year, or tax year beginning 6/01 ,2021, and ending 5/31									,		Open to Pub Inspection				
	For the 2	2021 calen	_	ear, or tax	k year begi	nning 6/	01	, 2021,	and endin	g 5/	31		, 20 2022		
В	Name Initial I Final ret	Assistance League of Rancho San Dieguito 270-F North El Camino Real #368 Encinitas, CA 92024 anded return Encinitas, CA 92024 G Gross red						one nun . 232 eceipts	.232.0678						
		ation pending	r i Car		ness or princip	a oncer: Kat	thy O'Le	ary		.,	a group retur		1163		
	Tax-ever	npt status:		ne As C 501(c)(3)	501(c) (14 /	insert no.)	4947(a)(1) or	527	If "No,"	subordinates * attach a list	. See ir	ed? Yes	No No	
<u></u>	Websit							an-diegu:					N 1176		
ĸ		anization:		Corporation	Trust	Association	Other >		rear of formati		exemption nu		► 4176 legal domicite: CA		
Pa		Summar	and the second sec	Diporation	must	ASSociation	Other		rear of formati	on: 199	5 1413	tale of	legal domicite: CA		
2,88.0		efly descril	y he th	e organiza	ation's mis	sion or most	significant a	ctivities:Ass	istona						
Activities & Governance	2 Ch 3 Nu 4 Nu 5 Tot 6 Tot 7a Tot	eck this bo mber of vo mber of ind al number al number al unrelate	ting depe of in of v	if the members indent voti ndividuals iolunteers usiness rev	organizati of the gove ng membe employed i (estimate i venue from	on discontinu erning body (rs of the gov in calendar y f necessary). Part VIII, co	Part VI, line Part VI, line erning body ear 2021 (Pa	adults t) itions or dispo 1a) (Part VI, line art V, line 2a) ne 12	1b)	pre than 2	5% of its	net a: 3 4 5 6 7a		<u>12</u> 12 0 156 0.	
_	b Ne	t unrelated	bus	iness taxa	ble income	e from Form	990-T, Part I	, line 11	*******	1		7b		0.	
Revenue	9 Pro 10 Inv 11 Oth	ogram serv estment in ner revenue	ice r com e (Pa	evenue (P e (Part VII art VIII, col	art VIII, Iin I, column (Iumn (A), I	e 2g) (A), lines 3, 4 ines 5, 6d, 8	4, and 7d) c, 9c, 10c, a	nd 11e)				39. 01.	22,	249. 528.	
								b)			90,7			, 357.	
Expenses	 14 Bei 15 Sai 16a Pro b Tot 17 Oth 18 Tot 	nefits paid laries, othe ofessional f al fundrais ner expense al expense	to o er co fundi ing e es (F es. A	r for memi mpensatio raising fee expenses (Part IX, co add lines 13	bers (Part n, employe s (Part IX, (Part IX, co lumn (A), I 3-17 (must	IX, column (/ se benefits (F column (A), blumn (D), lir lines 11a-11c equal Part I.	A), line 4) Part-IX, colur line 11e) ne 25) ► I, 11f-24e) X, column (A	13 A), line 25)	5-10) 5,089.	·	155,8 246,6	99. 94.	175, 287,	,406. ,763.	
. 10		venue less	exp	enses. Su	otract line	18 from line	12				28,6			,279.	
Not Ascets or Fund Balances	20 Tot 21 Tot 22 Net	al liabilitie	s (Pa	art X, line	26)		•••••	• • • • • • • • • • • • • • • •			10 of Curren 525,2 35,7 489,4	22. 29.	39,	ar , <u>100.</u> , <u>328.</u> ,772.	
		Signatur	e Bl	ock									0007		
1,12,12,11	Tel and Production				amined this re er) is based or	turn, including ac a all information o	companying sch of which preparer	edules and statem has any knowled	nents, and to t ige,	the best of m	y knowledge	and be	lief, it is true, correct,	and	
Sig Hei	in re	Signatur								Da					
				name and title	ninger					Treas	surer			<u></u>	
Pai Pre Use	d eparer e Only	Print/Type pr Kather Firm's name Firm's addres	ine	Gluck Kathe		uck, CPA	ine Gluc	k	Date		Check 2 self-employe		ртін Р00858780		
						h, CA 90	254				Phone no.		3104066256		
May	the IRS	discuss thi	s re					ructions		· · · · · · · · · · · ·			X Yes	No	
BAA	A For Pa	perwork Re	educ	tion Act N	lotice, see	the separate	instruction	S.	TEE/	A0101L 09/2	22/21		Form 990		

	990 (2021) Assistance League of Rancho San Dieguito	Page 2
Pa	till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	Assistance League of Rancho San Dieguito is an all-volunteer, nonprofit organi	Lzation_
	whose members are dedicated to making a positive difference in our community.	
	Did the organization undertake any significant program services during the year which were not listed on the prior	
2		.
	If "Yes," describe these new services on Schedule O.	X No
2	Better and the second state of the second stat	
5	If "Yes," describe these changes on Schedule O.	S X No
4		
-	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total and revenue, if any, for each program service reported.	expenses,
42	(Code:) (Expenses \$ 87,632. including grants of \$ 86,757.) (Revenue \$	 }
	Operation School Bell provides new school clothing for preschool and elementar	′
	school students from families who are identified by their school personnel.	
	fiscal year the program provided clothing to 1,526 school children in local so	
	districts. We clothed 20,832 school children since the program's inception in	
	We also collaborate with other Assistance League chapters to provide new school	
	clothing to the children of enlisted families in the Camp Pendleton Marine Bas	
	Since the program's inception in 2005, we clothed 9,180 students, including 50	
	fiscal year 2021-2022.	
40	(Code:) (Expenses \$26,575. including grants of \$25,600.) (Revenue \$ The Scholarship Program provides scholarships to graduating seniors and prior- recipients. The past year we provided a total of \$29,000 to twelve graduating seniors and eight prior-year recipients.	_year) 1
	(Code:) (Expenses \$ 12,590, including grants of \$) (Revenue \$	
40)
	Assault Survivor Kits (ASK) provides clothing and hygiene kits for children, y	vomen
	and men who have experienced abuse along with mental health issues. It also r	
	therapeutic and safety items for this population. These are distributed to loo	2a1
	hospitals.	
4 c	Other program services (Describe on Schedule O.) See Schedule O	
	(Expenses \$ 11,017. including grants of \$) (Revenue \$)
	Total program service expenses 137,814.	
BAA	TEEA0102L 09/22/21 For	m 990 (2021)

•

.

Form 990 (2021) Assistance League of Rancho San Dieguito Part IV Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
đ	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	х	
t	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
C	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	

•

Form 990 (2021) Assistance League of Rancho San Dieguito Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		x
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 ;	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		х
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part IL.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
i	b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•••••		
1.	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	

•

Form 990 (2021)

Form Par	n 990 (2021) Assistance League of Rancho San Dieguito tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		F	Page 5
	Statements Regarding Other into Philips and Tax Compliance (continued)		Yes	No
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a 0 o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2/20/401512036		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	2 b	759557053	2007-00-0-0-
34	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	NACIONAL SE	X
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over la			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
I	If 'Yes,' enter the name of the foreign country►			
r .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
		50		
01	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
ł) If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-7-		x
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 c	1997/08	^
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	14.3494	(1.1953)	1999 CAR
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	100525		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		200000000000
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:	· 223		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	aan kaa	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	1.112.00		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			199A
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
16	If 'Yes,' see the instructions and file Form 4720, Schedule N.	16		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			
BAA	TEEA0105L 09/22/21	Form	990 (2021)

•

Forn	n 990 (2021) Assistance League of Rancho San Dieguito		Р	age 6
Pa	<u>It VI</u> Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	elow, aes c	and on	for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		নি
Sec	tion A. Governing Body and Management			. X
Jet	alon A. doverning bouy and management		Vee	Na
1 -	a Enter the number of voting members of the governing body at the end of the tax year 1a 12	810 <i>111</i> 18	Yes	No
14	a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	b Enter the number of voting members included on line 1a, above, who are independent 1b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3		2		X
4	Did the organization make any significant changes to its governing documents	J		<u></u>
	since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
78	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	х	
		<i>,</i> a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O stockholders, or persons other than the governing body?	7 b	х	195958- Jan 19
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule O			
	a The governing body?	8 a	Х	
i	Each committee with authority to act on behalf of the governing body?	8 b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	vent	ie Co	de.)
		T	Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
ł	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		aceus	RC 1925
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	10091920
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 a	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done See. Schedule . Q	12 c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	^	
a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15 a		X
t	Other officers or key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	(1990)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 -		X
Ŀ	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16a		<u>^</u>
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.)1(c)(3)s on	ly)
	X Own website X Upon request Other (explain on Schedule O)			
1 9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa the public during the tax year. See Schedule O	ble to		

20	State the name,	address	and tele	nhone number	of the	person who	nossesses t	he	organization's	hooks and	records •
~. v	otate the hame,	auu 633,	and tere	priorie number	ALC: DIG	person milo	hossesses r		organization s	DOORS allu	1600105 -

Marilyn Scheininger 270-F North El Camino Real #368 Encinitas CA 92024 858.232.0678 TEEA0106L 09/22/21 Form 990 (20

•

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

· List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations,

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)							
(A) Name and title	(B) Average hours per	I	dire	ctor/t	truste		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	ar director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Kathy O'Leary	_ 13 _								
President	0	X		X			0.	0.	0.
(2) Linda Kermott	_30_								
Vice President	0	X		<u>x </u>			0.	0.	0.
(3) Carol Tuggey	9								
Vice President	0	X		X			0.	0.	0.
_(4) Kathleen Aubin	_ 11								
Vice President	0	X		<u>x </u>			0.	0.	0.
(5) Wendy Morris	_ 23 _								
Vice President	0	X		X			0.	0.	0.
G) Stella Ramos	3	Į		Í					
Secretary	0	X		Х			0.	0.	0.
(7) Maureen Whitmore	5	Į							
Secretary	0	X		Х			0.	0.	0.
(8) Marilyn Scheininger	7								
Treasurer	0	X		Х			0.	0.	0.
(9) Jill Ahern	6								
Director	0	X					0.	0.	0.
(10) Marie Arlt	5								
Director		X					0.	0.	Ο.
(11) Nancy Piretti	4								
Director	0	X					0.	0.	0.
(12) Liana Neyer	2								
Director	0	X					0.	0.	0.
(13)									
· · · · · · · · · · · · · · · · · · ·				\square					
(14)									
BAA	TEEAO	107L	09/22/	21	1	1	}		Form 990 (2021)

Form 990 (2021) Assistance League of Ra	ncho S	an	Di	egi	iit	0		d Highast Con	manastad Ewa	Page 8
raterin Section A. Onicers, Directors, Th	(B)	ney 		<u>ipic</u> (0		es, 1	anu	u nignest con	ipensated Emp	oyees (continued)
(A) Name and title	Average hours per week	box	, unie	Pos check	sition more erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	relatéd organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15)										
(16)										
(17)		1								
(18)										
(19)										
(20)										
(21)										··········
(22)										
(23)				~						
(24)										
(25)										
1 b Subtotal c Total from continuation sheets to Part VII, Section							•	<u> </u>	0.	<u> 0.</u> 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited							► . ved	0. more than \$100,00	0. 0 of reportable comp	0.
from the organization b 0										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, truste h <i>individu</i>	ie, ke ial	ey ei	mplo	oyee	, or l	high	nest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportab r than \$1	le co 50,00	mpe 20?	insa If 'Y	tion 'es, '	and com	oth plei	er compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen ,' <i>comple</i>	isatio te Sc	n fre chea	om a lule	any <i>J fo</i> l	unre r suc	late h p	d organization or	individual	the second s
Section B. Independent Contractors 1 Complete this table for your five highest compense										
compensation from the organization. Report compen-	sation for	the ca	alen	dar y	/ear	endir	ng w	vith or within the or	ganization's tax year	
(A) Name and business addr	ess							(B) Description o	of services	(C) Compensation
						•••				
······································										
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tha	se li	isted	abov	ve) v	who received more	than	
BAA		TEEA0	1081	09/2	2/21					Form 990 (2021)

,

.

Part VIII Statement of Revenue

.

Check if Schedule O contains a response or note to any line in this Part VIII.....

							(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស័រ	1	1 a Federated car	mpaigns		1a					
t i		b Membership d			7 b	11,496.				
ΰĝ		c Fundraising e			1 c		-			
£₹	4	d Related organ			1 d	48,132.				
ចំអ្ន							-			
К, P		 e Government grant f All other contribution 			1e	27,396.				
butio		similar amounts r	not include	d above	1f	342,241.				
Contributions, Gifts, Grants, and Other Similar Amounts		g Noncash contribut lines 1a-1f			1 g	190,875.				
	1	h Total. Add line	es 1a-1t				429,265.			
20					L	Business Code				
Net.	2	2a			L					
æ		b								
ice		с								
en		d								
nS		e							<u> </u>	
Ital		f All other prog	ram serv	vice revenue	e					
Program Service Revenue		g Total. Add line				•				
<u> </u>	+-									
	3	8 Investment include other similar a					0.40			
	4			·		bond proceeds	249.			249.
	1				•	,				
	5	Royalties				•				
				(0 R	eal	(ii) Personal				
	-	5 a Gross rents	L L							
		b Less: rental expen								
		c Rental income or	(loss) 6c							
		d Net rental inco	ome or ((loss)						
	-	7 a Gross amount from	m [(i) Secu	rities	(ii) Other				
	ľ	sales of assets								
		other than invento		1						
		b Less: cost or other and sales expense								
		c Gain or (loss)								
		d Net gain or (lo	oss)	•••••••••	· · · · · ·	·····				
₽	8	3 a Gross income from	n fundraisi	ing events						
		(not including \$		48,132	2					
¥.		of contributions re								
ď		See Part IV, line 1	8		8a	44,482.				
Other Reven		b Less: direct ex	xpenses		8b					
8		c Net income or	(loss) fi	rom fundra	ising e	vents	22,528.			22,528.
-					Ĩ.					
	э	a Gross income from See Part IV, line 1	n ganning a 9	activities.	9a					
		b Less: direct ex			90					
	I									
		c Net income or				ues •	STREET, CONTRACTOR			1 151 166 162 162 162 164 164 164 164 164 164 164 164 164 164
ŀ	10	a Gross sales of invi- returns and allows	entory, les	s						
					10a	2007000.				
		b Less: cost of g			10b	200,000.				
		c Net income or	(loss) fr	rom sales o	of inver	ntory ►				
2						Business Code				
iscellaneou Revenue	11	la								
Miscellaneous Revenue		b								
# 9		c					<u></u>			
ŭ 2		d All other rever								
5	1			• • • • • • • • • • • • • • • • • • •		-				
		e Total. Add line								
-	12	Total revenue	. See ins	STRUCTIONS .			452,042.	0.	0.	22,777.

Form 990 (2021) Assistance League of Rancho San Dieguito Part IX Statement of Functional Expenses

.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains and				
	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	organizations and domestic governments. See Part IV, line 21.	25,600.	25,600.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	86,757.	86,757.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
_		0.	0.	0.	0.
	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (nonemployees):				RW
	Management				
	b Legal	•••			
	Accounting.				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	4,000.		4,000.	
12	Advertising and promotion	1,326.		1,326.	
13	Office expenses				
14	Information technology	***************************************			
15	Royalties				
16	Occupancy	114,398.		1,625.	112,773.
17	Travel			1,020.	
18	Payments of travel or entertainment				
	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	558,	250.	308.	
20	Interest				
21	Payments to affiliates	5,705.	2,500.	3,205.	
22	Depreciation, depletion, and amortization	131.			131.
23	Insurance	3,992.		600.	3,392.
24	Other expenses. Itemize expenses not				
	covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10%				
	of line 25, column (A), amount, list line 24e				
	expenses on Schedule O.)				
a	Program_supplies	17,721.	17,721.		
	Storage rental	6,912.	4,152.	1,380.	1,380.
	Repairs & maintenance	5,700.			5,700.
	Bank fees	3,606.		139.	3,467.
	All other expenses.	11,357.	834.	2,277.	8,246.
	Total functional expenses. Add lines 1 through 24e	287,763.	137,814.		
		201,103.	137,814.	14,860.	135,089.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
	00. 00 L (100 000 / L0)				

Form 990 (2021) Assistance League of Rancho San Dieguito

Part X Balance Sheet

•

Check if Schedule O contains a response or note to any line in this Part X

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	143,289.	1	238,270.
	2	Savings and temporary cash investments		2	379,628.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	15,430.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ţ;	8	Inventories for sale or use	62,486.	8	42,488.
Assets	9	Prepaid expenses and deferred charges		9	12,028.
Ÿ		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	454.	10c	1,775.
	11	Investments - publicly traded securities		71	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.	5,503.	15	3,481.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	525,222.	16	693,100.
	17	Accounts payable and accrued expenses	3,534.	17	3,248.
	18	Grants payable	23,000.	18	29,000.
	19	Deferred revenue	9,195.	19	7,080.
	20	Tax-exempt bond liabilities		20	
ie.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	35,729.	26	39,328.
ances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
als	27	Net assets without donor restrictions	489,093.	27	628,312.
d D	28	Net assets with donor restrictions	400.	28	25,460.
Net Assets or Fund Balanc		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
õ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	489,493.	32	653,772.
ž	32.	Total liabilities and net assets/fund balances.	10391301		

For	m 990 (2021) Assistance League of Rancho San Dieguito			Pa	ige 12
Pa	ntXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	52,0)42.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	87,7	763.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	64,2	279.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	89,4	193.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10					
	column (B))	10	6	53,7	172.
Pa	ntXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash XAccrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		-		
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	1000000000
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review				S 2225
	separate basis, consolidated basis, or both:	eu on a			
	X Separate basis Consolidated basis Both consolidated and separate basis		25355552	we and	
I	b Were the organization's financial statements audited by an independent accountant?		. 2b		x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate	55599		S.S.S.
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3:	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		X
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. Зъ		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

•

.

SCHEDULE	А
(Form 990)	

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.

2021 Open to Public Inspection

OMB No. 1545-0047

Departn Internal	ent of the Treasury Revenue Service	► (Go to www.irs.gov/Fo	rm990 for instructions	and the	e latest i	nformation.	Inspection
Name o	f the organization						Employer identific	ation number
			ncho San Diegu					
				rganizations must				ctions.
				For lines 1 through 12,		-		
1 2				hurches described in sec		(b)(1)(A)((1).	
2				ach Schedule E (Form ization described in se t		0/1-1/11/		
4				unction with a hospital				stor the boositel's
7	name, city, a		tion operated in cong	anction with a hospital	uescribe	u in sec	.uoa 170(b)(÷)(A)(iii). ⊏	inter the nospital s
5	An organizati	on operated for	r the benefit of a colle omplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6	A federal, sta	te, or local gov	ernment or governme	ental unit described in s	ection 1	i70(b)(1))(A)(v).	
7	An organizatio	n that normally 3(b)(1)(A)(vi).	receives a substantial p (Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pu	olic described
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)			
9	An agricultural or university of university;	r a non-land-gra	ization described in sec nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Ente	ated in c r the nan	onjunctione, city,	on with a land-grant colle and state of the college of	:ge Dr
10	from activities investment in June 30, 1975	s related to its come and unre 5. See section	exempt functions, sub lated business taxabl 509(a)(2). (Complete I		ns; and 511 tax)	(2) no r) from bi	more than 33-1/3% of i usinesses acquired by	s support from pross
11	An organizati	on organized a	nd operated exclusive	ly to test for public saf	ety. See	section	1 509(a)(4).	
12	or more publi lines 12a thro	cly supported o ugh 12d that d	organizations describe escribes the type of s	ly for the benefit of, to d in section 509(a)(1) of upporting organization	or section and con	n 509(a) oplete lir)(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box on
а	complete Par	the power to re t IV, Sections A	egulariy appoint or elect A and B.	d, or controlled by its sup a majority of the directo	rs or trus	stees of t	the supporting organizati	on. You must
b	— management o	porting organiz of the supporting te Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
C				ion operated in connectio plete Part IV, Sections				
d	functionally in	itegrated. The i	organization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	tion rea	with its s uiremen	supported organization(s) it and an attentiveness) that is not requirement (see
е	Check this bo integrated, or	x if the organiz Type III non-fu	ation received a writt inctionally integrated	en determination from supporting organization	the IRS	that it is	s a Type∣, Type II, Typ	e III functionally
							· <i>· · · · · · · · · · · · · · · · · · </i>	
			n about the supported	<u> </u>			1	
0.) Name of supported lo	rganization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	s the tion listed overning ment?	 (v) Amount of monetary support (see instructions) 	(vi) Amount of other support (see instructions)
					Yes	No		
<u>(A)</u>				· · ·				
(B)								
(C)								
(D)		•						
(E)								
Total								

Assistance	League	of	Rancho	San	Dieguito
JOSTSCHICE.	League	Ο <u>τ</u>	Rancino	Dan	DICULLO

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 gualify under Part III, if the

organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total beginning in) F Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')..... 1 Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf... The value of services or з facilities furnished by a governmental unit to the organization without charge ... 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) ... Public support. Subtract line 5 6 from line 4. Section B. Total Support Calendar year (or fiscal year (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tota! beginning in) 7 Amounts from line 4..... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... Net income from unrelated 9 business activities, whether or not the business is regularly carried on..... Other income. Do not include 10 gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions)..... 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)..... 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14..... 15 % 16a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization..... 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

.

Assistance League of Rancho San Dieguito

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.) Section A. Public Support

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include any 'unusual grants.')						
-		240,951.	247,158.	300,126.	272,097.	414,265.	1,474,597.
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513. Tax revenues levied for the	63,101.	77,951.	7,886.	8,752.	44,482.	202,172.
4	organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						0.
3	facilities furnished by a						
	governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	304,052.	325,109.	308,012.	280,849.	458,747.	1,676,769.
78	2, and 3 received from						
	disqualified persons	3,025.	1,750.	2,100.	15,900.	7,025.	29,800.
b	Amounts included on lines 2 and 3 received from other than						
	disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.			0	0	0	0
~	Add lines 7a and 7b.	0.	0. 1,750.	0.2,100.	0. 15,900.	.0	0.
-	Public support. (Subtract line	3,025.	I,750.	2,100.	15,900.	7,025.	29,800.
	7c from line 6.)						1,646,969.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	304,052.	325,109.	308,012.	280,849.	458,747.	1,676,769.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources	151.	120.	3,218.	1,239.	249.	4,977.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						0.
-	Add lines 10a and 10b	151.	120.	3,218.	1,239.	249.	4,977.
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						
	čapital assets (Explain in						-
19	Part VI.)						0.
15	Total support. (Add lines 9, 10c, 11, and 12.)	304,203.	325,229.	311,230.	282,088.	458,996.	1,681,746.
14	First 5 years. If the Form 990 is	for the organizatio	n's first, second.	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
	organization, check this box and	stop herē					····· L
-	tion C. Computation of Pu			. 10 /		T	
	Public support percentage for 20						97.93 %
	Public support percentage from:					16	98.00 %
	tion D. Computation of Inv				(0)		
17	Investment income percentage f						0.30 %
18	Investment income percentage f						0.31 %
19a	33-1/3% support tests-2021. If is not more than 33-1/3%, check	the organization di	id not check the b here. The organi	iox on line 14, an ization qualifies a	d line 15 is more	than 33-1/3%, an	d line 17 ► 🕅
h	33-1/3% support tests-2020. If f		-	-		-	
5	line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	e organization qua	alifies as a public	y supported organ	nization ►
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions.	► 🔽
BAA			TEEA0403L	08/31/21		Schedule	A (Form 990) 2021

Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI 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 Part VI 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. Зa **b** Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. Зb 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 Part VI what controls the organization put in place to ensure such use. Зc 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(\hat{c})(2)(B) purposes. 4c5a 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 Part VI, 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). 52 **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? If 'Yes,' provide detail in Part VI. 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 Part VI. 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 Part VI. 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 Part VI. 9c 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 II non-functionally integrated supporting organizations)? If 'Yes,' 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

Schedule A (Form 990) 2021

Assistance League of Rancho San Dieguito

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?

C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- С The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

	11a		
	11b		
	11c		
		Yes	No
ne	259335	1000.00	(Markatke

1

2

2

3

Yes



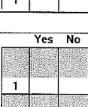
Page 5

No



Yes

No



Schedule A (Form 990) 2021

.

Assistance League of Rancho San Dieguito Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sec	tion A — Adjusted Net Income		(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):			
â	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
Ċ	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
-	Chartelense if the surrent user is the surrentiantial first and first and first and the surrent surren			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990) 2021

.

Schedule A (Form 990) 2021 Assistance League of Rancho San Dieguito

Part V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued	1)	·····
Section D – Distributions				Current Year
1 Amounts paid to supported organizations to accomplish exempt p	urposes		1	
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2			
3 Administrative expenses paid to accomplish exempt purposes of s	upported organizations		3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - provid	e 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 Part VI). See instructions.	tion is responsive (provide	details	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2021				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount				
i Carryover from 2016 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2022. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021		langer og skrigt til		
			-323100055	

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	Assistance League of Rancho San Dieguito	Page 8
B, lines 1 and 2; 3a, and 3b; Part	Al Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Part IV, Section C, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, Also complete this part for any additional information. (See instructions.)	

.

٠

Schedu	le	В
(Form 99) 0)	

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2021

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

Department of the Treasury Internal Revenue Service

Name of the organization		Employer identification number
Assistance League	e of Rancho San Dieguito	
Organization type (check of	one):	······································
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private fou	undation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: 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 II. See instructions for determining a contributor's total contributions.

Special Rules

X	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 **General Rule** 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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

thanke of organization						
Assistance	League	of	Rancho	San	Dieguito	

Part 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
<u>1</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$11,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No. 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4		Person X Payroll Noncash
4	(b)	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) No.	(b)	\$25,000. Total contributions	Person X Payroll

1 Employer identification number Page **2**

1

Name of organization		Employer in	tentification n	umber
Schedule B (Form 990) (2021)		1	1	Pa

Assistance League of Rancho San Dieguito

•

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u></u>			сланиция из т. т.
(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
4A	TEEA0703L 10/06/21	Schedule	B (Form 990) (20

Page 3

	B (Form 990) (2021)			1	1 Page 4
Name of orga		• .		Employer identific	
	ance League of Rancho San Di Exclusively religious, charitable, et	tc., contributions to organi	zations des	cribed in section 50	1(c)(7), (8),
	or (10) that total more than \$1,000 for t	he year from any one contribu	itor. Complete co	olumns (a) through (e) and	
	the following line entry. For organizations contributions of \$1,000 or less for the year.	(Enter this information once. See	ot <i>exclusively</i> r instructions)	eligious, charitable, etc.,	N/A
	Use duplicate copies of Part III if additional	space is needed.	. manuellonaly.	Y	N// A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how	r gift is held
	N/A				
			+		
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Relation	ship of transferor to tran	sferee
					····· ,
(-) N-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how	gift is held
			+		
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Relation	ship of transferor to trans	feree
	· · · · · · · · · · · · · · · · · · ·				
(-) N-					
(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, addres	s. and ZIP + 4	Relation	ship of transferor to tran	isferee
		· · · · · · · · · · · · · · · · · · ·			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how	gift is held
Part I					
					<u> </u>
	h				
	······································	(e) Transfer of gift			
	Transferrals name add		Dia 1 - 11	alata af increation at the	
	Transferee's name, addres	s, and 21P + 4	Relation	ship of transferor to tran	Isteree
DAA		TEEA0704: 10/06/21	anali 11 11 11	Cabadula D (Ca	000\ (2021)

.

SCHEDULE D	Sun	plemental Financial Staten	ante	OMB No. 1545-0047
(Form 990)	► Comple	te if the organization answered 'Yes' on 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f	Form 990.	2021
Department of the Treasury Internal Revenue Service	► Go to www.irs	► Attach to Form 990. .gov/Form990 for instructions and the I		Open to Public Inspection
Name of the organization			Employer	identification number
Assistance Lea	gue of Rancho San	Dieguito		
Part I Organiza Complete	tions Maintaining Done if the organization ans	or Advised Funds or Other Simil wered 'Yes' on Form 990, Part IV	ar Funds or Accounts. /, line 6.	
		(a) Donor advised funds	(b) Funds and	other accounts
	end of year			
	ntributions to (during year)			
	ants from (during year)			
4 Aggregate value	at end of year			
are the organizat	ion's property, subject to the	nor advisors in writing that the assets he organization's exclusive legal control?.	•••••	Yes No
6 Did the organizat for charitable pur impermissible pri	ion inform all grantees, donc poses and not for the benefi vate benefit?	rs, and donor advisors in writing that gr t of the donor or donor advisor, or for ar	ant funds can be used only ny other purpose conferring	Yes No
	ition Easements.	wared 'Vec' on Form 000, Bart IV	/ line 7	
		wered 'Yes' on Form 990, Part IV v the organization (check all that apply).		
	of land for public use (for exam		eservation of a historically imp	portant land area
h	natural habitat		eservation of a certified histor	
Preservation	of open space			
2 Complete lines 2a	through 2d if the organization	held a qualified conservation contribution in	the form of a conservation eas	ement on the
last day of the ta	x year.		2015/04/14/12/0	
- Total pumber of	concrution opposite		22/2020/044	End of the Tax Year
		ments		
-	-	fied historic structure included in (a)		
d Number of conse	rvation easements included i	n (c) acquired after 7/25/06, and not on	a historic	FE- 0
structure listed in	the National Register			
tax year 🕨		nsferred, released, extinguished, or termina	ted by the organization during the	ne
	where property subject to conse			
		garding the periodic monitoring, inspect	ion, handling of violations,	
		nts it holds?	rcing conservation easements d	Yes No uring the year
7 Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conservation easements during	the year
8 Does each conse and section 170(I	rvation easement reported on (4)(4)(B)(ii)?	n line 2(d) above satisfy the requiremen	ts of section 170(h)(4)(B)(i)	Yes No
9 In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	ports conservation easements in its reve to the organization's financial statement	nue and expense statement a s that describes the organizat	ind balance sheet, and ion's accounting for
Part III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Treasur wered 'Yes' on Form 990, Part I\	es, or Other Similar As: /, line 8.	sets.
1 a If the organization historical treasure Part XIII the text	n elected, as permitted unde es, or other similar assets he of the footnote to its financia	r FASB ASC 958, not to report in its rev Id for public exhibition, education, or res Il statements that describes these items	enue statement and balance search in furtherance of public	sheet works of art, service, provide in
following amount	s relating to these items:	r FASB ASC 958, to report in its revenue or public exhibition, education, or research		
		line 1		
		historical treasures, or other similar assets t ASC 958 relating to these items:		
		1		
	···· • • • • • • • • • • • • • • • • •			

,

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L 08/30/21	Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Assi: Part III Organizations Mainta	stance Le ining Colle	eague ections	of Rancho s of Art, Histo	San Dieguito prical Treasures, c	or Other Similar A	Assets (d	continu	Page 2 ued)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other	records, check a	ny of the following that i	make significant use o	f its collecti	on	
a Public exhibition			d 🦳 Loan	or exchange program				
b Scholarly research			e Other					
c 🔄 Preservation for future gener	rations							
4 Provide a description of the organiz Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather to	tion solicit or han to be ma	receive	donations of ar as part of the o	t, historical treasures, rganization's collection	or other similar asse n?	ts 🗌 Yes	; [No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen amount on	n ents. Form	Complete if t 990, Part X,	he organization ar line 21.	nswered 'Yes' on	Form 99	i0, Pai	rt IV,
1 a ls the organization an agent, true on Form 990, Part X?	stee, custodia	in or oth	ner intermediary	for contributions or ot	her assets not includ	ed 🏹 Yes	; [No
b If 'Yes,' explain the arrangement						i		
						Amour	ıt	
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance						 1	r	
2 a Did the organization include an a							- L	No
b If 'Yes,' explain the arrangement	on Part XIII.	Check r	iere it the explan	nation has been provid	led on Part XIII		····· [
Part V Endowment Funds. C	'omplete if	the or	anization an	swarad 'Vas' on E	orm 990 Part IV	line 10		
Lindowitterit i unus. c	(a) Current		(b) Prior year				Four year	rs back
1 a Beginning of year balance	<u> </u>	year	(b) The year		uy mee years b		Tour year	
b Contributions.								
-								
c Net investment earnings, gains, and losses								
d Grants or scholarships							,	
e Other expenditures for facilities								
and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag		nt year		ie 1g, column (a)) heic	l as:			
a Board designated or quasi-endowm			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
b Permanent endowment	<u> </u>							
c Term endowment	¥							
The percentages on lines 2a, 2b, a	nd 2c should e	qual 10	0%.					
3 a Are there endowment funds not in t	the possession	of the c	organization that a	are held and administere	ed for the			
organization by:						0.0	Yes	No
(i) Unrelated organizations						1 1/	 	
(ii) Related organizations							L	
b If 'Yes' on line 3a(ii), are the relation					• • • • • • • • • • • • • • • • • • • •	3b	<u>I</u>	-
4 Describe in Part XIII the intended			ation's endowine	ent tunas.				
Part VI Land, Buildings, and Complete if the organ			'Yes' on Forr	n 990, Part IV, lin	e 11a. See Form	990, Pa	rt X, li	ine 10.
Description of property		(a) Cos (ir	t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book v	alue
1 a Land								
b Buildings								
c Leasehold improvements				3,188.	2,94	5.		243.
d Equipment				2,515.	1,06		1	,452.
e Other				5,695.	5,61	5.		80.
Total. Add lines 1a through 1e. (Colum	nn (d) must ei	qual Foi	rm 990, Part X, d				1	,775.
BAA						hedule D (l		

.

Schedule D (Form 990) 2021

- ASTSTATCE Deague	or Kaneno Ban		1 490 0
Part VII Investments – Other Securities. Complete if the organization answered	'Yes' on Form 990	N/A D. Part IV. line 11b. See Form 9	90. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
E)			
(F)			
(G)			
(H)			
()			
Fotal. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII Investments - Program Related.	Van' on Form 000	N/A Deart IV line 11a See Form 9	00 Dart V line 12
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
		(c) method of valuation. Cost of end	oryear market value
(1) (2)			
(3)			
(4)			
(5)]		
(6)			
(7)			
(8)			
(9)			
(10)			
fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX Other Assets. Complete if the organization answered	N/A	Dert IV line 11d See Form 0	00 Dort V line 16
	scription	J, Part IV, line 110. See Form 9	(b) Book value
(1)	5611011011		(b) Dook Value
(2)			······
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Fotal. (Column (b) must equal Form 990, Part X, column (b	3) line 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
	iption of liability		(b) Book value
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(6)			·······
(7)			
(8)			

(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

(9) (10)

7

1

Schedule D (Form 990) 2021 Assistance League of Rancho San Dieguito	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	ie per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part Vill, line 12:	
a Net unrealized gains (losses) on investments 2a	
b Donated services and use of facilities 2 b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.) 2d	
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expen	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 2a	
b Prior year adjustments 2b	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FASB ASC 740 Footnote

The Organization has applied the provisions of Financial Accounting Standards Codification (ASC) 740-10, Accounting for Uncertainty in Income Taxes. Under ASC 740-10, nonpublic enterprises, including nonprofit organizations, are required to report a tax liability when substantial uncertainties exist as to whether certain income is exempt from federal, state and local income tax. As of May 31, 2022, the Organization had no substantial uncertain income tax positions.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)		te if the oroanizat	ion answere n entered m	d 'Yes' on Fo ore than \$15	undraising or Gami orm 990, Part IV, line 17, 18 ,000 on Form 990-EZ, line 6 or Form 990-EZ.	or 19. or if the	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	►G	o to www.irs.g			ructions and the latest	information.	Open to Public Inspection
Name of the organization						Employer identific	ation number
Assistance Lea					on Form 990, Part IV, lin	e 17	
Form 990-E	Z filers are not re	quired to comp	lete this p	oart.			
a 🗌 Mail solicitati b 📃 Internet and e	ons email solicitations		rough any	e f	Solicitation of gove	government grants ernment grants	
c Phone solicita d In-person sol				g	Special fundraising) events	
2 a Did the organizatio employees listed	n have a written o in Form 990, Par 0 highest paid inc	dividuals or enti	ities (fund		ncluding officers, directo rofessional fundraising irsuant to agreements i	rs, trustees, or key services? under which the fundrai	Yes X No ser is to be
(i) Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2					×		
3							
4							
5							
6							
7							
8							
9							
10							
Total			-				_
	nich the organizatio				ontributions or has been	notified it is exempt from	0.

.

Part III Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events mai gross records gr	sator than go,ooo.			
			(a) Event #1 Annual Fundrai	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))
Ч			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	90,912.			90,912.
	2	Less: Contributions	48,132.			48,132.
	3	Gross income (line 1 minus line 2)	42,780.			42,780.
	4	Cash prìzes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	18,930.			18,930.
lrect	8	Entertainment	1,150.			1,150.
ā	9	Other direct expenses	584.			584.
	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d)			20,664.
	11	Net income summary. Subtract line 10 fro	om line 3, column (d).			
Par	till	Gaming. Complete if the organiza	tion answered 'Ye			
		\$15,000 on Form 990-EZ, line 6a.				•
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ϋ́Α	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d) .		••••••	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	an (d)	•	
	i Is th	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain:	onducts gaming activitie g activities in each of th	es: nese states?		. Yes No
		e any of the organization's gaming license es,' explain:				

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 Assistance League of Rancho San Dieguito		Page 3
11	Does the organization conduct gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	olo
	b An outside facility		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	· · · · · · · · · · · · · · · · · · ·	
	Name ►		
	Address ►		
I	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization► \$ and the of gaming revenue retained by the third party► \$ c If 'Yes,' enter name and address of the third party:	e? TYes e amount	No
	Name •		
	Address ►		i
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer		
17	Mandatory distributions:		
1	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	ne line	No
Ha	tiv Supplemental Information. Provide the explanations required by Part I, line 2b, colt and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	umns (III) and (additional	v);

,

SCHEDULE (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	CMB No. 1
Department of the Treasury Internal Revenue Service	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.	Open to Inspe
Name of the organization		Employer identification number
Assistance Lea	que of Rancho San Dieguito	

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

OMB No. 1545-0047 2021

Open to Public Inspection

No

..... X Yes

See Part IV

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MiraCosta College							
1 Barnard Drive							
Oceanside, CA 92056			6,000.	0.			Scholarships
(2)							
(3)							
(4)							
(5)							
<u>(6)</u>							
<u></u>						······	
(8)							
2 Enter total number of section 501(c)	(3) and government of	roppizations listed	in the line 1 table			L	
		-			• • • • • • • • • • • • • • • • • • • •		0
3 Enter total number of other organiza					• • • • • • • • • • • • • • • • • • • •	····· •	1
BAA For Paperwork Reduction Act Notic	e, see the Instruction	s for Form 990.		TEEA3901L	07/12/21	Sched	ule I (Form 990) 2021

Schedule | (Form 990) 2021 Assistance League of Rancho San Dieguito

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 School clothing	2,072		86,757.	Cost	School clothing
2					
3					
4					
5					
6					
7					
art IV Supplemental Information. P	rovide the information r	required in Part I,	, line 2; Part III, co	lumn (b); and any oth	er additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

School Clothing: Local school district personnel identify children of need. Chapter

members monitor selection of school clothing for identified children.

Scholarships: Chapter members verify that students who receive scholarships are

enrolled in college.

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Assistance League of Rancho San Dieguito

га	in types of Froperty				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art – Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods			190,875.	
6	Cars and other vehicles				
7	Boats and planes.				
8	Intellectual property.				
9	Securities - Publicly traded				
10	Securities – Closely held stock				
11	Securities - Partnership, LLC, or trust interests .				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution – Other.				
15	Real estate – Residential				
16	Real estate Commercial				
17	Real estate – Other				
18	Collectibles				
19					
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts.				
23	Scientific specimens				
24	Archeological artifacts.				
25	Other► ()				
26	Other ()				
27	Other ► ()				
28	Other► ()				
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Donee	uring the tax Acknowled	year for contributions for gement	r which the	29
	During the year, did the organization receive by contril it must hold for at least three years from the date for exempt purposes for the entire holding period?	of the initia	contribution, and which	h isn't required to be u	30 а Х
	If 'Yes,' describe the arrangement in Part II.	ar that so and	rea the realized of		
	Does the organization have a gift acceptance polic		-		ns? 31 X
	Does the organization hire or use third parties or r contributions?	elated orga	nizations to solicit, proc	cess, or sell noncash	32 a X
	If 'Yes,' describe in Part II.				
33	If the organization didn't report an amount in colur describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,
					2.5000,0000,0000

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Department of the Treasury Internal Revenue Service



Name of the organization

Employer identification number

Assistance League of Rancho San Dieguito

Form 990, Part III, Line 4d - Other Program Services Description

Other Programs primarily include:

Kuddles for Kids provides huggable plush toys and snacks to comfort trauma victims, which are distributed through local hospitals, fire departments, and service agencies. Since 1998, the program distributed 12,146 plush toys and 2,390 snacks, including 120 plush toys and 200 snacks distributed this fiscal year.

Knifty Knitters

Since 1998, Knifty Knitters has provided 9,116 hand-knitted items, which include: 1) infant layettes to military personnel and other families in need in our community, 2) hand-knitted scarves to active military personnel, and (3) shawls to patients undergoing chemotherapy.

PREP

Prepares preschoolers for kindergarten by improving English, reading, math, and social interaction skills through various games. Since 1998, we tutored 962 preschoolers.

Flowers for Seniors

Provides bouquets of flowers to seniors in local assisted living facilities. Since 2016, the program assembled and delivered 1,486 bouquets.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Voting members approve, by two-thirds vote of members present, the annual assessment

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)
new philanthropic programs. The voting membership also approves the annual budget.
Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings
No committee can act on behalf of the governing body.
Form 990, Part VI, Line 11b - Form 990 Review Process
Board members received a copy of the form 990 prior to its filing with a period open
for questions and comments.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts
The conflict of interest policy is reviewed annually at a membership meeting. All
members sign a conflict of interest policy when they pay their annual dues.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
Governing documents and the conflict of interest policy are made available upon
request.
Part VI, Section B, Questions 15a-b

The Organization does not have paid personnel, therefore, these questions are not applicable.

Page 2

January 24, 2023

Dear Assistance League of Rancho San Dieguito,

This letter is to confirm that Assistance League of Rancho San Dieguito is registered with the Internal Revenue Service as a 501(c)(3) under Group Exemption Number 4176.

The parent (central) organization is National Assistance League®.

Parent and the subsidiary organizations are registered as follows:

Parent: National Assistance League 3100 W. Burbank Blvd., Suite 100 Burbank, CA 91505-2348 EIN: 95-1945908 GEN: 4176 assistance league

Subsidiary: Assistance League of Rancho San Dieguito 270F N. El Camino Real, Box 368 Encinitas, CA 92024 EIN: 330556542

The Internal Revenue Service recognizes Assistance League of Rancho San Dieguito a subordinate organization. Therefore, Assistance League of Rancho San Dieguito can provide this letter to donors, along with the accompanying Internal Revenue Service Group Exemption Determination letter for the parent organization, as verification of exemption status.

As such, Assistance League of Rancho San Dieguito may use and provide donors with the enclosed Group Exemption Number 4176 and the chapter's Federal Identification Number 330556542. Donors to Assistance League of Rancho San Dieguito may deduct contributions to the chapter under the Group Exemption Number 4176 and the Federal Identification Number 330556542 as provided in Section 170 of the Internal Revenue Code. In addition, the chapter qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Please keep this letter with other legal documents and/or in a safe deposit box.

If you have further questions, please contact me at: National Assistance League 3100 W. Burbank Blvd., Suite 100 Burbank, CA 91505-2348

or by phone at 818-846-3777 or by e-mail at NationalOffice@assistanceleague.org.

With regards,

Matt Zarcufsky, CFRE National Executive Director National Assistance League

Transforming Lives • Strengthening Community

3100 W. Burbank Boulevard, Suite 100, Burbank, CA 91505 • Tel: 818-846-3777 • Fax: 818-846-3535 • AssistanceLeague.org

ASSISTANCE LEAGUE OF RANCHO SAN DIEGUITO USE OF SALES AND USE TAX EXEMPTION

A copy of the Non-Profit Organization Sales and Use Tax Exemption is attached. Please use this copy as a master to make any more copies you may need.

With this exemption, no sales tax will be paid on tangible personal property purchased for the purpose of donation to individuals in a distressed financial condition. Items expressly included are:

- 1) Clothing, shoes and personal grooming items for OSB
- 2) Clothing and grooming items for ASK
- 3) Bears for Hug-a-Bear

ኑ

a

4) Yarn for Knifty-Knitter layettes

Use the exemption only for items specifically listed above. Sales tax must be paid on all purchases of supplies, storage containers, and any items that will not be physically given to individuals in a distressed financial position.

.

Federal Employer ID No.:33-0556542CA Corporate ID No:D-1877561CA Resale Permit No:SR FHB 99-481040State Charity RegistrationCT92512

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
	Assistance League of Rancho San Dieguito						
	2 Business name/disregarded entity name, if different from above						
on page 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
is o	single-member LLC	Trust/estate	Exempt payee code (if any)				
type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners)	hip) 🕨					
tru	Note: Check the appropriate box in the line above for the tax classification of the single-member own	ner. Do not check	Exemption from FATCA reporting				
Print or type. Specific Instructions	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the ow another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner	code (if any)					
eci	✓ Other (see instructions) ► 501(c)(3)		(Applies to accounts maintained outside the U.S.)				
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)				
See	270F N El Camino Real, #368						
0,	6 City, state, and ZIP code						
	Encinitas, CA 92024						
	7 List account number(s) here (optional)						
Par	t I Taxpayer Identification Number (TIN)						
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	id Social sec	curity number				
reside entitie	p withholding. For individuals, this is generally your social security number (SSN). However, for ant alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other as, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>						
TIN, la		or					
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name al	nd Employer	identification number				

ħ Number To Give the Requester for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct,

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|--|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- · Form 1099-DIV (dividends, including those from stocks or mutual funds)
- · Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- · Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- · Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- · Form 1099-C (canceled debt)
- · Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Bike Walk Solana

CITY OF SOLANA BEACH

COMMUNITY GRANT APPLICATION



The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization:BikeWalkSolana				
Contact Person: Karl Rudnick	Email address: rudnick.cooper@gmail.com			
Daytime Phone: <u>858-481-7910</u>	Evening Phone:			
Mailing Address: 1019 San Patricio Drive, Solana Beac	h CA 92075			
City: Solana Beach State:	CA Zip: <u>92075</u>			
 All the documents below are attached to this ap W-9 Summary of Organization's Budget Proposed Program Budget Financial and Tax Statements (see Appli Copy of the California Franchise Tax Box Section 23701d or Internal Revenue Cod 	cation Guidelines) ard Entity Status Letter, showing exemption under			
2. Has your organization received financial assista	nce from the City before? 🔳 Yes 🛛 No			

If yes, please state the fiscal year it was received and for the proposed program was:

See attached document

- 3. Title of FY 2023/24 Proposed Program/Service: BikeWalkSolana: Think Outside The Car
- What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program. \$5,650

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

See attached document

 Anticipated Program Objectives or Accomplishments: See attached document

7. Program Dates/Location:

See attached document

- 8. Estimated number of Solana Beach residents to be served by proposed program:
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

We will thank the City for its financial contribution on https://bikewalksolana.org/ as well as in any printed and electronic fliers distributed to promote each and every event. We will also verbally thank the City's financial contribution during the event itself.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

There will not be any matching funds or other grants. However, we were able to leverage this year's events (made possible by our last grant from the Community Foundation), to get donations from local businesses for additional prizes for the raffles, and will work to do the same thing for future events.

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

BikeWalkSolana is a volunteer organization, and its volunteers have helped to host previous Tours of Solana Beach. Volunteers will also be used to lead the new proposed Solana Beach Family Bike/Roll/Ride and the new Self-Guided Walking Tour and Scavenger Hunt.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

If only partial funding is awarded, some of the proposed events will move forward, but not all of them. As expenses for insurance are unavoidable, BikeWalkSolana will evaluate the funding level and determine which of the proposed events will best serve the community. If less than \$750 is granted, only the self-guided walk and scavenger hunt will be possible. If no money is granted, none of the events will be possible.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

Kustin

Authorized Signature of Organization

May 24, 2023

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH. 11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

BikeWalkSolana is a volunteer organization, and its volunteers have helped to host previous Tours of Solana Beach. Volunteers will also be used to lead the new proposed Solana Beach Family Bike/Roll/Ride and the new Self-Guided Walking Tour and Scavenger Hunt.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

If only partial funding is awarded, some of the proposed events will move forward, but not all of them. As expenses for insurance are unavoidable, BikeWalkSolana will evaluate the funding level and determine which of the proposed events will best serve the community. If less than \$750 is granted, only the self-guided walk and scavenger hunt will be possible. If no money is granted, none of the events will be possible.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

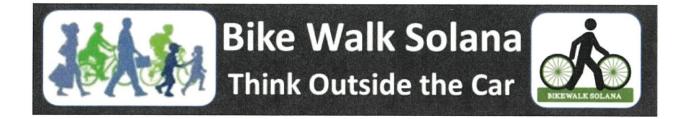
Kustin

Authorized Signature of Organization

May 24, 2023

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.



City of Solana Beach 2023 Community Grant Application

1. Required documents

W9 (attached)

Summary of Organization's Budget

We have no income source and rely on grants and donations, including in-kind donations from local businesses, for any events we run that have expenses. We have a bank account with Mission Federal Credit Union to track income and expenses. Attached is a screenshot (the April bank statement doesn't show expenses against our current grant), showing a balance of \$232 which we are spending entirely for expenses on our current BWS Community Grant, which is coming to a close May 31, 2023.

Proposed Program Budget

We propose to increase our spending this year to reach a larger portion of the community, including pedestrians and children. We also would like to offer more Safe Cycling Courses as the number of adults and children using e-bikes in the city has increased dramatically over the last several years. The budget includes the following:

\$4000: Four Safe Cycling Classes

\$750: New family friendly bike/roll/ride co-sponsored with the Solana Beach PTA

\$150: New self-guided walking tour/scavenger hunt

<u>\$750</u>: Fourth Tour of Solana Beach Community Bike Ride

\$5650 Total

Financial and Tax Statements

BikeWalkSolana is an advocacy and education committee listed as a Social Org on our EIN so does not file tax returns.

CA Franchise Tax Board Entity Status Letter (attached)

2. Has your organization received financial assistance from the City before? (Yes) If yes, please state the fiscal year it was received and for the proposed program was:

For FY 2021-2022 BikeWalkSolana received \$3600 from the Solana Beach Community Grant Program for several events to promote active transportation in the City of Solana Beach and get the community to think outside the car to discover Solana Beach. The funds were used to cover the costs associated with a Tour of Solana Beach Community Ride, a SafeCycling Class, and a Tour of Solana Beach Scavenger Hunt. Outreach for the events was accomplished using City of Solana Beach E-blasts, articles in the Solana Beach Sun and Del Mar Times, posting flyers in local businesses, social media, and websites.

For FY 2013-2014 BikeWalkSolana received money for a Bicycle Safety Rodeo.

3. Title of FY 2023/24 Proposed Program/Service:

BikeWalkSolana: Think Outside The Car

The group will offer a series of events throughout 2023 and 2024 to educate the community and promote the use of alternative mobility options in Solana Beach.

4. What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.

\$5,650

\$

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

BikeWalkSolana will use the funds to support a number of community events. This includes the following:

New Solana Beach Family Bike/Roll/Ride: This new aspect for BikeWalkSolana is
proposed as a flat route geared toward families with children along the Rail Trail, Sierra,
and Cedros as an easier alternative to the traditional 15 mile Tour of Solana Beach
Community Ride. Bikes, scooters, and other mobility options are all welcome.
BikeWalkSolana hopes to partner with the Solana Beach PTA to hold this event in
September or October 2023 at the beginning of the 2023-2024 school year.

Estimated cost: \$750

\$600 for insurance and \$150 for lemonade and treats to fuel the young participants.

• *City Cycling Classes for teens and their parents.* With the rise in popularity of e-bikes, it is more important than ever that bicyclists are educated about the rules of the road and their rights and responsibilities as cyclists. Encinitas and Carlsbad have successfully offered these courses in the past year, reaching 20 or more participants each class.

Each course is a 3 hour session with approximately 1 hour classroom/talk, 1 hour parking lot drills, and 1 hour for a short community group ride. This course is appropriate for all bike types, including e-bikes. Each class is supported by 2 League of American Bicyclists Cycling Instructors via the San Diego County Bicycle Coalition.

BikeWalkSolana held a Smart Cycling class in Solana Beach in May 2022. The class covered general bike safety, emergency maneuver skills, legal rights, and rider responsibilities. The classroom session was held on May 17th at the La Colonia Park Community Center followed by a road session on May 21st. There was tremendous interest from parents of children with e-bikes with 11 teens attending the classroom session. Unfortunately, none of the teens attended the road session as they had to be accompanied by an adult and the adults had difficulty coordinating participation. BikeWalkSolana has been discussing ways to improve teen participation in future classes.

Estimated cost: \$4000

BikeWalkSolana would like to offer 4 courses throughout the year. Each course would cost about \$600 for insurance and \$400 for the instructors through the San Diego Bike Coalition.

New Self-Guided Walking Tour and Scavenger Hunt of Solana Beach: This new aspect for BikeWalkSolana is proposed as a self-guided 2-3 mile historical walking tour of the city. Previous scavenger hunts hosted by the group have been geared more toward bicyclists. As our group wants to promote all types of mobility, we are looking to expand our reach in the community to those who prefer to walk rather than bike, although of course people could also complete this self-guided scavenger hunt by bike as well. Along the hunt, people will locate points of interest highlighting art, whimsy, pedestrian infrastructure, and local history. We plan to partner with the Solana Beach Civic and Historical Society, whose historical plaques with QR codes on historic buildings will help scavenger hunters find answers to questions about Solana Beach's past via historic buildings along Cedros, Hwy 101, and Eden Gardens.

Estimated cost: \$150

\$150 for raffle prizes from local businesses to encourage participation.

 Fourth Tour of Solana Beach Community Ride: This is an approximately 15 mile bike tour of the city that highlights mobility improvements the city has or will make to its infrastructure as well as a tour of all of the city's different neighborhoods. The tour is led by qualified ride monitors at a leisurely pace. BikeWalkSolana has hosted three successful community rides in the past, most recently in 2023 when we had about 40 participants, including two children on their own bikes and two children on a parent's cargo e-bike. BikeWalkSolana typically holds this event in May, which is National Bike Month.

Estimated cost: \$750

Ĵ,

\$600 for insurance and \$150 for raffle prizes that both encourage attendance and also serve as a way to distribute bike safety equipment, such as helmets, lights, and high-visibility gear.

6. Anticipated Program Objectives or Accomplishments

BikeWalkSolana is dedicated to making Solana Beach better for walking and biking for travelers of all ages. We educate the community about the city's alternative mobility options, improvements to bike/walk infrastructure, and bicycle and pedestrian safety information through our series of mobility events and trainings. We also work with the city to advocate for improvements to the city's bike and pedestrian infrastructure.

E-bike safety classes held in Encinitas and Carlsbad have also been well received, with 20 participants from teens to seniors each class, and we anticipate a similar level of interest in Solana Beach.

Previous community bike rides have been very successful. In 2019 we had over 100 participants, and in 2023 we had approximately 40 riders join us for the event. We have also had hundreds of participants over the previous three scavenger hunts. We hope to reach even more community members by expanding our tour and scavenger hunt ideas to shorter and flatter routes to encourage pedestrians and more children to participate.

7. Program Dates/Location

- Solana Beach Family Bike/Roll/Ride: The route will include portions of the Rail Trail, Sierra, and Cedros and will be held in September or October 2023.
- *City Cycling Classes*: Courses will be offered periodically throughout the year at a location to be determined (pending funding availability). La Colonia Community Center, the Solana Beach Library, Boys & Girls Club, or Skyline or Solana Vista Schools are all possibilities, based on availability and cost.
- Self-Guided Walking Tour and Scavenger Hunt of Solana Beach: Exact route is to be established, but will include some of the historic highlights of the city, including areas of 101/Cedros and La Colonia. BikeWalkSolana aims to hold the event in Spring 2024, exact date TBD.
- Fourth Tour of Solana Beach Community Ride: This is an approximately 15 mile bike tour of the city and will traverse all of the different areas of the city. It will be held in May 2024 to celebrate Bike Month.

8. Estimated number of Solana Beach residents to be served by proposed program:

• Solana Beach Family Bike/Roll/Ride: 40-50 people

- City Cycling Classes: 20 per class for 80 total over 4 offerings
- Self-Guided Walking Tour and Scavenger Hunt of Solana Beach: 100 people
- Fourth Tour of Solana Beach Community Ride: 40-50 people

9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

We will thank the City for its financial contribution on <u>https://bikewalksolana.org/</u> as well as in any printed and electronic fliers distributed to promote each and every event. We will also verbally thank the City's financial contribution during the event itself.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

There will not be any matching funds or other grants. However, we were able to leverage this year's events (made possible by our last grant from the Community Foundation), to get donations from local businesses for additional prizes for the raffles, and will work to do the same thing for future events.

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

BikeWalkSolana is a volunteer organization, and its volunteers have helped to host previous Tours of Solana Beach. Volunteers will also be used to lead the new proposed Solana Beach Family Bike/Roll/Ride and the new Self-Guided Walking Tour and Scavenger Hunt.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

If only partial funding is awarded, some of the proposed events will move forward, but not all of them. As expenses for insurance are unavoidable, BikeWalkSolana will evaluate the funding level and determine which of the proposed events will best serve the community. If less than \$750 is granted, only the self-guided walk and scavenger hunt will be possible. If no money is granted, none of the events will be possible.

N-1-1								
G	C 🟠 @ https://digitalservices.missionfed.com/apps/MFCUOLB/#_frmAccountsDetails 🖉 🕁 🦂 🕲 🥮 🛲 🌉 🐅 [e m 📓 🀅 🗖
Ride	with GPS	🕑 🗯 Groups	s 🕲 🎪 BikeWalkSolan	na 🦚 Messages 🎆 Box 🔗 RWGI	PS 🎺 Yamaha I	🕼 YouTube TV 🔛	Responsive Test 🙀 phpMyAdmin 🎆 MalwareS	can » Othe
	Bus St	andard Checki	ing 8253 🖂				Transfer From Checking	
	Balai	nce Details	Account Details				Account Statements	
	Descri	ption	Bus Standard Checking 8253	Account Number			Send Us A Message	
	Divide	nd Paid YTD	\$0.00	Dividend Paid Last	Year \$0.00		1	
	Routin Numbe	ig and Transit er	322281507					
	Transa							
	Transa	CEIONS						
	All	Deposits	Withdrawals Ch	iecks Transfers ACH	Cards Divid	ends		
	Date	đĩn. N	Descri	ption		Category	Amount	Balance
	Posted	l Transactions						
	\vee	05/10/2023	Δ	Check #1024		Uncategorized	-\$374.14	\$232.86
	\sim	05/10/2023	1 à	Check #1022		Uncategorized	-\$100.00	\$607.00
ø	\sim	05/10/2023	£2	Check #1020		Uncategorized	-\$800.00	\$707.00
	~	05/10/2023	ſ"	Check #1019		Uncategorized	-\$493.00	\$1,507.00
	\sim	04/05/2023	ĹÌ	Check #1014		Uncategorized	-\$2,401.89	\$2,000.00
	`V	09/27/2022	12	Deposit Check		Income	\$2,000.00	\$4,401.89
22 22	~	06/14/2022	11	Check #1018		Uncategorized	-\$100.00	\$2,401.89

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Ż

Date of this notice: 12-18-2013

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4337966. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

Form 990, Return of Organization Exempt From Income Tax Form 990-EZ, Short Form Return of Organization Exempt From Income Tax Form 990-PF, Return of Private Foundation Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

Form 1120, U.S. Corporation Income Tax Return Form 1041, U.S. Income Tax Return for Estates and Trusts Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.

SOLANA BEACH BICYCLE AND PEDESTRIAN ADVISORY COMMITTEE BIKEWALKSOLANA 1019 SAN PATRICIO DR SOLANA BEACH, CA 92075

Applying for Tax-Exempt Status

Receiving an EIN from the IRS is not the same thing as receiving IRS recognition of tax-exempt status. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service PO Box 12192 Covington, KY 41012-0192

Publication 557, Tax Exempt Status for Your Organization, has details on the application, process as well as information on returns you may need to file.

Additional information

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you don't have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can contact us using the phone number or address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you don't need to write us, please don't complete and return this stub.

Your name control associated with this EIN is SOLA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

99999999999

Your	Telephone	Number	Best Tir	ne to	Call	DATE C	OF THI	IS NOTICE:	12-18-2013	
() -					EMPLOY	ER II	DENTIFICATI	ON NUMBER:	
						FORM :	SS-4	1	NOBOD	
									10000	

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 SOLANA BEACH BICYCLE AND PEDESTRIAN ADVISORY COMMITTEE BIKEWALKSOLANA 1019 SAN PATRICIO DR SOLANA BEACH, CA 92075

2

X

	1 Name (as shown on your moone tax recent, name is required on this line, do not leave this line blank.				
	BikeWalkSolana				
¢,	2 Business name/disregarded entity name, if different from above				
page	BikeWalkSolana				
ő	Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or Individual/sole proprietor Individual/sole proprison Individual/sole proprietor Individual/sole proprietor	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)			
Print or type Specific Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box i the tax classification of the single-member owner.		Exemption from FATCA reporting code (if any)		
돌등	✓ Other (see Instructions) ► Community or Volunteer Group		(Applies to accounts maintained outside the U.S.)		
Ĭ	5 Address (number, street, and apt. or suite no.)	Requester's name a	and address (optional)		
bec	1019 San Patricio Dr				
	6 City, state, and ZIP code				
See	Solana Beach, CA 92075				
	7 List account number(s) here (optional)	L			
Par	t 1 Taxpayer Identification Number (TIN)				
backu reside entitie	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av p withholding. For individuals, this is generally your social security number (SSN). However, f int alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> a page 3.	ora	urity number		
Note. guidel	lote. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for uidelines on whose number to enter.				
Par	Certification				
Under	penalties of perjury, I certify that:				

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the

instructions on page 3.			
Sign Signature of Here U.S. person >	al K	Date► 2	123/2017
······································			

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. **Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/iw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- · Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- · Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)

Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)
- · Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.
- By signing the filled-out form, you:

 Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Boys & Girls Club of San Dieguito

CITY OF SOLANA BEACH

COMMUNITY GRANT APPLICATION



The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: Boys & Girls Clubs of S	an Dieguito			
Contact Person: Annalyse Ortega	Em	ail address: grants@bgcsandieguito.org		
Daytime Phone: <u>(858) 755-9371</u>	Evening Pl	Evening Phone: (858) 755-9371		
Mailing Address: 533 Lomas Santa Fe Drive				
City: Solana Beach	State: CA	Zip: <u>92075</u>		
 All the documents below are attached to the W-9 Summary of Organization's Budget Proposed Program Budget Financial and Tax Statements (see Copy of the California Franchise Ta Section 23701d or Internal Revenue 	Application Guid	tatus Letter, showing exemption under		

 Has your organization received financial assistance from the City before? ■ Yes □ No If yes, please state the fiscal year it was received and for the proposed program was:

Financial aid ('23), Mentoring ('18-'22); Summer programs ('15-'17), STEM ('14), College Prep ('13)

- 3. Title of FY 2022-23 Proposed Program/Service: Financial Aid for Low-Income Youth
- 4. What is the total amount requested for the FY 2022-23 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program. Our Financial Aid Program ensures that every child, regardless of their socioeconomic status, receives programs, services, and opportunities that positively develop them. In the upcoming fiscal year, we believe that we will give away approximately \$131,000 to low-income youth at Harper Teen Center and La Colonia Clubhouse through After-School Programs and out-of-school camps.

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

Most youth at these two Clubs are attending with an 77% discount, with a quarter of youth attending completely free. We will never turn a child away due to their familys financial situation, instead covering any amount necessary. At these two Clubs, youth receive music education, robotic classes, homework help, cooking and gardening lessons, and recreational fitness. Funds would ensure that all children have equitable access to academic and enrichment programming.

6. Anticipated Program Objectives or Accomplishments:

Based on previous years' accomplishments, we believe that: our members will succeed academically, progressing to the next grade/graduate on time with post-secondary plans; that all youth who require financial aid will receive it; that youth will consistently abstain from drug use and truancy; and that families will be connected to local resources such as a free grocery program, mental health resources, translation assistance etc.

7. Program Dates/Location:

After-School Program: August 15, 2023 – May 31, 2024. Out-of-school camps: various dates. Harper Teen Center (533 Lomas Santa Fe Drive) and La Colonia Clubhouse (715 Valley Ave).

- Estimated number of Solana Beach residents to be served by proposed program⁷⁰
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

We would be happy to acknowledge the City through our Facebook, Instagram, Twitter, and LinkedIn (combined over 5,000) as well as detail the Citys generosity in our monthly newsletter (sent to over 21,000 unique email addresses). We also send out an Annual Report to over 175 donors and would include the City amongst our "Partners" webpage.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

Our organization is dedicated to sustaining our Financial Aid Program. As such, our development team organizes fundraisers, writes grants, and plans campaigns. When we have been awarded in the past, showing that we have a strong partnership with the City has enabled us to secure other sources of support. This has had a huge impact on our fundraising, and we're grateful for the City's support!

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

We utilize a strong volunteer base, including retired teachers, college students, and others who are interested in serving local youth. Volunteers lead specialty programs, such as STEMLeaf, a robotics program, mentor and tutor youth, and assist with events and administrative tasks. We cannot overstate our volunteers' incredible support; they are valued partners in helping us serve the community and in reducing overhead costs.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

Every child deserves a safe, positive space in which they can thrive; it is because of this conviction that, desperate the severe budgetary strain, we quickly maneuvered our budget to provide low-to-no-cost childcare throughout the lockdowns, safely reopening to ten-hour days, without youths' families worrying how they would cover the cost. No matter the cost, we are dedicated to sustaining our Financial Aid Program through grant writing, events, and our dedicated donor base!

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

- Jaude

Authorized Signature of Organization

124/23

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.



Boys & Girls Clubs of San Dieguito FY23 Operating Budget

BOYS & GIRLS CLUBS OF SAN DIEGUITO

Contributions		
	General Contributions	749,350
	Board Commitment	70,000
	Corporate Sponsors	53,000
	Direct Mail Income	30,000
	Other (Escrip, United Way)	312
	Total Contributions	902,662
Fundraising		
	Chip in for Kids Golf	210,000
	YOY Fundraiser	210,000
	Jr. Board Events	73,700
	Community Event and Fundraising	243,210
	Revenue	
	Total Fundraising	736,910
Grants		225,750
Rent Non-Program/Branches		383,210
Programs/Branches Revenue		
	Branches	812,698
	Summer Adventure Camps	391,631
	Center for a Healthy Lifestyle	81,700
	Athletics	443,361
	Bulldogs	421,048
	Aquatics	1,368,450
	Youth Arts Academy	174,600
	Carmel Valley Montessori School	1,220,946
	Total Programs/Branches	4,914,434
	Total Revenue	7,162,966

GREAT FUTURES START HERE.

bgcSanDieguito.org • 533 Lomas Santa Fe Dr., Solana Beach, CA 92075 • (858) 755-9371



BOYS & GIRLS CLUBS OF SAN DIEGUITO

Wages		
	Program Salaries and Related	3,339,904
_	Administration Wages	845,590
	Payroll Taxes and Workers Comp	362,143
	Benefits	365,164
	401K	62,295
	Total Wages & Related Expenses	4,975,097
Other Expenses		10,235
Fundraising Expenses		414,487
Total Branch Program Expenses		381,061
Expenses related to rental income		58,306
Overhead Expenses		1,342,940
	Total Expenses	7,182,125

Net Income (Loss) from Operations	(19,158)
Other Restricted Revenues	20,000
Net Income (Loss) after	842
Restrictions	

GREAT FUTURES START HERE.

bgcSanDieguito.org • 533 Lomas Santa Fe Dr., Solana Beach, CA 92075 • (858) 755-9371

La Colonia Clubhouse and Harper Teen Center After-School Programs: Proje Aid Given FY 24	ected Financial
Item	Cost
Financial assistance for, on average, 70 low-income youth every month at La Colonia Clubhouse and Harper Teen Center to participate in our After-School Program and out-of-school camps	\$ 131,810.00

Boys & Girls Clubs of San Dieguito Balance Sheet

	Karch 31, 2023	I	february 28, 2023	% Vanance Month to Month	Juna 30, 2022	
	ASSE	TS				
Operating Cash Savings Account	85,575		49,635	72%	50,479	-19%
Accounts Receivable Other Current Assets	2,052,926 15,058 61,425		1,975,024 51,567 39,594		2,584,181 13,528 53,192	
Total Current Assets	2,214,984		2,115,820	5%	2,701,380	-18%
Property and Equipment:						
Land, Buildings and Building Improvements Autos, Equipment and Fumiture Accumulated Depreciation	14,858,317 1,570,946 (8,285,565)		14,858,317 1,570,946 (8,165,825)	-	14,858,317 1,527,001 (7,925,345)	
Total Property and Equipment	\$ 8,143,698	\$	8,263,438	-1%	\$ 8,458,973	-4%
Due from Foundation	287,675		287,675		287,675	
Restricted Funds:						
Rose Foundation - CFHL Solana Beach Griset Kitchen Fund - Encinitas	-		-			
Pledges Receivable Restricted Net Assets	10,000 (40,082)		35,000 (40,082)		24,067 227,092	
Total Other Assets	\$ (30,082)	\$	(5,082)	492%	\$ 307,424	-110%
Total Assets	\$ 10,616,275	\$	10,661,852	0%	\$ 11,755,452	-10%
	 LIABILITIES AN	lD C				
Current Liabilities:	andia neo ni					
Accounts Payable	134,070		201,799		167,617	
Payroll and Taxes Payable Deferred Social Security Taxes and ERC Credits	179,090		143,072		187,231 59,223	
Accrued Expenses Deferred Income	13 152 206 673		14,957 124,022		4,744	
Total Current Liabilities	532,984		483,850	10%	312,393 731,208	-27%
Long-Term Liabilities:						
Vacation Accrual	163,445		163,445		163,445	
Other Liabilities	(40,082)		(40,082)		283,357	
Total Long-Term Liabilities	\$ 123,364	\$	123,364	0%	\$ 446,802	-72%
Total Liabilities	\$ 656,348	\$	607,213	8%	\$ 1,178,010	-44%
Capital:	9,959,927		10,054,638		10,577,442	
Total Liabilities and Capital	\$ 10,616,275	s	10,661,852	0%	\$ 11,755,452	-10%

•

BGCSD FY23

FY23											
9 Month YTD - June 30					YTD Re	sult	FY 23				
		9 Month				9	9 Month				
Contributions		FY 2023					Budget	-		Vari	ance
General Contributions	*										
Board Commitment	\$ \$	169,273				\$	477,165				
Corp Sponsorships	\$ \$	23,100 35,000				\$	45,000				
Direct Mail/Other	\$	11,365				\$	50,000				
Total Contributions (General Operating)	~	11,303	\$	238,738		\$	30,234	\$	602,399	\$ (3	63,661)
Board Fundraising, Net										•	
Total Board Fundraising, Net			\$	340,388				\$	290,750	\$	49,638
Grants-non Program/Branches, Net			\$	35,000				\$	35,500	\$	(500)
Investment/Interest Income			Ś	13,745				Ş	-	-	
			Ŷ	13,743				Ş	410	Ş	13,335
Programs/Branches Revenue											
Total Programs/Branches		•	\$	4,183,999				\$	4,348,419	\$ (1	64,420}
Total Revenue (net of fundraising exp)			\$	4,811,870				\$	5,277,478		
Programs/Branches, net before Depr.											
Total Programs/Branches, net			\$	357,746				\$	245,137	\$ 1	12,609
Non Program/Branch Expenses											
Development/Admin Payroll	\$	(820,206)				Ş	(800,023)				
Marketing	\$	(65,616)				\$	(55,665)				
Development/Admin Overhead	\$	(237,640)				\$	(231,304)				
Total Non Program/Branch Expense		-	\$	(1,123,462)				\$	(1,086,991)	\$ (36,471)
Net Income before designated gifts/expenses			\$	(137,845)				\$	86,795	\$ (2)	24,639)
Designated Gifts and Expenses											
Aquatics Campaign Donations	\$	58,448									
Raise the Roof Campaign Donations	\$	497,711									
Net designated gifts and expenses			\$	556,159				\$	-	\$ 5	56,159
Net income/(loss) before depreciation			\$	418,315				\$	86,795	\$ 3	31.520
Capital Purchases/Deferred Maintenance								-	• -		
Aquatics Campaign Expenses			\$	170 4151				Ş	-	\$	-
Raise the Roof Campaign Expenses			⊋ \$	(73,415) (603,195)							
Non Cash Donations			\$	(003,133)							
Depreciation		-	\$	(359,220)				\$	(361,500)	\$	2,280
Net Incame/(Loss)		-	\$	(617,515)			:	\$	(274,705)	\$ (34	42,810)
Key Summary Totals											
General Fundraising	\$	298,375				\$	548,615				
Board Commitment	\$	23,100				\$	45,000				
Corporate Sponsors	\$	35,000				\$	50,000				
Direct Mail/Other	\$	11,365				\$	30,234				
Grants Rentals/Other	\$	117,978				\$	103,250				
Program Payroll and Related	\$ ¢r	286,783				\$	221,039				
Admin Payroli		2,639,211)					2,870,142)				
founder califying	\$	(820,206)				\$	(800,023)				

2021

990

PUBLIC

DISCLOSURE

			** PUBLIC DISCLOSURE COPY		OMB No. 1545-0047
For	_ Q	90	Return of Organization Exempt Fror Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		0004
10/1		00	Do not enter social security numbers on this form as it n		
Depa interr	etment nal Reve	of the Treasury anue Service	Go to www.irs.gov/Form990 for instructions and the la		Open to Public Inspection
AF	or th	e 2021 calend		g JUN 30, 2022	
Ba	Check if spplicab	de: C Name of	forganization	D Employer identifica	tion number
	Addre chang Name	BOID	AND GIRLS CLUBS OF SAN DIEGUITO		_
	chang Initial	ge Doing bi	usiness as		
	Final Final	Number	and street (or P.0. box if mail is not delivered to street address) Room/ OX 230520		-9371
	termii ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code NITAS, CA 92023	G Gross receipts S	8,875,473.
	return Appli		NITAS, CA 92023 nd address of principal officer: MARINEKE VANDERVORT	H(a) Is this a group retu	
	tion pendi		AS C ABOVE	for subordinates? H(b) Are all subordinates inclu	
		empt status:			ided? Yes No
			BGCSANDIEGUITO.ORG	H(c) Group exemption	
		f organization:		Year of formation: 1966 M	
Pa	art I	Summary			atara ar ragar dormano
	1		e the organization's mission or most significant activities: ${ m TO}$ IMPAG		THE YOUTH
Activities & Governance		WHO NEE	D US MOST THROUGH POSITIVE PROGRAMS A	ND ACTIVITIES.	
erna	2	Check this bo	x if the organization discontinued its operations or disposed of		
ove	3				21
ڻ م	4		ependent voting members of the governing body (Part VI, line 1b)		21
ŝ	5		of individuals employed in calendar year 2021 (Part V, line 2a)		245
Ϋ́Ε	6	Total number	of volunteers (estimate if necessary)		86
Acti			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
ല	8		and grants (Part VIII, line 1h)		3,538,209.
enu	9	-	ce revenue (Part VIII, line 2g)		4,370,082.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,999.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		883,346.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,793,636.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>
	14		to or for members (Part IX, column (A), line 4)	0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		4,035,927.
Expenses	16a		Indraising fees (Part IX, column (A), line 11e)	0.	0.
, X	b		ng expenses (Part IX, column (D), line 25) 351,761.	1 752 000	0 410 500
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,413,508.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,043,755.	6,449,435.
	19	Revenue less	expenses. Subtract line 18 from line 12		2,344,201.
fs oi		T -4-1 //	New M Read (0)	Beginning of Current Year 10,604,085.	End of Year 11,472,095.
Bala	20	Total assets (F			
Net Assets or Fund Balances	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	2,368,081. 8,236,004.	894,652. 10,577,443.
집	1 <u>22</u> art II	Signature		0,230,004.	10,077,445.
-			declare that I have examined this return, including accompanying schedules and st	tatements, and to the best of my k	nowledge and helief, it is
			Declaration of preparer (other than officer) is based on all information of which pre		nomougu and bollos, it is
Sigr	n	Signature	e of officer	Date	
Her		MARI	NEKE VANDERVORT, CEO		
	-		rint name and title		

	Print/Type preparer's name	Preparer's signature	J	Check PTIN
Paid			03/16/23	sell-employed
Preparer	Firm's name ALDRICH CPAS AND	ADVISORS, LLP	Firm's	EIN 🛌
Use Only	Firm's address 1903 WRIGHT PLAC	E, #180		
	CARLSBAD, CA 920	08	Phone	no.(760) 431-8440
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	under a state to the test of the set of the	X Yes No
				000

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	00101010100
	THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO PROVIDES POSITIVE A	
	TO DEVELOP THE EDUCATION, HEALTH, SELF-ESTEEM, AND CHARACTER	
	SINCE OUR DOORS OPENED IN 1966, OUR PROGRAMS HAVE BEEN ACCES	
	YOUTH FROM DISADVANTAGED ECONOMIC, SOCIAL, AND FAMILY CIRCUM	STANCES.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X N
	If "Yes," describe these new services on Schedule O.	
з	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the te	
	revenue, if any, for each program service reported.	na onportodoj ana
4a	(Code:) (Expenses \$ 1,599,720. including grants of \$) (Revenue \$	1,465,093.
	BGC AQUATICS PROGRAM 456 CHILDREN SERVED - THE AQUATICS PROG	
	YEAR-ROUND COMPETITIVE SWIMMING THROUGH THE AWARD-WINNING RA	
	DIEGUITO (RSD) SWIM TEAM, SWIM LESSONS, RECREATIONAL AND LAP	
	WE CHAMPION WATER SAFETY IN SAN DIEGO COUNTY, PROVIDING THOU	
	SWIMMING LESSONS EACH YEAR. RSD IS RANKED AS ONE OF THE TOP	
	CLUBS IN THE NATION BY USA SWIMMING. ALUMNI HAVE RECEIVED \$3 IN SCHOLARSHIPS TO OVER 50 UNIVERSITIES.	,140,000+
	IN SCHULARSHIPS TO OVER SU UNIVERSITIES.	
4b	(Code:) (Expenses \$ 1,659,443. including grants of \$) (Revenue \$	733,449.
	OUR SEVEN BRANCHES PROVIDE DIVERSE ACTIVITIES IN OUR AFTER S	
	PROGRAMS THAT MEET THE INTERESTS OF ALL YOUNG PEOPLE. CORE P	
	ENCOURAGE ACTIVITIES WITH ADULTS, PEERS, AND FAMILY MEMBERS	
		AFTER
	SCHOOL PROGRAM PROVIDES MEMBERS WITH A SAFE AND FUN ENVIRONM	
	EXPLORE THEIR OWN CREATIVITY AND CONFIDENCE THROUGH STRUCTUR	
	SUPERVISED ACTIVITIES RANGING FROM COMPUTER LAB GAMES AND PH	
	RECREATION TO ARTS & CRAFTS AND HOMEWORK TIME. EACH STAFF ME PASSIONATELY SUPPORTS EACH CHILD'S DEVELOPMENT INTO AN INFLU	
	MEMBER OF THEIR SCHOOL AND COMMUNITY WHILE INSTILLING VALUES	OF
	TEAMWORK, RESPONSIBILITY, AND COMPASSION FOR OTHERS.	
4c	(Code:) {Expenses \$899, 510. including grants of \$) (Revenue \$)	696,002.
	BGC ATHLETIC PROGRAM 2,264 CHILDREN SERVED THE ATHLETICS DE	
		PARTMENT
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL	PARTMENT
		PARTMENT EMENTARY,
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL	PARTMENT EMENTARY, E SCHOOL
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL	PARTMENT EMENTARY, E SCHOOL IN TEN
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS,
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS.
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS.
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS.
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS.
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS.
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS.
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND OUTCOMES IN CHILDREN AND TEENS.	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS.
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND OUTCOMES IN CHILDREN AND TEENS.	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS. EDUCATIONAL
4d	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND OUTCOMES IN CHILDREN AND TEENS. Other program services (Describe on Schedule O.) (Expenses \$ 1,170,223. including grants of \$) (Revenue \$ 1,475,	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS. EDUCATIONAL
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND OUTCOMES IN CHILDREN AND TEENS.	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS. EDUCATIONAL
	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND OUTCOMES IN CHILDREN AND TEENS.	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS. EDUCATIONAL
4e	OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR EL MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENT SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBAL THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND OUTCOMES IN CHILDREN AND TEENS.	PARTMENT EMENTARY, E SCHOOL IN TEN ARY HOOPS, L PROGRAMS. EDUCATIONAL

Form 990 (2			BOYS		
Part IV	Checklist	of	Required	Sched	lules

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		**	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	public office? /f "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
e	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.	2003-05-85 2	925-0592	derge og gjeld å
-	Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? // "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
132003	12-09-21	Form	990 (2021)

16020316 163675 08670.000

3

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds?	24c		······
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	208		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
	"Yes," complete Schedule L, Part IV	_28a		_ <u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	_28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	77	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	_29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			υ
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	_31		
92		20		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
~~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0,	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	TV Statements Regarding Other IRS Filings and Tax Compliance			
<u></u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1993 (S	ann a	
	(gambling) winnings to prize winners?	1c	000	
132004	12-09-21	Form	220 (2021)

4

Form 990	(2021)
----------	--------

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Page	5

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		متم									
-			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.											
	filed for the calendar year ending with or within the year covered by this return 2a 245											
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	190010								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions.	20										
0-	Did the exercise time have considered busices and increase of \$1,000 services of the time to	3a	89333	X								
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
¢	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		<u> </u>								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X								
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	pour post-time time and they deduct the so-should be accepted to the of	6.		x								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>										
D.												
	were not tax deductible?	<u>6b</u>	10020003	Zilebiler-								
7	Organizations that may receive deductible contributions under section 170(c).	3838 <u>8</u>	9288									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b										
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year7d											
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8		1999								
9	Sponsoring organizations maintaining donor advised funds.			8886								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1430 040 (M)	en statutet								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10		90	1980/18	96666								
	Section 501(c)(7) organizations. Enter:											
a	Initiation fees and capital contributions included on Part VIII, line 12 10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders											
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
a	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
-	organization is licensed to issue qualified health plans											
~	Enter the amount of reserves on hand											
	Did the event institution much second to facilitate at the large line is the second seco			x								
14a ⊾		14a		<u> </u>								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		X								
	If "Yes," see the instructions and file Form 4720, Schedule N.	소리가										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any											
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										
	If "Yes," complete Form 6069.											
132005	12-09-21 5	Form	990	(2021)								

16020316 163675 08670.000

Form	BOYS AND GIRLS CLUBS OF SAN DIEGUITO			
	1 990 (2021) BOYS AND GIRLS CLUBS OF SAN DIEGUITO TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" /	P	Page 6
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	110 /	Lapon	190
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
þ				
2				
		2		X
з				
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4		4		X
5		5		X
6		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
L.		<u>7a</u>		X
D		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? (f "Yes." provide the names and addresses on Schedule O	9		X
1a Enter the number of voting members of the governing body at the end of the tax year 1a 21 1f there are material differences in voting rights among members of the governing body, or if the governing body. 1b 21 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 5 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 6 Did the organization have members, stockholders? 5 7 Did the organization ontemperate during the year of a significant diversion of the organization ruse any governing body? 7a 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a 9 Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannoto be reached at the organiz				
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			122
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ECA

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
	And the second

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	DEBI COX - 858-755-9371	

	533	LOMAS	SANTA	FΕ	DRIVE,	SOLANA	BEACH,	CA	92075	
13200	8 12-09-21									

Form 990 (2021)	BOYS AND GIRLS CLUBS OF SAN DIEGUITO	Page 7
Part VII Compe	ensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated
Employ	yees, and Independent Contractors	
Check if S	Schedule O contains a response or note to any line in this Part VII	
Section A. Officers	s, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete this tab	ble for all persons required to be listed. Report compensation for the calendar year ending with or wit	thin the organization's tax year.
 List all of the or 	rganization's current officers, directors, trustees (whether individuals or organizations), regardless o	of amount of compensation.
Enter -0- in columns (i	(D), (E), and (F) if no compensation was paid.	
A Link all at the au	un anti-attanta de la companya de la	

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	/do	Position do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unie	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	ndad	recto	r/trus	tée)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for	Di qi	8			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trus		8	upeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	tual tr	1008		n Dioly	si con		1055-NEO)		organizations
	line)	individual trusice	institutional trustee	Officer	Key employee	Highest compensated employee	Former			orgumentiono
(1) MARINEKE VANDERVORT	40.00									
CHIEF EXECUTIVE OFFICER		1		х				142,800.	0.	6,445.
(2) JOE BENJAMIN	40.00									
AQUATICS DIRECTOR]				Х		125,956.	0.	16,179.
(3) DOUG REGNIER	1.00									
CHAIR, TREASURER		Х		X				0.	0.	0.
(4) BEN HAMSON	1.00									
VICE-CHAIR		X		X				0.	0.	0.
(5) P. MARTIN PETERS	1.00									
SECRETARY		X		X				0.	0.	0.
(6) DAVID THOMAS	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) JOHN GRAPPERHAUS	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) LARRY MCDONALD	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) BARBARA HARPER	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) PATTY MAYSENT	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) CRAIG M. GARNER	1.00					1				
BOARD MEMBER		X						0.	0.	0.
(12) MATTHEW HOLDER	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) CAROL MORE	1.00									
BOARD MEMBER		X				ļ		0.	0.	0.
(14) IAN PYKA	1.00							_		-
BOARD MEMBER		x						0.	0.	0.
(15) SCOTT SAHADI	1.00									
BOARD MEMBER		x	_					0.	0.	0.
(16) BRIAN SOLOMON	1.00									
BOARD MEMBER		X						0.	0.	0.
(17) ERIC IANTORNO	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021) BOYS AND	GIRLS (CLU	IBS	0	F	SA	Ν	DIEGUITO		Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	ploy	ees,	and	Hig	phes	t C	ompensated Employee	s (continued)	
(A)	(B)	Τ		(C				(D)	(E)	(F)
Name and title	Average				tion			Reportable	Reportable	Estimated
	hours per		not ch , unies:					compensation	compensation	amount of
	week		cer and					from	from related	other
	(list any	통						the	organizations	compensation
	hours for	e e				B		organization	(W-2/1099-MISC/	from the
	related	tee 0	nal trustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Effer S	1		oyee	đe .		1099-NEC)		and related
	below	ndividual trustee or director	nslitution	Officer	key employee	Highest compensated employee	Former			organizations
	line)	Ē	E	5	Key	볼륨	Fat			
(18) HUGH LESLIE BOARD MEMBER	1.00	x						ο.	ο.	
(19) TODD TRUSSO	1.00	<u> </u>		-				<u> </u>	U •	0.
BOARD MEMBER	1.00	x						0.	Ο.	0
(20) ED JOHNSON	1.00	≜						U.	U •	0.
BOARD MEMBER	1.00	x						0.	0.	0
(21) SHALEN NIENOW	1.00	<u>^</u>						U.	v.	0.
BOARD MEMBER	1.00	x						0.	0.	0
(22) JENNIFER MACDOUGALL	1.00	<u> </u>						0.	0.	0.
BOARD MEMBER	1.00	x						0.	Ο.	0.
(23) SUMEER CHANDRA	1.00	<u> </u>						· · ·		
BOARD MEMBER	1.00	x						0.	0.	0.
								· · · ·		<u>v.</u>
		<u> </u>		\neg						
		1								
		1								
1b Subtotal			I				-	268,756.	0.	22,624.
c Total from continuation sheets to Part V	L Section A					1		0.	0.	0.
d Total (add lines 1b and 1c)								268,756.	0.	22,624.
2 Total number of individuals (including but r							o re			52,021
compensation from the organization		0.00		1 45	010,	,	010		bob of reportable	2
										Yes No
3 Did the organization list any former officer	director trust	oo k	ev er	nnie	างออ	a or	hia	hest compensated empl	0000 00	
line 1a? If "Yes," complete Schedule J for s								· ·	•	3 X
4 For any individual listed on line 1a, is the si	im of reportabl	 مم ما	mnar	,., neat	lion	and	oth	er compensation from th	a organization	
and related organizations greater than \$15									-	4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? If "Yes," con					-			+		5 X
Section B. Independent Contractors	ipiele Scheduk	<u>, 1, 1,</u>	Jr SUI	щo	erst	<u> </u>				
1 Complete this table for your five highest co	mpensated ind	lepe	nden	t co	ntra	ctor	s th	at received more than \$	100.000 of compense	tion from
the organization. Report compensation for										
(A)								(B)		(C)
Name and business	address	NC	DNE					Description of s	ervices (Compensation
2 Total number of independent contractors (i	•	ot lin	nited	to t	-		ted	above) who received mo	ore than	
\$100.000 of compensation from the organi	zation 🕨				0					
										Form 990 (2021)

	11	1014	toronut.	000 1100
132009	12-09-3	21		

16020316 163675 08670.000

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Form 990 (2021) BOYS AND Part VIII Statement of Revenue

			Check if Schedule O c			198 07 04	ote to any lin	ne in this Part VIII			[]
				onall			ore ro ally II	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	1 a Federated campaigns 1a						-			
our our			Membership dues								
S, E			Fundraising events				2,600.				
la la			Related organizations				6,000.				
si di			Government grants (contri		·	2,03	3,179.				
er		f	All other contributions, gifts, g			1 40	c 400				
-ip Gth			similar amounts not included			<u>1,48</u>	6,430.				
Contributions, Gifts, Grants and Other Similar Amounts		•	Noncash contributions included in li				3,945.	3,538,209.			
0.0	*	n	Total. Add lines 1a-1f				siness Code	5,550,209.			
	2	~	AQUATICS					1,465,093.	1 165 003		
vice	2		MONTESSORI					1,184,222.			
Ser			REGISTRATION I	FEE	S		00099	733,449.			
am :			ATHLETIC PROGI				00099	696,002.	the second s		
Program Service Revenue		e	CAMPS				00099	291,316.	291,316.		
Pro		f	All other program service r	evenu	ie						
			Total. Add lines 2a-2f					4,370,082.			
	3		Investment income (includi								
			other similar amounts)				>	999.			999.
	4		Income from investment of								
	5		Royalties				►				
					(i) Real) Personal				
				6a 4	26,785						
				6b		2.					
				6c 4	26,785) .		406 505			
			Net rental income or (loss)		(i) Securitie		>	426,785.			426,785.
	7.	а	Gross amount from sales of	_	(i) Securitie		(ii) Other	-			
		L-		7a			1,000.				
0	i	D	Less: cost or other basis	7b			Ο.				
nua		~		70 7c			1,000.				
Revenue			Net gain or (loss)					1,000.			1,000.
P F			Gross income from fundraising					-,			1,000.
€		~	including \$ 12								
-			contributions reported on l								
ĺ			Part IV, line 18			8a 53	0,522.				
	1	ь	Less: direct expenses				1,837.				
			Net income or (loss) from fu			s	►	448,685.			448,685.
	9 :	а	Gross income from gaming	activ	ities. See						
			Part IV, line 19			9a -	<u>4,370.</u>				
	I	b	Less: direct expenses			9b	0.				
			Net income or (loss) from g		· ,-		►	4,370.			4,370.
	10 (Gross sales of inventory, le		r						
			and allowances			<u>10a</u>					
			Less: cost of goods sold			10b					
		c	Net income or (loss) from s	ales o	f inventory		·····				
2			MICOPIIANDONO	10 123			siness Code	2 506			2 5 2 2
Miscellaneous Bevenue	11 6		MISCELLANEOUS	KE)	V DINUE	- - "	00099	3,506.			3,506.
ilar ven	1	b				-					
Sce	(2	All other revenue			-					
Ξ			Total. Add lines 11a-11d			-	▶	3,506.			
	12		Total revenue. See instruction					8,793,636.		0	885,345.
132009									_,,	U •	Form 990 (2021)

9

Page 9

Form **990** (2021)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C)(D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 55,934. trustees, and key employees 186,445. 83,900. 46,611. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,199,763. 2,748,310. 268,769. 182,684. 7 Other salaries and wages Pension plan accruals and contributions (include 8 56,856. 38,153. 15,174. section 401(k) and 403(b) employer contributions) 3,529. Other employee benefits 324,282. 224,633. 79,383. 20,266. 9 268,581. 199,815. 55,545. 13,221. Payroll taxes 10 11 Fees for services (nonemployees): a Management b Legal 40,775. 40,775. Ċ Accounting Lobbying d Professional fundraising services. See Part IV, line 17 e Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 13,527. column (A), amount, list line 11g expenses on Sch 0.) 13,527. Advertising and promotion 74,655. 8,021. 122. 66,512. 12 344,627. 259,687. 69,151. 15,789. Office expenses 13 90,427. 27,570. Information technology 62,852. 14 5. 15 Royalties 720,878. 689,740. 31,070. 68. 16 Occupancy 31,785. 20,960. 10,579. 246. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 117. 117. 20 Interest Payments to affiliates 21 472,526. 472,526. 22 Depreciation, depletion, and amortization 93,740. 59,413. 32,849, 23 1,478. Insurance Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 469,779. 469,779. ACTIVITIES Ο. 0. **b** MISCELLANEOUS 60,672. 40,828. 18,492. 1,352. С d All other expenses e 6,449,435. 5,328,896. 768,778. 351,761. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if following SOP 98-2 (ASC 958-720)

132010 12-09-21

Form 990 (2021)

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 224,779. 50,479. Cash - non-interest-bearing 1 1 1,033,182. Savings and temporary cash investments 2<u>,58</u>4,181. 2 2 29,067. 3 Pledges and grants receivable, net 24,067. 3 239,961. 13,528. 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets Inventories for sale or use 8 28,586. 53,192. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 16,385,318. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 7,926,345. 8,758,073. 8,458,973. 10c Investments - publicly traded securities 11 11 Investments - other securities, See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 290,437. 287,675. 15 15 10,604,085. 472,095. Total assets. Add lines 1 through 15 (must equal line 33) 11. 16 16 Accounts payable and accrued expenses 538,187. 582,258. 17 17 18 Grants payable 18 258,269. 312,394. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,571,625. of Schedule D 25 2,368,081. 26 Total liabilities. Add lines 17 through 25 894,652. 26 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 7,828,820. 10,168,624. 27 27 407,184. Net assets with donor restrictions 408,819. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 10,577,443. 8,236,004. 32 32 10,604,085. 11,472,095. 33 Total liabilities and net assets/fund balances 33

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

	990 (2021) BOYS AND GIRLS CLUBS OF SAN DIEGUITO			Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		**********		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,44		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,23	36,0	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-2,7	62.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,57	77,4	43.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	-			1
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			_	l
			Form	n 990 ((2021)

SCHEE	ULE A		Dublin Ohn						OMB No. 1545-3047
(Form 990)			lic Charity Status and Public Support						
				nization is a section 50° 47(a)(1) nonexempt cha			or a section		Ζυζι
Department of the Treasury			→		Open to Public				
Internal Rever	iue Service	<u> </u>	Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest in	formation.		Inspection
Name of t	he organizati							Employer	identification number
		BOYS	AND GIRLS	CLUBS OF SAL	N DIEC	JUITO			
Part I				(All organizations must o			ee instructior	IS.	
The organ				For lines 1 through 12, c	+				
1	A church, cor	vention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	i)(A)(i).		
2				Attach Schedule E (Forn					
3 🛄			-	anization described in s			-		
4			ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_	city, and state								
5 []				llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
			Complete Part II.)						
6				rental unit described in					
7 📖	-			ntial part of its support fi	rom a gove	ernmental	unit or from ti	ne general p	oublic described in
	•		omplete Part II.)						
8				(1)(A)(vi). (Complete Par					
9				in section 170(b)(1)(A)(
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
40 V	university:								
10 X				than 33 1/3% of its supp					-
				t to certain exceptions;				• •	-
				(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
			mplete Part III.)						
11				vely to test for public sa					
12				vely for the benefit of, to	-			•	• •
				d in section 509(a)(1) o					Sheck the box on
	-			f supporting organization				-	
a				upervised, or controlled		-			
				gularly appoint or elect a	majority o	if the direc	tors or truste	es of the su	ipporting
F-	"		complete Part IV, Se						
b				or controlled in connect			-		U
		+		anization vested in the sa	ame perso	ns that col	ntrol or mana	ge the supp	ported
<u> </u>	- ⁻	• •	t complete Part IV,			ماقارب معان	n d dua stan si	li internete	متعالي الم
c				g organization operated). You must complete I				ly integrate	o with,
d		•		• • • • • • • • • • • • • • • • • • • •	,	,			•••••••••••••••
u [orting organization oper				-	
				ation generally must sat nplete Part IV, Sections	-			an altenus	eness
e	т			written determination fro				II Tunn III	
с ₁		-		nally integrated supporti			type i' tybe	п, туре в	
f Ente	r the number of				•••				
			about the supporte	d orognization(s)			••••••		
) Name of suppo		(ii) EIN	(iii) Type of organization		inization listed	(v) Amount o	í monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	in your neverni Yes	No	support (see in	structions)	support (see instructions)
				above tase instructions)					
-									

T A A
lotal

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021 BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Page 2

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.)

Se	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
з	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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
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 activities,	•				12	
13	First 5 years. If the Form 990 is for th	*					(100-1000)
0	organization, check this box and stop) here					
	tion C. Computation of Publi				,		
14	Public support percentage for 2021 (li					14	%
15	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c	-					
47	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						,
	and if the organization meets the facts						L
k.	meets the facts-and-circumstances te	•		, ,,	•	Za and line dE is d	
D	10% -facts-and-circumstances test						U% 01
	more, and if the organization meets the				-		
19	organization meets the facts and circu Private foundation. If the organizatio			• •	••• =		▶
10	Trivate journation. If the organizatio	IT GIG HOL CHECK & L		a, 100, 178, 01 170	, check this box al		Form 990) 2021
						Schedule A (I	0111 990J 2021

Schedule A (Form 990) 2021 BOYS AND GIRLS CLUBS OF SAN DIEGUITO Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

(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	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1261118.	1017180.	1247908.	2278806.	3538209.	9343221.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4652424.	4755175.	4052000.	2814579.	4370082.	20644260.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	5913542.	5772355.	5299908.	5093385.	7908291.	29987481.		
	Amounts included on lines 1, 2, and								
	3 received from disgualified persons	140,150.	126,810.	259,329.	70,850.	487,857.	1084996.		
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.		
с	Add lines 7a and 7b	140,150.	126,810.	259,329.	70,850.	487,857.	1084996.		
	Public support. (Subtract line 7c from line 6.)						28902485.		
Sec	tion B. Total Support	-					• · · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 6	5913542.	5772355.	5299908.	5093385.	7908291.	29987481.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	361,697.	376,060.	320,485.	209,798.	427,784.	1695824.		
ь	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
с	Add lines 10a and 10b	361,697.	376,060.	320,485.	209,798.	427,784.	1695824.		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is								
	regularly carried on	302,545.	267,056.	270,012.	75,021.	453,055.	1367689.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,000.			22.	3,506.	13,528.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	6587784.	6415471.	5890405.	5378226.	8792636.	33064522.		
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	on,		
Sec	check this box and stop here	c Support Per	centage		**********************		▶		
15	Public support percentage for 2021 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	87.41 %		
16	Public support percentage from 2020					16	88.44 %		
	tion D. Computation of Inves								
17	Investment income percentage for 20					17	5.13 %		
18	Investment income percentage from 2					18	5.14 %		
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicity supported organization									
b	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
	Private foundation. If the organizatio	H UID HOL CHECK a L	JUX UIT III 14, 192	I, OL 199, CHECK IN	IS DOX AND SEE INS		(Form 990) 2021		
19995	a uu+-dd		15			Schedule A	(FOHA 990) 2021		

16020316 163675 08670.000

^{2021.05060} BOYS AND GIRLS CLUBS OF S 08670.01

No

Yes

1

2

За

Зb

30

4a

4h

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

Schedule A (Form 990) 2021

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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.*
- **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 Part VI when and how the organization made the determination.
- 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 Part VI what controls the organization put in place to ensure such use.
- 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- 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 Part VI 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.
- 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 Part VI, 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).
- **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?
- $\textbf{c} \quad \textbf{Substitutions only.} \ \text{Was the substitution the result of an event beyond the organization's control?}$
- 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? *If "Yes," provide detail in* **Part VI.**
- 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).
- 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).
- 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 Part VI.
- 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* Part VI.
- 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* **Part VI.**
- 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)? *If* "Yes," *answer line 10b below.*

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.)

16

132024 01-04-21

Schedule A (Form 990) 2021 BOYS AND GIRLS CLUBS OF SAN DIEGUITO Part IV Supporting Organizations (continued)

Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Í
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		d for a starter
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		areas a
Sec	tion C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		0846	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		and and see
Sec	tion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	[] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u>2</u> a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			i an
-	these activities but for the organization's involvement.	2b	atus esta	1.201-0
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2013년(2)	1997	88 B Y
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	9894-665		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

17

3b Schedule A (Form 990) 2021

16020316 163675 08670.000

BOYS AND GIRLS CLUBS OF SAN DIEGUITO Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionality integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Chack boro if the current year is the ergenization's first as a pen functional			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	ied)	
Secti	ion D - Distributions		Current Year		
_1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u>8</u>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide 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	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
	Distributeble amount for 2001 from Castion O. Par 6			N 20449	
	Distributable amount for 2021 from Section C, line 6			X4675646	
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.			343.78.45	
	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years		Recursion and the second state of t	222662268	
	Applied to 2021 distributable amount				
<u> </u>	Carryover from 2016 not applied (see instructions)				ing and a second se The second se
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			eccentrice	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.	e oo gebelen oor al		200335	
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
_	than zero, explain in Part VI. See instructions.			eresta inte	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
			na antista ann an Gallaige (1477). Bhlia Rainteachadh an tartainn		
	Breakdown of line 7:			149-004 999-998	
	Excess from 2017		na agus ann an Airlean an Airlean Tagairtí an taonach taontachta		
	Excess from 2018				
	Excess from 2019		en an	ettera Geser	
	Excess from 2020	n an an an an an an an an an Arith an A Ar an Arith an Arithmetic an	apping the artist of the dep Anne the anti-transfer and	a de de de la de Este de la de l	tina al Russia da parte da la
e	Excess from 2021		an a		

Schedule A (Form 990) 2021

132027 01-04-22

	Form 990) 2021 Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8; (See instructions.)	2, 3b, 3c, 4b, 4 les 2 and 3; P	art IV, Section	96, 96, 11a, 1 1 E. lines 1c, 2	d by Part II, line b, and 11c; Pa a. 2b. 3a, and 3	urt IV, Section B, I 3b: Part V, line 1:	nes 1 and 2; Part IV, Se Part V. Section B. line 1	action C.
			· · · ·					· · · ·
32028 01-04-22							Calcadada A./E	orm 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

Name of the organization	1	
--------------------------	---	--

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Check if your organization is covered by the General Rule or a Special Rule. Note: 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 II. See instructions for determining a contributor's total contributions.

Special 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 crueity 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 **General Rule** 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

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		\$ <u>50,000.</u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

22

Name of organization

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

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
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>10,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

Name of organization

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

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
13		\$ <u>5,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ <u>5,442.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$7,500.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$8,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

2021.05060 BOYS AND GIRLS CLUBS OF S 08670.01

24

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$10,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

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
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,941.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$76,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule	в	(Form	990)	(2021)	
	_	****************			

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

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)	(d)
31		Total contributions \$20,000.	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
32		\$ <u>20,000.</u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Zi P + 4	(c) Total contributions	(d) Type of contribution
36		\$ <u>35,875.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

Name of organization

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$38,148.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$245,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ <u>73,945.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ <u>1,563,183.</u>	Person X Payroll (Complete Part II for noncash contributions.)

28

Schedule B (Form 990) (2021)

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

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
43		\$ <u>469,996.</u>	Person X 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.)
(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 Payroll Payroll Payroll Payrol Payrol Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

Name of organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	R PURIFIERS		
		\$73,945.	02/15/22
(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

30

.....

			Employer identification number
Part III	ID GIRLS CLUBS OF SAN I Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations described in sec) through (e) and the following line entry charitable, etc., contributions of \$1,000 or let	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations ss for the year. (Enter this inter once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferec's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
-			

31

Schedule B (Form 990) (2021)

16020316 163675 08670.000

2021.05060 BOYS AND GIRLS CLUBS OF S 08670.01

SCH	EDŲ	LE D
-----	-----	------

(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informatio	n.	Open to Public Inspection
	e of the organizatio		loyer identification number		
		BOYS AND GIRLS CLU	BS OF SAN DIEGUITO	· · ·	
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or <i>i</i>	Accoun	ts. Complete if the
	organization	h answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Fund	ds and other accounts
1		d of year			
2	Aggregate value of	contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at	end of year			
5			writing that the assets held in donor advised fu		
			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used	-	
			r donor advisor, or for any other purpose confe		
Pa	impermissible priva				Yes No
			ganization answered "Yes" on Form 990, Part	IV, line 7.	
1		ervation easements held by the organization			
	C	of land for public use (for example, recrea		*	•
		f natural habitat	Preservation of a ce	ertified his	toric structure
~		of open space	And an an an an an an an		
2	day of the tax year.		ied conservation contribution in the form of a	conservat	Held at the End of the Tax Year
а				2505/62	ment at the city of the fax feat
b					
c c			ucture included in (a)		
ď			after 7/25/06, and not on a historic structure	·	
ũ				2d	
3	Number of conserv	ation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization (luring the tax
	year 🕨				
4		where property subject to conservation eas	ement is located >		
5		ion have a written policy regarding the per	······································		
		proement of the conservation easements it			Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva		
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easement	s during the year
	▶\$				
8			e satisfy the requirements of section 170(h)(4)(
9		- ·	on easements in its revenue and expense state		
			ote to the organization's financial statements	that desci	ribes the
Dai	organization's acco	punting for conservation easements.	Art Historical Transverse on Other	Cincilar	Assala
rai			Art, Historical Treasures, or Other	Similar	Assets.
		the organization answered "Yes" on Form			-
1a			8, not to report in its revenue statement and b		
			lic exhibition, education, or research in further	ance of p	ublic
'n			icial statements that describes these items. 8, to report in its revenue statement and balan		wanten of
5			exhibition, education, or research in furtheran		
		ig amounts relating to these items:	explosition, education, or research in fusileran	ice of pao	ac service,
				b 0	2
					\$\$
2			asures, or other similar assets for financial gair		·
		nts required to be reported under FASB A	-	, provide	
а					5
		duction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	10-28-21				

32

2021.05060 BOYS AND GIRLS CLUBS OF S 08670.01

	dule D (Form 990) 2021 BOYS AN	D GIRLS CL	UBS t. Hist	OF SAN orical Tre	DIEGUI asures, o	TO r Other	Similar	r Assets	i (aantii	Pag	_{je} 2
3	Using the organization's acquisition, accessi								- _{(COIIII}	iuea)	
Ť	collection items (check all that apply):			Carly of the f	onoving ing	i mane ai	grimoarit t	136 01 113			
а	Public exhibition		d 🗌	Loan or exc	hange progra	m					
b	Scholarly research				nango progre						
c	Preservation for future generations									• • • •	
4	Provide a description of the organization's co	pliections and explai	n how th	ev further th	e organizatio	n's exem	int nurno:	se in Part	XIB		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma							[Yes		No
Pa	t IV Escrow and Custodial Arran	gements. Comp	lete if the	e organizatio	n answered '	'Yes" on	Form 990), Part IV.			
	reported an amount on Form 990, Pa			5							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
			5						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liabilit	γ?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been j	provided on I	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization a	nswered	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) f	^o rior year	(c) Two year	rs back	(d) Three y	/ears back	(e) Four	years ba	ack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1e	g, column (a)) held as:						
а	Board designated or quasi-endowment 🕨		%								
b	Permanent endowment 🕨	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held an	d administer	ed for the	e organiza	ation			
	by:									Yes I	No
	(i) Unrelated organizations	***********************************							3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b_		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	/, line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or d	other	(b) Cost	orother	(c) Ac	cumulate	d	(d) Boo	k value	
		basis (investi	ment)	basis (reciation				
1a	Land				6,872.					5,87	
b	Buildings			14,83	1,445.	6,7	86,8	74.	8,04	4,57:	1.
С	Leasehold improvements										
d	Equipment				9,670.	7	19,94	47.		9,72	
e	Other				7,331.		19,52			7,80'	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colun	on (B), line 10)c.)				8,45	3,97	3.

Schedule D (Form 990) 2021

132052 10-28-21

Part VII Investments - Other Securities.			
	on Form 990, Part IV, lin	e 115. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd of vear market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 990. Part IV lin	a 11a Soo Form 600 Bort V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd of year market value
	(D) DOOK VAIUE	(c) Method of Variation, Cost of e	nuronyear market Value
(1)			
(2)			
(3)	0		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) (1)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (complete if the organization of liability) (1) Federal income taxes (2) (3)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (complete if the organization of liability (1) Federal income taxes (2) (3) (4) (4)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Complete if the organization answered "Yes" (c) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (7) (8) (8)	Description		25.
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		25.

Schedule D (Form 990) 2021

132053 10-28-21

	dule D (Form 990) 2021 BOYS AND GIRLS CLUBS OF				Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With I	Revenue per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,056,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	262,853.		
е	Add lines 2a through 2d			2e	262,853.
з	Subtract line 2e from line 1			3	8,793,636.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		2.42 1.52 1.52 1.52 1.52 1.52		
с	Add lines 4a and 4b		4	1c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12			5	8,793,636.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per Re	turn	F
	Complete if the organization answered "Yes" on Form 990, Part IV, Ii	ne 12a.			
1	Total expenses and losses per audited financial statements			1	6,554,322.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		182		
а	Donated services and use of facilities	23			
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)		104,887.		
е					104,887.
	Add lines 2a through 2d			2e	104,00/.
3	Add lines 2a through 2d			2e 3	6,449,435.
3 4	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				6,449,435.
-	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				6,449,435.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			6,449,435.
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			<u> 104,887.</u> <u>6,449,435.</u> 0.
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 1</i>)			3	<u> </u>
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			3 1c	6,449,435.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATIONS FOLLOW ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE

UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX

POSITIONS. THE ORGANIZATIONS RECOGNIZE ACCRUED INTEREST AND PENALTIES

ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENTS OF

ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE

ORGANIZATIONS HAVE NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2022 OR 2021 AND

THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATING	ENTRIES	PER	CONSOLIDATED	STATEMENTS	271,615.

35

CHANGE IN CHARITABLE REMAINDER TRUSTS

-2,762. Schedule D (Form 990) 2021

132054 10-28-21

2021.05060 BOYS AND GIRLS CLUBS OF S 08670.01

Schedule D (Form 990) 2021 BOYS AND GIRLS CLUBS OF SAN DIEGUITO Part XIII Supplemental Information (continued)	Page 5
REVENUES PER CONSOLIDATED GAAP STATEMENTS	-6,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	262,853.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES PER CONSOLIDATED GAAP STATEMENTS	104,887.
	Schedule D (Form 990) 2021

SCHEDULE G	DULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545						OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$13				or 19,	or if the	2021
Department of the Treasury Internal Revenue Service	b 0	Attach to Form 990				~		Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instru	ucuon	s anu	the latest mormati	on.	Employer i	dentification number
·		D GIRLS CLUBS OF S	AN I	DIE	JUITO			
		 Complete if the organization answe 				ine 1	7. Form 990-	EZ filers are not
		sed funds through any of the followin	o activ	ities. (Check all that apply.			
a Mail solicitat					overnment grants			
b 📃 internet and	email solicitations			-	nment grants			
c 🔄 Phone solici	tations	g 🛄 Special	fundra	ising	events			
d In•person so								
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with p			•			es No
b if "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	he fui	ndraiser is to	be
			(18)	Did		(v)	Amount paid	
(i) Name and address		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts	to ((or retained by fundraiser	(vi) Amount paid to (or retained by)
or entity (fund	iraiser)		or con contribu		from activity		ted in col. (i)	orgonization
			Yes	No				
		· · · · · · · · · · · · · · · · · · ·						
Totol		L		<u> </u>				
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from	registration
······································								
·								
·								
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z.		Sched	ule G (Form 990) 2021

132081 10-21-21

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Page 2

r.a	rt I	II Fundraising Events. Complete if the of fundraising event contributions and groups	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	
			(a) Event #1 YOUTH OF THE YEAR	(b) Event #2 CHIP-IN FOR KIDS GOLF	(c) Other events	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	237,501.	94,440.	211,181.	543,122
	2	Less: Contributions	12,600.			12,600
	3	Gross income (line 1 minus line 2)	224,901.	94,440.	211,181.	530,522
	4	Cash prizes	-			
	5	Noncash prizes				
Ulrect Expenses	6	Rent/facility costs			5,122.	5,122
	7	Food and beverages	22,053.		5,482.	27,535
	8	Entertainment	1,400.			1,400
	9	Other direct expenses	9,207.		38,573.	47,780
-		Direct expense summary. Add lines 4 through				81,837
	<u>11</u> rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Bort IV line 10, or r		448,685
		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1550, Fait IV, inte 15, 017	eponed more man	
nue			(a) Bingo	(b) Puil tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Revenue	1	Gross revenue			·····	
ses	2	Cash prizes				
Typens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	-			
	6	Volunteer labor	Yes%	Yes%	Yes % No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	is ti	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes N
		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes N
						dule G (Form 990) 20

.....

Schedule G (Form 990) 2021	BOYS AND GIRLS CLUBS OF SAN DIEGUITO		Page 3
	onduct gaming activities with nonmembers?	Yes	No
	ntor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable of	gaming?	Yes	No No
13 Indicate the percentage	of gaming activity conducted in:		
a The organization's facility	٧	13a	%
b An outside facility		13b	%
14 Enter the name and addr	ress of the person who prepares the organization's gaming/special events books and records:		
	ave a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	nt of gaming revenue received by the organization 🕨 \$ and the amount		
	ned by the third party >\$		
c If "Yes," enter name and	address of the third party:		
Name 🕨			
Address 🕨			
16 Gaming manager informa	ation:		
Name 🕨			
Gaming manager compe	ensation 🕨 💲		
Description of services p	provided 🕨		
Director/officer	Employee Independent contractor		
4- - - - - - - - - -			
17 Mandatory distributions:	red under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming lie	0	Yes	No
	ributions required under state law to be distributed to other exempt organizations or spent in the		L NV
	npt activities during the tax year > \$		
Part IV Supplementa	al Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
15b, 15c, 16, and	d 17b, as applicable. Also provide any additional information. See instructions.		
			· · · · ·
132083 10-21-21	Sche 39	dule G (Form	990) 2021
	37		

2021.05060 BOYS AND GIRLS CLUBS OF S 08670.01

Ş	Schedule G (Form 990)		AND	
Γ	Part IV	Supplemental	Information	(continue	ed)

(benimed)	
	Schedule G (Form 990)
132084 11-18-23	ooneddie o (ronn 390)

16020316 163675 08670.000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		ts	
1	Art - Works of art							
2	Art · Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution \cdot Other							
15	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AIR PURIFIERS)	<u> </u>	11	73,945.	FAIR MARKET	VALUE		
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement 29			T	
			_			Yes	No	
30a	During the year, did the organization receive b			*				
	must hold for at least three years from the date		I contribution, and	which isn't required to be us	ed for	이 요즘 많아요.		
	exempt purposes for the entire holding period	?				30a	X	
	b If "Yes," describe the arrangement in Part II. 1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31							
31					ions?	31	X	
32a	Does the organization hire or use third parties		-				**	
			• • • • • • • • • • • • • • • • • • • •			32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

132141 11-17-21

.

Schedule M (Form 990) 2021 BOYS AND GIRLS CLUBS OF SAN DIEGUITO	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also compute this part for any additional information.	tion
SCHEDULE M, PART I, COLUMN (B):	
1 CONTRIBUTION OF 11 UNITS	
	0001 000 -
132142 11-17-21 Schedule M (Form	990) 2021
42	

16020316 163675 08670.000

2021.05060 BOYS AND GIRLS CLUBS OF S 08670.01

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

Department of the Treasury Internal Revenue Service Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

FORM 990, PART III, LINE 1. DESCRIPTION OF ORGANIZATION MISSION:

WE SEEK TO DEVELOP THE NEXT GENERATION OF PRODUCTIVE, CARING AND

RESPONSIBLE CITIZENS IN SAN DIEGO COUNTY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE HARPER TEEN AND COMMUNITY RESOURCE CENTER PROVIDES A SAFE

TEEN-SPECIFIC SPACE FOR OUR YOUNG ADULTS TO INTERACT WITH EACH OTHER IN

AN AGE APPROPRIATE ENVIRONMENT. IT OFFERS MEMBERS AGES 13-18 A SAFE,

FUN ENVIRONMENT WHERE TEENS CAN BE THEMSELVES WITHOUT FEELING THE

PRESSURE OF BEING JUDGED. THEY HAVE OPPORTUNITIES TO LOUNGE AND MINGLE

IN THE GAMES ROOM, RECEIVE HOMEWORK HELP DURING POWER HOUR, PARTICIPATE

IN TEEN CENTERED WORKSHOPS FOR COLLEGE PREP, RECEIVE ONGOING MENTORING,

WORKFORCE PREPARATION, AND MUCH MORE! NOT ONLY DO THE TEENS BUILD

FRIENDSHIPS, MEMORIES, AND HAVE FUN, THE GREAT STAFF ALSO BUILDS

STRONG, SUPPORTIVE CONNECTIONS WITH THE TEENS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SAN DIEGO BULLDOGS BASKETBALL IS A PROGRAM DIVISION OF BOYS & GIRLS

CLUBS OF SAN DIEGUITO'S ATHLETICS DEPARTMENT. AS A YEAR-ROUND

COMPETITIVE YOUTH BASKETBALL CLUB BASED IN CARMEL VALLEY, SD BULLDOGS

GIVES SECOND THROUGH EIGHTH GRADE BOYS AND GIRLS AN OPPORTUNITY TO

PARTICIPATE IN ONE OF THREE LEVELS: AS A DEVELOPMENTAL PROGRAM PLAYER

(PRACTICES ONLY), IN COMPETITIVE LEAGUE TEAMS THAT PLAY LOCALLY IN SAN

DIEGO, OR ON A TOURNAMENT TEAM THAT TRAVELS TO COMPETE IN LOCAL AND

REGIONAL TOURNAMENTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

43

44

2021.05060 BOYS AND GIRLS CLUBS OF S 08670.01

132212 11-11	1-21		45
16020316	163675	08670.000	2021.05

Schedule O (Form 990) 2021 060 BOYS AND GIRLS CLUBS OF S 08670.01

CHANGE IN CHARITABLE REMAINDER TRUSTS

LOMAS SANTA FE DRIVE, SOLANA BEACH, CA 92075.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

THE 990 IS KEPT ON FILE FOR PUBLIC INSPECTION UPON REQUEST AT 533 LOMAS SANTA FE DRIVE, SOLANA BEACH, CA 92075.

THE DOCUMENTS ARE KEPT ON FILE FOR PUBLIC INSPECTION UPON REQUEST AT 533

COMPENSATION FOR THE YEAR.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B, LINE 12C:

THE PERFORMANCE REVIEW IS DONE BY THE BOARD GOVERNANCE COMMITTEE. THE BOARD

THE CONFLICT OF INTEREST POLICY IS AN AGENDA ITEM AT ONE BOARD MEETING PER

CHAIR DISCUSSES THE PERFORMANCE REVIEW WITH THE CEO AND ESTABLISHES THE

Schedule O (Form 990) 2021

Name of the organization

YEAR.

THE 990 IS REVIEWED BY BOARD CHAIR PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 11B:

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

-2,762.

Page 2

Employer identification number

SCHEDULE R	Polated Organizations and Unrelated Partnerships	OMB No. 1545-0047
(Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	2021
	► Attach to Form 990.	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	on Ei	mployer identification number

Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part In: Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled iity?
				501(c)(3))		Yes	No
BOYS AND GIRLS CLUBS OF SAN DIEGUITO	TO PROVIDE SUPPORT TO THE						
FOUNDATION - 95-3201906, P.O. BOX 871,	BOYS AND GIRLS CLUBS OF			LINE 12D,			
SOLANA BEACH, CA 92075	SAN DIEGUITO	CALIFORNIA	501(C)(3)	111-0	N/A		x
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h}	(i)	G		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop	ortionale itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	al or Per ping OV er?	rcentage wnership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-							l l				
	-											
							L					
	4											
										ļ		
											1	
	4											
	4											

Part IV: Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) (g) Share of total Share income end-of-y		(h) Percentage ownership	(i Sect 512(b contr enti	i) tion b)(13) rolled
		country)		or trust)		assets		Yes	
······································									
					-				
									<u> </u>
									1
									1
						1		f	4

Schedule R (Form 990) 2021 BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this s	schedule.						Yes	No
1 During the tax year, did the organization engage in any of the fol	llowing transactions	s with one or more re	lated organizations listed	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from						1a		X
						1b		Х
						10	Х	[
A Record conference of the state of the stat						1d		2
e Loans or loan guarantees by related organization(s)						1e		2
Dividends from related organization(s)						1f		
g Sale of assets to related organization(s)						1g		
n Purchase of assets from related organization(s)						1h		
Exchange of assets with related organization(s)						1i		
Lease of facilities, equipment, or other assets to related organization	ation(s)					1j		•
						100		
Lease of facilities, equipment, or other assets from related organ	ization(s)					1k		2
Performance of services or membership or fundraising solicitatio	ons for related organ	-1				11		2
n Performance of services or membership or fundraising solicitation	ons by related organ					1m		3
h Sharing of facilities, equipment, mailing lists, or other assets with						1n	х	_
Sharing of paid employees with related organization(s)						10	Х	
Reimbursement paid to related organization(s) for expenses						1p		2
Reimbursement paid by related organization(s) for expenses						1q		2
							1000	<u>.</u>
Other transfer of cash or property to related organization(s)				******		1r		2
Other transfer of cash or property from related organization(s)						1s		2
If the answer to any of the above is "Yes," see the instructions for								_
(-)		(1.)	(-)		4.15			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021 BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	e) Are partnea 501(c oros		(f)	(g)	{}	1)	(i)	G	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partaea	alí s sec.	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	Percenta
of entity		(state or foreign	(related, unrelated,	501 (c)(3)	total	end-of-year	noi)	ale ione?	amount in box 20	mana	ownersh
-		country)	excluded from tax under sections 512-514	Yes	8.2 81 -	income	assets	BIUCO	001121	for Schedule K-1	paro	
			3001013 312 314)	res	NO			Yes	NO		Yes	NO
	-											-
								1				
										1		
	-											
	-											
	-											
	1											
	1											
	-											
	1											
· · · ·												
	-											
	-											
· · · · · · · · · · · · · · · · · · ·												
	4											
					_						_	
	4											
]											
	1											
								1				

Schedule R (Form 990) 2021

	(Form 990) 2021	BOYS
Part VII	Supplemental	Information

······································	
32166 11-17-21	Schedule R (Form 990) 50

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

BOYS AND GIRLS CLUBS OF SAN DIEGUITO File by the due due for films your return. See instructions. PO BOX 230520 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ Form 4720 (individual) Form 990-PF O4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (corporation)	
Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870	
ApplicationReturnApplicationIs ForCodeIs ForForm 990 or Form 990-EZ01Form 1041-AForm 4720 (individual)03Form 4720 (other than individual)Form 990-PF04Form 5227Form 990-T (sec. 401(a) or 408(a) trust)05Form 6069Form 990-T (trust other than above)06Form 8870	
Is For Code Is For Form 990 or Form 990-EZ 01 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870	0 1
Form 990 or Form 990-EZ 01 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870	Return
Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870	Code
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870	08
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870	09
Form 990-T (trust other than above) 06 Form 8870	10
	11
	12
Form 990-T (corporation) 07 DEBI COX	
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the box ▶ and attach a list with the names and TINs of all members the organization named above. The extension of time until MAY 15, 2023, to file the exempt of the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶, and ending, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 	
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	
any nonrefundable credits. See instructions. 3a \$	<u> </u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	<u>.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$. 0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and For	
Instructions. LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.	

123841 01-12-22



Entity Status Letter

Date: 1/26/2023 ESL ID: 5321664336

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 0516240

Entity Name: THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO

- 1. The entity is in good standing with the Franchise Tax Board.
 - 2. The entity is not in good standing with the Franchise Tax Board.
 - 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
 - 4. We do not have current information about the entity.
 - 5. The entity was administratively dissolved/cancelled on through the Franchise Tax Board Administrative Dissolution process.

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can
 perform, or both (R&TC Section 23305b).

Connect With Us

Web:	ftb.ca.gov
Phone:	800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays 916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

FTB 4263A WEB (REV 12-2019)

Decarte	W-9 Databer 2018) ment of the Treasury Revenue Service	Identification N	est for Taxpayer lumber and Certif			Give Form to the requester. Do not send to the IRS.
3	1 Name (as shown on your incom The Bous E 2 Business name/disregarded en	GAS CLUBS ity name, if different from above	of San Die	guito		
Print or type. Specific instructions on page (Note: Check the appropriate LLC if the LLC is classified a another LLC that is not disra	C Corporation S Co ter the tax classification (C=C corp. box in the line above for the tax cl a single-member LLC that is class garded from the owner for U.S. for	whose name is entered on line 1, C orporation Partnership oration, S=S corporation, P=Partn assification of the single-member of sgarded from the owner unless the lard tax purposes. Otherwise, a sk x for the tax classification of its ow	Trust/estate ership) > owner. Do not check owner of the LLC is ngle-member LLC that	certain en instruction Exempt pa Exemption code (if an	ions (codes apply only to lifes, not individuals; see is on page 3): syee code (if any) n from FATCA reporting sy)
See Spe	5 Address (number, street, and a 533 LOMAS 6 City, state, and ZIP code SDIANA Be 7 List account number(s) here (op	Santa Fe	Drive 2015	Requestor's name a	nd address	I (optional)
Par	t I Taxpayer Identii	cation Number (TIN)				
backu reside entitle 77N, k		his is generally your social sec agarded entity, see the instruct ion number (EIN). If you do not	urity number (SSN). However, tions for Part I, later. For other t have a number, see How to g	for a Jet a OT]-[-
	: If the account is in more than oper To Give the Requester for g			e and <u>Employer</u>	AT ALL THE REAL	ion number

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer Identification number (or I am waiting for a number to be Issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Constant of	1	\sim (
Here	aßvarmen	As A.	Career		Elm	1.77
	U.S. person >	Mull.	- 74 4 ,	Date 🕨	3/11	165

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer Identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

Form 1099-DIV (dividends, including those from stocks or mutual funds)

 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Disconnect Collective

CITY OF SOLANA BEACH

COMMUNITY GRANT APPLICATION

The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: Disconnect Collective	3				
Contact Person: Monica Stapleton Email address: stapletonmonica@yahoo.					
Daytime Phone: 858-525-3152 Evening Phone:					
Mailing Address: 271 La Barranca Dr					
City: <u>Solana Beach</u>	_ State: <u>CA</u> Zip: <u>92075</u>				
 All the documents below are attached to W-9 Summary of Organization's Budge Proposed Program Budget Financial and Tax Statements (see Section 23701d or Internal Revents) 	get ee Application Guidelines) Tax Board Entity Status Letter, showing exemption under				
	assistance from the City before? I Yes I No received and for the proposed program was:				

- 3. Title of FY 2023/24 Proposed Program/Service: Mental Health Support Services to Solana Beach Immigrant Residents and Community Building Opportunities
- What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.
 \$6,000

The program and costs associated with supplies, materials, and supplementing recreational programs, is between \$6,200 and \$9,200

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

Grant Funds will be used to continue the 6th year of the 8 month Psychosocial Educational Support group for Immigrant mothers, led by a licensed Bilingual LMFT. The costs include educational supplies, and promotional materials. This year we have added new support services and mental health programs including swimming, yoga, art and relaxation techniques. Disconnect Collective will also help low-income Solana Beach families to receive recreational and educational activities, and to help offset the costs of these activities. We plan to continue to accept scholarship applications for families seeking personal development, community involvement, recreational activities, and mental health Improvement. We will also continue to grow our local partnerships and create opportunities for community building.

6. Anticipated Program Objectives or Accomplishments:

We anticipate having 20-35 immigrant Mothers graduate from our group again. They have reported many benefits to the program. Our most recent program that we rolled out was an 8-week swim class. We successfully partnered with the boys and girls club to reach 10 mothers to swim. It was incredible! We hope to continue and have plans to add men to the groups as well. We would like to continue to connect these families with City resources and help them offset the costs of these programs. We will continue to provide mental health support and education for local immigrant families. This year we will continue add more recreational activities and family opportunities for community building.

7. Program Dates/Location:

The Platicas de Mejorar class is held every Wednesday from 7-9 pm. Additionally have included weekend events such as swim, ocean learning, hiking and running groups.

- 8. Estimated number of Solana Beach residents to be served by proposed program: 125-175
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

The City of Solana Beach logo will be proudly added to our promotional materials and to our scholarship applications. We are happy to proudly credit the city for it's generous contribution.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

This cycle our foundation and some private donors have provided some extra funds to help some children with recreational activities and students attending higher education.

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

Currently most of our programs are volunteer run. We have some teens that have been paid to lead tutoring and other events. All funds received from the city or fundraising will go to families and the costs associated with running the programs or community building events.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

Our program will continue to move forward as planned. We will continue to provide mental Health Support services to the community regardless of how we much get funded.

Acknowledgment of Responsibility:

; • *

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

Authorized Signature of Organization

5/20/23

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.

Fiscal Year 2023 Disconnect Collective / Platicas de Mejorar

Program Budget for Disconnect Collective Mental Health, Parenting & Support Groups and Community Building Opportunities

Expense Item Description	Low	Estimate	High	n Estimate
Meeting spaces & supplies	\$	400	\$	800
Community outreach	\$	400	\$	900
Promotional materials	\$	400	\$	600
Staffing	\$	500	\$	1,000
Recreational /Developmental opportunities	\$	2,000	\$	3,000
Recreational /Developmental scholarships	\$	3,000	\$	5,000
Community partnerships	\$	500	\$	800
Estimated Totals	\$	7,200	\$	12,100

Please note this is both the overall and program budget.

Disconnect Collective / Platicas de Mejorar Statement of Financial Position

	31	-Dec-23
Assets		
Cash	\$	1,425
Inventory / Assets Pledges Receivable- Short Term	\$ \$	460 1,500
Liabilities		
Accounts Payable	\$	-
Net Assets	\$	3,385

Please note that the 2022 Tax Return has not been filed yet.

Disconnect Collective / Platicas de Mejorar Statement of Financial Activities

		31-Dec-22
Revenue		
City of Solana Beach Grant	\$	5,000
Other Fundraising	\$ \$	4,600
Total Revenue	\$	9,600
Expenses		
Program Expenses	\$	2,562
Educational Expenses	\$	1,076
Scholarship Expenses	\$	3,274
Staffing Expenses	\$	1,200
Community Outreach	\$	665
Supplies & Website	\$	714
Bank / Transaction Fees	\$	144
Total Expenses	\$	9,635
Change in Net Assets (Surplus / Deficiency)	\$	(35)

Please note that the 2022 Tax Return has not been filed yet.

.

BANK OF AMERICA 🧡

P.O. Box 15284 Wilmington, DE 19850

DISCONNECT COLLECTVE, INC. 514 VIA DE LA VALLE STE 210 SOLANA BEACH, CA 92075-2717

Business Adv

Customer serv

1.888.BUSINES

🖉 bankofamerica.(

Bank of America P.O. Box 25118 Tampa, FL 3362

Please see the Important Messages - Please Read section of your statement for important details that

Your Business Advantage Fundamentals[™] Banking

for December 1, 2022 to December 31, 2022

DISCONNECT COLLECTVE, INC.

Account summary

Beginning balance on December 1, 2022	\$1,600.28
Deposits and other credits	0.00
Withdrawals and other debits	-75.38
Checks	-100.00
Service fees	-0.00
Ending balance on December 31, 2022	\$1,424.90

of deposits/credits: 0
of withdrawals/debits: 2
of items-previous cycle¹
of days in cycle: 31
Average ledger balance: \$
¹Includes checks paid, deposite

Account number: 3



Confirmation

Home Security Profile Logout

Your Form 990-N(e-Postcard) has been submitted to the IRS

- Organization Name: DISCONNECT COLLECTIVE INC
- EIN: 825464996
- Tax Year: 2019
- Tax Year Start Date: 01-01-2019
- Tax Year End Date: 12-31-2019
- Submission ID: 10065520201823838900
- Filing Status Date: 06-30-2020
- Filing Status: Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

001(0		.,,					and the state of the							
		of the Federal Deter	mination L	etter.										
	nization Info													
Califor	California corporation number/California Secretary of State file number													
C41	4142642					8	2	5 4	1	6	4	9	9	6
Name	he of organization as shown in the organization's creating document Web address													
Disc	Disconnect Collective, Inc.					www.disconnectcollective.com								
Street	address (suite	e, room, or PMB no.)												
514	Via De La	a Valle, Ste. 210												
City								State	ZIP	code				
Construction of the second	ana Beach	1						CA	9	2 0) 7	5		
Teleph				Second telephor	le			Fax						
	13) 235	5-0601						(21	3)	235	-06	620		
Repr	esentative Ir	nformation												
	of represental							Em	ail ad	dress				
	id Staplet							da	avid	astar	oleto	ninc.co	m	
		illing address (suite, room,	or PMB no.)							<u> </u>				
		a Valle, Ste. 210												
City		a vano, oto. 210						State	ZIP	code				
	ana Beach							100000000000	10000	2 (7	5		
Teleph		I		Second telephor	20			Fax	15	2 (, ,	5		
				Second telephon	le			Fax						
(2)	13) 235	b-0601												
Part	t I — Entity	Information. See inst	ructions.											
1 H	las the Franc	chise Tax Board (FTB) p	previously re	voked the entity	's tax-exempt statu	Is?					1	🗆 Yes	s	🗹 No
		P. File form FTB 3500.	2											
	Is the entity a trust?													
3 V	When did the organization establish, incorporate, organize, or conduct business in California?													
		receipts for the curren												
	•	the total amounts the												
		ly costs or expenses. If	-							ted				
		iss receipts for the entities									/vv/bb	N		
	-	-							ampro)		
		Year or Projected	Gross Rec	eipts for the thr	ee immediately pr	eceding	taxable	years:						
	Gross Receipts													
F	From:	4/16/18	From:		From:		From:							
1	To:	12/31/18	To:		To:		To:							
		6,000												
-					-1									
Part	t II — Grou	p Exemption. See inst	ructions.											
5 19	e the narent	organization applying f		vemption?							5		2	V No
		ch the federal group de						e each su	bordi	nate's	name.	d		
С	corporation n	umber, Federal employ	er identifica	tion number (FE	IN), address, and a	affiliation	date.							
6 Is	s a subordina	ate unit applying for ta	x-exempt sta	atus using a pare	ent's IRS group det	erminatio	on letter'	?						
		nstructions									6	🗆 Ye	s	☑ No
		00A and a copy of the												
		ZATIONS UNIT, MS F1						CA 957	41-10	286				
Und	der penalties	of perjury, I declare	I have exam	ined this subn	nission for exemp	tion bas	ed on th	e IRC Se	ctior	ns 501((c)(3),	501(c)(4), 50	1(c)(5),
501	(c)(6), 501(c))(7), or 501(c)(19), fed	eral determ	ination letter, a	nd to the best of	my know	liedge a	nd belief	, It is	true, o	correc	ct, and o	comp	iete.
		rula	_	ALT	1.M		_							
		5/14/19	•	The	FAIL				Sec	retary				
	and the second se				CER OR REPRES		-				TIT	LE		

Submission of Exemption Request Exemption Based on Internal Revenue Code (IRC) Sections 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(6), 501(c)(7), or 501(c)(19), Federal Determination Letter

CALIFORNIA FORM

_

8091183

L

Part III --- Purpose and Activity

1		cemption based on IRC 501(c)(3) Federal Determination Letter neck the organization's primary purpose and activity:										
	☑ Charitable □ Testing for public safe □ Hospital	Testing for public safety		□ Literary □ Scientifi	;	🗌 Churc	nt cruelty to anima h ied sports organiz		 Prevent cruelty to children School 			
2	Exemption based on IRC 501(c)(4) Federal Determination Letter Check the organization's primary purpose and activity:											
	Civic league		Local association of		elfare	Service clubs			Uveterans' organization			
	Legislative activities	EFestival organizations		Municipal building corporation			Police, sheriff, volunteer firer association		🗆 Quasi governmental			
3	Exemption based on IRC 501(c)(5) Federal Determination Letter Check the organization's primary purpose and activity:											
	🗆 Agriculture 🛛] Horticulture	🗆 Labor		🗆 Agri	culture or	horticulture count	ty fair	Public employees union			
	AFL-CIO] Independent	Transp 🗆 Transp worker		🗆 Tear	nsters						
4	Exemption based on IRC 501(c)(6) Federal Determination Letter Check the organization's primary purpose and activity:											
	🗆 Board of trade 🛛 🗆	Business league	🗆 Cham	ber of commerce 🛛 🗌 Real			estate board	🗆 Professi	fessional association or society			
5	Exemption based on IRC 501(c)(7) Federal Determination Letter Check the organization's primary purpose and activity:											
	Social and recreational	al 🛛 🖾 Golf club	🗆 Golf club		🗆 Camps		Fraternity or so		🗆 Dog or horse club			
	Car, motorcycle, trailer club	Hunting or fishing club	-		non recre	ational	🗆 Flying or	airplane clu	ie club			
6	Exemption based on IRC Check the organization's U Veterans' organization	primary purpose and a		tion Letter					Mini di di di			

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: MAR 1 5 2019

DISCONNECT COLLECTIVE INC C/O MONICA STAPLETON PO BOX 433 SOLANA BEACH, CA 92075 Employer Identification Number:

DLN: 17053260320018 Contact Person: CHRIS BROWN ID# 31503 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Yes Effective Date of Exemption: April 17, 2018 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements. DISCONNECT COLLECTIVE INC

Sincerely,

, Maplen a. martin

Director, Exempt Organizations Rulings and Agreements

Depart	December 2014) ment of the Treasury I Revenue Service	Request for Taxpayer Identification Number and Certific	ation		Give Form to the requester. Do not send to the IRS.
_	Disconnect Co				
page 2.	2 Business name/c	lisregarded entity name, if different from above			
uo s	Individual/sole single-membe		Trust/estate	certain enti instruction	ons (codes apply only to ities, not individuals; see s on page 3): yee code (if any)
Print or type Instructions	Note. For a sin	ngle-member LLC that is disregarded, do not check LLC; check the appropriate box in the cation of the single-member owner.		code (if an	from FATCA reporting y) ounts maintained outside the U.S.)
Specific		r, street, and apt. or suite no.)	equester's name a	and address	(optional)
See S	6 City, state, and 2 Solana Beach,				
	7 List account nun	nber(s) here (optional)			
Par		ver Identification Number (TIN)	- Contration		
		propriate box. The TIN provided must match the name given on line 1 to avoid individuals, this is generally your social security number (SSN). However, for		curity numb	er

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a*

Part II Certification

TIN on page 3.

BAD ON

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

manuonor	is on page o.				1	
Sign Here	Signature of U.S. person ►	Anton	Date Þ	1/17	119	1

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such

as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 Form 1099-B (stock or mutual fund sales and certain other transactions by
- brokers)
- Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)

Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)
- · Form 1099-A (acquisition or abandonment of secured property)

or

Employer identification number

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Jaliscience Folkloric Academy



The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: Jaliscience Fol	kloric Academy	
Contact Person: Elba Montes	Ema	il address: elbaadriana1230@gmail.cc
Daytime Phone: 760-613-2059	Evening Pho	one: 760-613-2059
Mailing Address: <u>3629 9th st.</u>	· · · · · · · · · · · · · · · · · · ·	
City: San Marcos	State: Ca	Zip: <u>92078</u>

- 1. All the documents below are attached to this application:
 - 🖻 W-9
 - Summary of Organization's Budget
 - Proposed Program Budget
 - Financial and Tax Statements (see Application Guidelines)
 - Copy of the California Franchise Tax Board Entity Status Letter, showing exemption under Section 23701d or Internal Revenue Code section 501(c)(3)
- 2. Has your organization received financial assistance from the City before? Yes □ No If yes, please state the fiscal year it was received and for the proposed program was:

2021/2022

- 3. Title of FY 2023/24 Proposed Program/Service: Folkloric Class
- What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.
 \$5,000.00

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses? we volunteer but the cost will be the same

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

will be good but need to work something more to complete the goal.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

5/9/2023

Authorized Signature of Organization

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.

5-09-2023

To whom may concern?

The following is the program we have proposed for the year 2023-2024.

We will teach new states of the folklore, Oaxaca, Tijuana, Nayarit, Guerrero, Sinaloa to complement the rest of the states we are performing already; we want the kids to have knowledge of the Mexican culture and traditions, we are teaching how to do piñatas and figures of paper, we are preparing to perform in different events around the city of Solana beach, where the kids can demonstrate what they learn and invite more kids to join the group.

ĺ

The cost of each custom varies between \$100.00 - \$250.00 depending on the part where we ordered.

The hats cost is of \$100.00 - \$250.00.

Shoes for dance cost \$90.00--\$150.00.

Rebosos the cost is \$25.00 - \$50.00.

The braids cost \$30.00 - \$100.00.

We have right now 15 girls

6 adults performing in the group, and we need to have customs for everyone.

Thank you.

Elba Montes

Jaliscience Folcloric Academy

JALISCIENCE FOLKLORIC ACADEMY

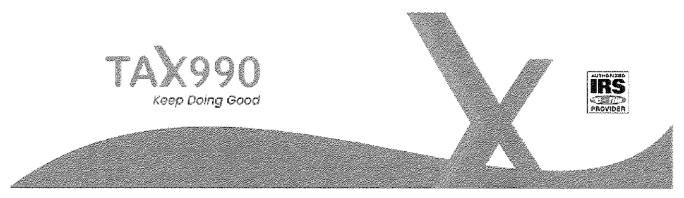
.

.

BUDGET 2023-2024

ITEM	DESCRIPTION	COST
CUSTOMS	WE NEED CUSTOMS FOR THE	\$4,500.00
	DIFERENT STATES WE ARE	
	GOING TO TEACH AND PERFORM	
	AT DIFFERENT EVENTS.	
ACCESSORIES	NEED BOWS, EARINGS,	\$1,000.00
	REBOSOS, BANDANAS, AND	
	HATS, MISCELLANEOUS.	
INSURANCE	PAY INSURANCE FOR TO KEEP	\$692.00
	THE CLASSROOM.	
SHOES	We need new shoes for kids	1,500.00
	don't have money to buy	
FYERS, BANNERS	We need to made flyers and	1,250.00
	banners to promote the group	
	and bring more kids.	
Total		8,942.00

.



2022 - 990-N (e-Postcard) ACCEPTANCE LETTER Form 990-N (e-Postcard) Online Filing

Congratulations! Your 2022 tax return has been accepted by the IRS. Thank you for preparing your exempt tax return, IRS Form 990-N, with Tax990. Your return information is listed below and we hope you had a pleasant experience e-filing with Tax990.

FORM INFORMATION TAX YEAR: 2022 IRS SUBMISSION ID: 32133920231272000001

RETURN ID: 4B0012623112989-1 E-FILE TIME STAMP: 5/6/2023 9:51:26 PM

TAXPAYER INFORMATION NAME: JALISCIENCE FOLKLORIC ACADEMY DBA NAME: ADDRESS: 3629 9TH ST STATE/COUNTRY: California PHONE:

TIN:

CITY: SAN MARCOS ZIP: 92078-2317 EMAIL: elbaadriana1230@gmail.com

PLEASE PRINT A COPY OF THIS LETTER FOR YOUR RECORDS

Thank you again for your business. If you have any questions or need any assistance, please contact our customer support via live online chat, email at support@tax990.com, or by phone at 704-839-2321. We're here to help!

Sincerely, Tax990 Support Team (704) 839-2321 support@tax990.com

Span Enterprises • (704) 839-2321 • 2685 Celanese Road Suite 100 • Rock Hill, SC • 29732

-					
Form (Rev. October 2018) Department of the (reasury	Request for Identification Numb	er and Certific			Give Form to the requester. Do not send to the IRS.
Internal Revenue Service	► Go to www.irs.gov/FormW9 for insi		st information.		
T Name (as shown	on your income tax return). Name is required on this line: do	not leave this line blank.			
2 Business name/r	LISCIENCE FOLKLORIC	HCAUEMY			
	nakegarosa enery name, k omerent norm above				
6 8 6 6 6 6 6 6 6 6 6 6 6 6 6	-	_	ack only one of the	certain ent	ons (codes apply only to ities, not individuals; see s on page 3):
ສຳ 🖉 single-membe		Parentership	L_1 Inust/estate	Evenanting	vee code (if any)
2 2 1 Lunited Sabilit	y company. Enter the tax classification (C=C corporation, S:	-S compretion Q_Endoor	thin! by	n. Aempripa	was carele in anyy
b I Note: Check I H I ILC if the LLC if H I ILC if the LLC if	to appropriate box in the line above for the tax dessification I is classified as a single-member LLC that is disregarded for hal is not disregarded from the owner for U.S. federal tax pi form the owner should check the appropriate box for the te	n of the single-member ow om the owner unless the or imoses. Otherwise, a sired	mer. Do not check wher of the LLC is in-member LLC bat		Irom l'ATCA reputting
g Other (see ins				(Applies to aze	tensis maintennel patricia (inc (LR)
5 Address (number	, street, and apl. or suite no.) Sec instructions.		Requester's name a	ind address	(optional)
6 City, state, and Z	GTH ST				
7 List account num	MARCOS, CA. 92078				AN
V List account hum	aer(s) nere (optional)				
Part Taxpay	er Identification Number (TIN)				
	propriate box. The TIN provided must match the nam		del Sacial sec	urily numb	ar
 backup withholding, For 	individuals, this is generally your social security num	ber (SSN), However, (o	ra 📋		
resident alien, sole propr	netor, or disregarded entity, see the instructions for F ver identification number (EIN). If you do not have a n	Part Liater, For other		-	-
I IN, later.	a mental of herior (and, if you do not have a n	under, see now to get	OF		I [
Note: If the account is in	more than one name, see the instructions for line 1.	Also see What Name a	nd Employer	identificatio	in number
Number To Give the Req	uester for guidelines on whose number to enter.				
Renall Certific					
.atder penalties of perior					
2. I am not subject to ba Service (IRS) that I am	I this form is my correct taxpayer identification numb okup withholding because: (a) I am exempt from bac subject to backup withholding as a result of a failure ackup withholding: an;	kup withbolding, or (h) l	have not been po	tifieri by i	ne Infernal Rayonus
3. I am a U.S. citizen or e	other U.S. person (defined below); and				
	ntered on this form (if any) indicating that I am exemp				
 you have failed to report a acquisition or abandonme 	5. You must cross out item 2 above if you have been no all interest and dividends on your tax return. For real estimation int of secured property, cancellation of debt, contribution idends, you are not required to sign the certification, but	ate transactions, item 2 d ens to an individual rotiro	does not apply. For	r mortgage (IBA) and	interest paid,
Sign Signature of Here U.S. person >	Elig	D	ale Þ		
General Instri	uctions	∘ Form 1099-DIV (divi fundsi	idends, including	those from	stocks or mutual

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-8 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TN) which may be your social security number (SSN), individual taxpayer identification number (ITN), adoption taxpayer identification number (ATN), or employer identification number (EIN), to report on an information return the amount paid to you, or other taxpation and information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following,

. Form 1099-INT (interest earned or paid)

· Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- · Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (luition)
- Form 1099-C (canceled debl)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN,

If you do not return Form W-9 to the requester with a TIN, you might he subject to backup withholding. See What is backup withholding, later.

La Colonia Community Foundation

CITY OF SOLANA BEACH

COMMUNITY GRANT APPLICATION

A DECACION DE LA CATALON DE LA

The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: La Colonia Community Four	Idation
Contact Person: Brittney Canales	Email address: Lacoloniacommunity@gmail.com
Daytime Phone: 760-533-1746	_ Evening Phone:760-533-1746
Mailing Address:153 S. Sierra Ave. space 1572	
City: <u>Solana Beach</u> State:	_CAZip:92075
1. All the documents below are attached to this ap	plication:
■ W-9	
Summary of Organization's Budget	
Proposed Program Budget	
Financial and Tax Statements (see Appl	ication Guidelines)
Copy of the California Franchise Tax Bo Section 23701d or Internal Revenue Coo	ard Entity Status Letter, showing exemption under de section 501(c)(3)
2. Has your organization received financial assista	nce from the City before?

If yes, please state the fiscal year it was received and for the proposed program was:

Recent for the year 2022-23 in the amount of \$6,000. This was for our adult/youth Family Enrichment Conference.

- 3. Title of FY 2023/24 Proposed Program/Service: Family Enrichment Conference in a series of workshops
- 4. What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.

We are kindly requesting financial support from the City of Solana Beach in the amount of \$6,000.

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

We kindly request a total budget of \$6,000 to support a series of workshops. The allocation of funds is as follows: \$400 for an English to Spanish interpreter, \$1,500 for meals, \$1,600 for presenter fees, \$700 for materials needed to conduct STEM-related activities, \$700 for adult resources and educational workshop materials, and \$400 for promotional materials including flyers, printing, certificates, and office supplies. Additionally, we plan to provide conference series t-shirts for each participating attendee, proudly displaying the City of Solana Beach logo, to foster community and school engagement.

6. Anticipated Program Objectives or Accomplishments:

The objective of our program is to provide youth attendees with an opportunity to participate in a series of workshops that focus on STEM (Science, Technology, Engineering, and Mathematics), coding, basic finance, as well as physical and mental health. Through these workshops, we aim to foster their knowledge and skills in these areas, encouraging their personal and academic development. Simultaneously, our program seeks to offer adults an enriching learning experience. The workshops designed for adults will cover topics such as finance, basic real estate investments, self-empowerment, and physical and mental health. By providing these educational sessions, we aim to empower adults with valuable knowledge and resources, enabling them to make informed decisions, enhance their financial literacy, improve their overall well-being, and foster personal growth. Overall, our program aims to create a supportive and inclusive environment where both youth and adults can engage in educational opportunities that promote lifelong learning and personal development in various fields.

7. Program Dates/Location:

Our series of workshops will span from late August to May 2024.

- 8. Estimated number of Solana Beach residents to be served by proposed program: 50 in each workshop
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

The City of Solana Beach's logo will be prominently showcased on all conference marketing materials, conference t-shirts, and recognized as our valued sponsor during the opening session of each event.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

No.

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

Thanks to the conference being organized and operated by volunteers, we have successfully managed to bring down the cost to \$6000.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

The conference series will continue if only awarded partial funds but we need to scale back our costs.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

analos allan

Authorized Signature of Organization

5 23 23

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.



Treasurer's Report

LA COLONIA COMMUNITY FOUNDATION General Membership Meeting For the period May 1st, 2022 to May 30th, 2023

Income			
Contributions	, Gifts and Grants	*****	
	Individual Donations	\$500.00	
	Corporate Donations	\$1,500.00	
Fundraising (Nays and Means)	+000.00	
-	RESTRICTED FUNDS	\$200.00	
Programs		±1 C 200 72	
	DIA DE LOS MUERTOS	\$16,388.72	
	YOUTH CONFERENCE	\$6,000.00	
Total Income			\$24,588.72
Expenditures			
Administrativ	e and Operations		
	GENERAL & ADMINISTRATIVE	\$2,567.02	
	Miscellaneous	\$314.48	
	Office Supplies	\$604.61	
	Legal and Professional	\$14.99	
	Postage	\$58.00	
	Advertising and Promotion	\$863.83	
	Bank Fees	\$27.52	
	Printing and Reproduction	\$198.97	
	Insurance	\$325.00	
Fundraising ('	Nays and Means)		
	RESTRICTED FUNDS	\$31.98	
Programs			
	Women's Conference	\$428.38	
	Coffee with a Cop	\$116.25	
	YOUTH CONFERENCE	\$8,770.78	
	Scholarship	\$1,065.77	
	Website	\$27.90	
	23' Adult & Youth Conference	\$3,681.04	
	DIA DE LOS MUERTOS	\$10,687.22	
Total Expendi	tures		\$29,783.74
			(\$5,195.02)
• –	nce as of May 1st, 2022:		\$30,710.76
Balance on ha	nd as of May 30th, 2023:		\$25,515.74
LA COLONIA C	OMMUNITY FOUNDATION		\$25,515.74
		Transmission de Citerre	<i>t</i>

_____ Treasurer's Signature

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 11-09-2018

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 E

LA COLONIA COMMUNITY FOUNDATION 1092 GOLDEN RD ENCINITAS, CA 92024

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2489325. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c) (3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important, information, visit www.irs.gov/charities.

Depart	Detober 2018) ment of the Treasury I Revenue Service	►¢	Identifica Go to www.irs.go	v/FormW9 for instr	r and Certif	est information.		requ	Form ester, to the	Do not
				quired on this line; do i	not leave this line blank,					
	La Colonia Col		ndation name, if different from							
				m sbove						
ei ei	153 S. Sierra A									
on page	following seven b	e proprietor or	C Corporation	S Corporation	is entered on line 1. Ch	eck only one of the	4 Exemption certain en instruction	titles, not	individu	
ons ons	singla-membe	et fTC					Exempt pa	iyee code	(if алу)	
Print or type. Specific Instructions	Note: Check I LLC if the LLC another LLC II	the appropriate box C is classified as a s that is not disregard	x in the line above lo single-member LLC ded from the owner i	if the tax classification (that is disregarded from for U.S. federal tax put)	corporation, PaPartne of the single-member or a the owner unless the poses. Otherwise, a sing	wher, Do not check owner of the LLC is ple-member LLC that	Exemption code (if an		TCA rep	orting
chie	Is disregarded		hould check the app	ropriate box for the tax	classification of its own	lor.	iAccina ta acc			
ed e	5 Address (number,			(chane		Requester's name e) 219 () (2.)
See 5	153 S. Slerra A			000015.		City of Solana I		(Upitona	4	
ŝ	6 City, state, and Z		· ~			ony or bolana i	Deach			
	Solana Beach,	CA								
	7 List account numb	ber(s) here (options	න්)				• • • • • • • •			
Par	Тахрау	yer Identifica	tion Number	(TIN)						
					given on line 1 to av		writy numb	er		
reside	nt alien, sole propr	rietor, or disrega	rded entity, see th	e instructions for Pa	er (SSN). However, f rt I, later. For other mber, see How to ge] -	-		

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter,

Certification

TIN, later.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part 11, later.

Sign Here	Signature of U.S. person ►	Button	Canalog	Dato 🏲	5	24	23	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer Identification number

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

North Coast Repertory Theatre

COMMUNITY GRANT APPLICATION

CITY OF SOLANA BEACH

The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: North Coast Repertor	y Theatre	
Contact Person: Geoffrey Geissinger	Email add	lress: geoffrey@northcoastrep.org
Daytime Phone: <u>858-481-2155 x211</u>	Evening Phone: 8	858-481-2155 x211
Mailing Address: 987 Lomas Santa Fe Drive	e, Suite D	
City: <u>Solana Beach</u>	State: CA	Zip: <u>92075</u>
 All the documents below are attached to W-9 	this application:	
Summary of Organization's Budg	et	
Proposed Program Budget		
Financial and Tax Statements (see the second sec	ee Application Guidelines)	
Copy of the California Franchise Section 23701d or Internal Rever	Tax Board Entity Status L nue Code section 501(c)(3	etter, showing exemption under 3)

Has your organization received financial assistance from the City before? ■ Yes □ No
 If yes, please state the fiscal year it was received and for the proposed program was:

Please see attached sheet - Previous Funding

- 3. Title of FY 2023/24 Proposed Program/Service: Theatre School @ North Coast Rep: As You Like It/War of the Worlds
- 4. What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program. We are humbly requesting \$5,000 from the City of Solana Beach to support our upcoming Theatre School productions of As You Like It and War of the Worlds, for which the total Program Budget is \$20,500. For a full breakdown of costs associated with the program, please see the attached program budget.

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

All grant funds received will exclusively be used to cover expenses of our eight free public performances of Shakespeare's As You Like It for residents of Solana Beach and to produce this season's Historically Significant production, War of the Worlds, and its seven performances.

6. Anticipated Program Objectives or Accomplishments:

Our Theatre School prides itself on creating a safe space for our students, where they are free to experiment and explore creatively without worrying about exterior judgment, where a spirit of collaboration and kindness is fostered, and where an interest in literature and language is nurtured by engagement with historically significant literary texts. For the general public, our Summer Shakespeare provides free entertainment, inspiring a greater appreciation of theatre and live performance.

7. Program Dates/Location:

Please see the attached sheet - Program Dates and Locations

- 8. Estimated number of Solana Beach residents to be served by proposed program: 1,000
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

We would graciously acknowledge the City's support in all Mainstage and Theatre School programs, on the Donor Board in the Theatre Lobby, in our annual Mainstage and Theatre School brochures, and on our Mainstage and Theatre School website.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

Much of the support of these productions come from enrollment fees of the students involved and generous donations from Theatre School parents. Some additional revenue comes from tickets sold for performances at the Theatre School Studio Space. To ensure that theatre education is accessible to all, grants from the Protostar Group and the US Bank Foundation provide scholarships to cover the enrollment fees for students who may not be able to afford to participate otherwise. 11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

Without our amazing volunteers, our productions would likely not be possible. On performance days, our volunteers handle ushering, taking tickets, working the concession stand, handing out programs, and more. Backstage, some will use their expertise to sew/repair costumes or help construct/strike a production's set.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

Both As You Like It and War of the Worlds would still move forward even if we received partial funding, but reduced funding might impact the how many students we would be able to cast and the overall scale planned for the production, costume, set, and prop design. Larger funding also allows us to offer more scholarships to worthy students in need.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

Authorized Signature of Organization

5-12-23

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.

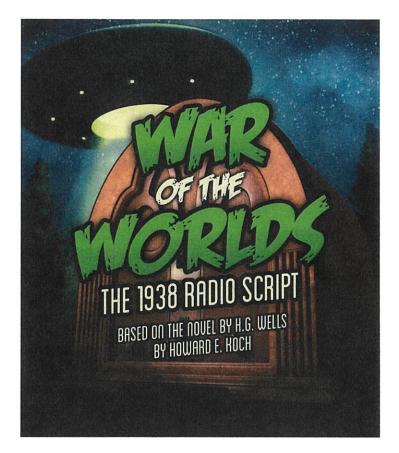
City of Solana Beach Community Grant Program Previous Funding

- 2004 Educational Outreach Program, "Behind the Mask"
- 2005 Planning costs for Cedros Crossing
- 2006 Educational Outreach Program, "Behind the Mask"
- 2008 Educational Outreach Program, "Behind the Mask"
- 2010 Education Play about Solana Beach
- 2011 Educational Outreach Program, "Behind the Mask"
- 2012 Education Outreach Program, "Anti-Bullying"
- 2013 Theatre School Holocaust Production, "Anne Frank"
- 2014 Theatre School Literacy Project, "Seussical"
- 2015 Theatre School Literacy Project, "Aladdin Jr."
- 2016 Theatre School Literacy Project, "Peter and the Starcatcher"
- 2017 Theatre School Student Production, "The Secret Garden"
- 2018 Theatre School Student Production, "She Kills Monsters"
- 2019 Theatre School Student Productions, "Comedy of Errors" & "The Three Musketeers"
- 2020 Theatre School Student Productions, "The Tempest" & "The Neverending Story"
- 2021 North Coast Repertory Theatre's 40th Anniversary Season
- 2022 Theatre School Student Productions, "Much Ado About Nothing"

 "Frankenstein"



City of Solana Beach Community Grant Program Program Dates and Locations



Auditions/Callbacks: August 29–31, 2023 Rehearsals: September 5–October 4, 2023 Performances: October 5–8, 2023

Theatre School Studio Space 987 Lomas Santa Fe Drive, Suite D Solana Beach, CA 92075



SCHOOL @ NORTH COAST	BUDGET AS YOU LIKE IT SHAKESPEARE IN THE PARK	BUDGET WAR OF THE WORLDS STUDENT PRODUCTION October 2023	BUDGET TOTAL SUMMER & FALL 2023
		1	
Director	\$1,000	\$1,000	\$2,000
Light Designer	\$0	\$200	\$200
Sound Designer	\$0	\$250	\$250
Lights & Sound Equip	\$0	\$150	\$150
Painting Labor/Materials	\$0	\$200	\$200
Set Design - labor	\$0	\$500	\$500
Set Materials	\$0	\$100	\$100
Projections Designer	\$0	\$0	\$0
Stage Manager / AD Mentor	\$750	\$750	\$1,500
Directing/Writing Mentor	\$0	\$0	\$0
Assistant Director	\$750	\$1,000	\$1,750
Actor / Mentor	\$2,700	\$750	\$3,450
Costume Designer	\$750	\$750	\$1,500
Costumes - materials/rent	\$1,000	\$1,000	\$2,000
Costume cleaning	\$300	\$300	\$600
Prop Designer	\$500	\$500	\$1,000
Props - materials	\$300	\$1,000	\$1,300
Dramaturg / Dialect	\$0	\$0	\$0
Stage Combat	\$750	\$500	\$1,250
Graphic Designer	\$100	\$100	\$200
Choreographer	\$0	\$0	\$0
Accompaniment	\$0	\$0	\$0
Misc / Materials	\$500	\$500	\$1,000
Royalties	\$0	\$875	\$875
Rental Fee for Materials	\$0	\$150	\$150
Script copies	\$100	\$100	\$200
Shipping	\$0	\$325	\$325

	TH COAST					IORTH COAS			L YEAR 2022					
0				81/0	BUD	BUD	BUD	BUD	BUD	BUD	BUD	BUD	BUD	BU
\square		BUD	BUD	BUD		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	тот
l y	A Bornt II	SEP	<u>OCT</u>	NOV	DEC		2023	2023	2023	2023	2023	2023	2023	FY 22
		2022	2022	2022	2022	2023	2023	LULJ	LULJ	LULU	AP OF			and the
RICTE	D OPERATING FUND													
SI	UPPORT AND REVENUE													
	ontributed Revenue	94,600	49,600	27,700	138,100	36,600	98,250	50,850	126,100	261,700	168,100	66,100	45,000	1,162
	cket Revenue - Mainstage	126,795	129,057	130,188	0	139,950	93,300	179,500	87,700	131,550	127,425	139,375	145,350	1,430
	icket Revenue - Variety	15,450	10,500	15,450	189,000	50,450	10,500	15,450	28,000	15,450	10,500	15,450	0	376
	heatre School Revenue	17,120	5,600	22,720	0	17,120	2,600	22,720	20,120	8,200	0	104,940	0	221
	ther Revenue	7,551	6,338	7,074	8,494	7,911	8,437	9,031	5,449	6,899	6,416	7,747	7,113	88
	atron Service Revenue	5,884	5,704	6,020	7,560	7,040	4,274	7,993	4,769	6,074	5,639	6,387	5,816	73
	pecial Transfer Fees & co-pro	10,000	0	0	0	0	0	0	о	10,000	10,000	0	0	30
	_													
	otal Support & Revenue	277,399												
E	XPENSES]	
P	ersonnel - Admin	90,918	103,418	105,918	103,418	105,918	105,918	103,418	105,918	103,418	120,918	120,918	135,918	1,30
Р	ersonnel - Artistic	58,896	38,882	34,926	24,529	43,704	59,017	58,031	35,425	36,655	36,089	50,925	56,845	53
	ersonnel - Taxes & Benefits	29,945	29,324	29,193	30,284	35,483	35,848	34,608	31,238	31,123	32,647	35,647	37,780	39
P	ost of Tix & CC Donations	20,485	13,416	12,716	4,712	16,965	12,396	17,378	12,493	18,963	21,563	21,720	20,761	19
-														
с	General & Admin Expenses	26,826	25,626	25,826	39,626	36,027	25,327	29,982	25,071	26,371	25,921	26,221	30,220	34
G	General & Admin Expenses	26,826 3,200	25,626 3,200	25,826 2,200	39,626 2,200	36,027 3,200	25,327 7,200	29,982 2,200	25,071 3,200	26,371 130,700	25,921 2,200	26,221 3,200	30,220 2,700	16
G														16 32
	Development Expenses	3,200	3,200	2,200	2,200	3,200	7,200	2,200	3,200	130,700	2,200	3,200	2,700	16 32
C G D N P	Development Expenses Narketing Expenses	3,200 36,450	3,200 28,000	2,200 24,750	2,200 28,000	3,200 28,000	7,200 24,750	2,200 24,750	3,200 28,000	130,700 24,750	2,200 27,250	3,200 24,750	2,700 24,301 8,081 1,000	16 32 21 5
	Development Expenses Marketing Expenses Production Expenses	3,200 36,450 24,515	3,200 28,000 31,007	2,200 24,750 1,000	2,200 28,000 1,000	3,200 28,000 25,028	7,200 24,750 1,000	2,200 24,750 40,826	3,200 28,000 24,918	130,700 24,750 12,973	2,200 27,250 1,000	3,200 24,750 39,852	2,700 24,301 8,081	34 16 32 21 5 14
	Development Expenses Marketing Expenses Production Expenses Theatre School Productions Variety Night Expenses	3,200 36,450 24,515 8,975 13,335	3,200 28,000 31,007 1,000 3,150	2,200 24,750 1,000 500 5,335	2,200 28,000 1,000 7,020 75,210	3,200 28,000 25,028 7,098 10,335	7,200 24,750 1,000 11,350 3,150	2,200 24,750 40,826 500 5,335	3,200 28,000 24,918 8,653 18,000	130,700 24,750 12,973 6,100 5,335	2,200 27,250 1,000 1,000 3,150	3,200 24,750 39,852 500 5,335	2,700 24,301 8,081 1,000	16 32 21 5 14
	Development Expenses Marketing Expenses Production Expenses Theatre School Productions	3,200 36,450 24,515 8,975 13,335 313,545	3,200 28,000 31,007 1,000 3,150 277,023	2,200 24,750 1,000 500	2,200 28,000 1,000 7,020	3,200 28,000 25,028 7,098	7,200 24,750 1,000 11,350	2,200 24,750 40,826 500	3,200 28,000 24,918 8,653	130,700 24,750 12,973 6,100	2,200 27,250 1,000 1,000	3,200 24,750 39,852 500	2,700 24,301 8,081 1,000 0	16 32 21 5 14
	Development Expenses Marketing Expenses Production Expenses Theatre School Productions Variety Night Expenses	3,200 36,450 24,515 8,975 13,335	3,200 28,000 31,007 1,000 3,150	2,200 24,750 1,000 500 5,335	2,200 28,000 1,000 7,020 75,210	3,200 28,000 25,028 7,098 10,335	7,200 24,750 1,000 11,350 3,150	2,200 24,750 40,826 500 5,335	3,200 28,000 24,918 8,653 18,000	130,700 24,750 12,973 6,100 5,335	2,200 27,250 1,000 1,000 3,150	3,200 24,750 39,852 500 5,335	2,700 24,301 8,081 1,000 0	16 32 21 5 14
C G G M P P T T V V	Development Expenses Marketing Expenses Production Expenses Theatre School Productions Variety Night Expenses	3,200 36,450 24,515 8,975 13,335 313,545	3,200 28,000 31,007 1,000 3,150 277,023	2,200 24,750 1,000 5,335 242,364	2,200 28,000 1,000 7,020 75,210	3,200 28,000 25,028 7,098 10,335	7,200 24,750 1,000 11,350 3,150	2,200 24,750 40,826 500 5,335 317,028	3,200 28,000 24,918 8,653 18,000	130,700 24,750 12,973 6,100 5,335	2,200 27,250 1,000 1,000 3,150	3,200 24,750 39,852 500 5,335	2,700 24,301 8,081 1,000 0	16 32 21 5

North Coast Repertory Theatre, A Non-Profit Corporation

Financial Statements and Independent Auditors' Report

For the Year Ended August 31, 2022

.

•

Table of Contents

~

Independent Auditor's Report1-2
Financial Statements:
Statement of Financial Position
Statement of Activities and Change in Net Assets4
Statement of Cash Flows 5
Statement of Functional Expenses 6
Notes to the Financial Statements

.



10340 Paseo Park Drive Lakeside, CA 92040 Phone and Fax (619)698-2401

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors North Coast Repertory Theatre

Opinion

I have audited the accompanying financial statements of North Coast Repertory Theatre, which comprise the balance sheet as of August 31, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of North Coast Repertory Theatre, as of August 31, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

I conducted the audit in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of North Coast Repertory Theatre, and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audit. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about North Coast Repertory Theatre's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

- In performing an audit in accordance with generally accepted auditing standards, I:
- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of North Coast Repertory Theatre's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about North Coast Repertory Theatre's ability to continue as a going concern for a reasonable period of time.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that I identified during the audit.

A M Owens, CPA

A M Owens, CPA A Professional Corporation

Lakeside, CA January 5, 2023

North Coast Repertory Theatre, A Non-Profit Corporation Statement of Financial Position August 31, 2022 With Comparative Totals as of August 31, 2021

ASSETS	ASSETS	<u>2022</u>		<u>2021</u>
Cash	\$		\$	
- without donor restrictions	Ψ	2,247,181	Ψ	1,642,783
- with donor restrictions		130,128		97,713
Investments		2		-
- without donor restrictions		211,686		303,305
- with donor restrictions		50,915		60,213
Contributions Receivable				
- without donor restrictions		8,294		310,503
Prepaid expenses		125,460		78,533
Prepaid production costs		144,836		122,404
Deposits		7,909		7,909
	<u> </u>	2,926,409		2,623,363
PROPERTY AND EQUIPMENT				
Less: Accumulated Depreciation	m			
(Note 2)		236,298		193,214
Total Assets	\$	3,162,707	\$	2,816,577
CURRENT LIABILITIES	IES AND NET A	SSETS	********	
Accounts payable, trade	\$	117,083	\$	213,679
Accrued wages and expense	·	4,124		4,034
Deferred revenue (Note 3)		868,286		1,208,407
Accrued vacation payable		49,337		58,031
Total Liabilities		1,038,830		1,484,151
LONG-TERM DEBT		0		0
Net EQUITY (DEFICIT)	•••••••••			
Net assets with donor restriction	S	182,484		157,926
Net assets without donor restrict	ions	1,941,393		1,174,500
Total Net (Equity)		2,123,877		1,332,426
Total Liabilities and N	let Assets \$	3,162,707	\$	2,816,577

See the Accompanying Notes to the Financial Statements.

North Coast Repertory Theatre, A Non-Profit Corporation Statement of Activities and Changes in Net Assets For the Year Ended August 31, 2022 With Comparative Totals as of August 31, 2021

		Without Donor <u>Restrictions</u>	<u>R</u>	With Donor estrictions		2022 Combined <u>Totals</u>		2021 Combined <u>Totals</u>
SUPPORT AND REVENUE Public Support:								
Admissions	\$	1,620,509	\$	0	\$	1,620,509	\$	268,563
Theatre school	Φ	205,398	Ψ	0	Ψ	205,398	Ψ	127,610
Concessions and other support		41,976		0 Û		41,976		12,693
Contributions (Note 11)		1,578,093		1,006,542		2,584,635		2,551,100
Investment income (loss) (Note 6)		527	(6,636)	(6,109)		14,010
Gain on sale of assets		0	(0	(0		600
		3,446,503		999,906		4,446,409	<u></u>	2,974,576
Net Assets Released From Restrictions		975,348	(975,348)		0	•	0
Total Support & Revenue		4,421,851	<u> </u>	24,558		4,446,409		2,974,576
EXPENDITURES								
Production costs		3,042,826		0		3,042,826		1,641,358
General and administrative		238,268		0		238,268		193,694
Fundraising		373,864		0		373,864		286,129
Total Expenditures		3,654,958		0		3,654,958		2,121,181
Change in net assets		766,893		24,558		791,451		853,395
Net Assets (Deficit), Begin of Year		1,174,500		157,926		1,332,426		479,031
Net Assets (Deficit), End of Year	\$	1,941,393	\$	182,484	\$	2,123,877	\$	1,332,426
	=		*******		·—			

•

North Coast Repertory Theatre, A Non-Profit Corporation Statement of Cash Flows For the Year Ended August 31, 2022 With Comparative Totals as of August 31, 2021

.

.

.

•

With Comparative Totals as of AU	igust 51,	2021		
		<u>2022</u>		<u>2021</u>
CASH FLOWS FROM OPERATING ACTIVITIES				
Change in Net Assets	\$	791,451	\$	853,395
Adjustments to reconcile change in net assets to				
net cash provided by operating activities:				
Depreciation		12,414		5,095
(Increase) Decrease in Operating Assets:				
Receivables		302,209	(303,380)
Prepaid expenses	(56,134)	-	15,044
Prepaid production costs	Ì	6,918)	(16,981)
Deposits		0	(227)
Increase (Decrease) in Operating Liabilities:				
Accounts payable	(96,142)		180,608
Accrued wages	(90		2,657
Deferred Revenue	(340,121)		354,697
Accrued vacation	(8,694)		5,808
				······
NET CASH PROVIDED (USED) BY				
OPERATING ACTIVITIES		598,155		1,096,716
	••••••••	- 		
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchases of property and equipment	(55,498)	(87,782)
Investments purchased/sold		94,156		20,469
-				
NET CASH USED BY INVESTING ACTIVITIES		38,658	(67,313)
CASH FLOWS FROM FINANCING ACTIVITIES				
Payments on debt		0		0
·				
NET CASH USED BY FINANCING ACTIVITIES		0		0
NET CHANGE IN CASH AND CASH EQUIVALENTS		636,813		1,029,403
DECIMINIC CASH AND CASH EQUIVALENTS		1,740,496		711,093
BEGINNING CASH AND CASH EQUIVALENTS		1,740,490		/11,075
ENDING CASH AND CASH EQUIVALENTS	\$	2,377,309	\$	1,740,496
Interest Paid	\$	0	\$	0
Taxes Paid	\$	0	\$	0
	-	·		10

See the Accompanying Notes to the Financial Statements.

North Coast Repertory Theatre, A Non-Profit Corporation Statement of Functional Expenses For the Year Ended August 31, 2022

	Production Costs	 General Admin.		Fund- Raising	 2022 Total	<u></u>	2021 Total
Salaries	\$ 1,239,696	\$ 129,994	\$	150,634	\$ 1,520,324	\$	813,121
Payroll Taxes	122,449	12,839		14,879	150,167		12,116
Employee Benefits	196,622	20,618		23,891	 241,131		146,651
Total Payroll Expenses	1,558,767	 163,451		189,404	 1,911,622		971,888
Outside Contractors	67,655	461		376	68,492		19,465
Volunteer Hours Expense	8,850	0		0	8,850		0
Professional Services	0	8,200		0	8,200		11,175
Occupancy	147,511	8,195		8,195	163,901		157,410
Utilities	20,340	3,096		3,096	26,532		17,857
Janitorial	4,429	554		554	5,537		4,623
Supplies/Mise.	24,232	16,396		4,163	44,791		18,034
Concession Supplies	18,954	0		0	18,954		437
Communications	5,082	635		635	6,352		5,931
Postage and Shipping	4,168	1,390		10,575	16,133		21,319
Printing and Copying	64,737	18,760		10,663	94,160		40,476
Travel and Meals	2,431	11,709		1,848	15,988		4,195
Credit Card Processing/Bank Fees	71,876	3,036		0	74,912		26,519
Insurance	12,016	1,502		1,502	15,020		10,737
Membership Dues	3,931	0		0	3,931		2,481
Interest	0	0		0	0		1,195
Repairs and Maintenance	43,706	0		0	43,706		151,350
Advertising and Marketing	284,248	0		1,218	285,466		145,165
Royalties	107,872	0		0	107,872		41,234
Special Events	0	0		141,635	141,635		154,254
Mainstage Events/Equipment	540,230	0		0	540,230		277,973
Theatre School	39,377	0		0	39,377		31,470
Taxes/Licenses	0	883		0	883		898
Total Expenses	<u></u>	 					
Before Depreciation	3,030,412	238,268		373,864	3,642,544		2,116,086
Depreciation	12,414	 0		0	 12,414	<u></u>	5,095
Total Expenses	\$ 3,042,826	\$ 238,268	\$	373,864	\$ 3,654,958	\$	2,121,181
		 	=		 		

See the Accompanying Notes to the Financial Statements.

Note 1 - Summary of Significant Accounting Policies

<u>General</u>

North Coast Repertory Theatre, a Non-Profit Corporation (the Theatre) is a non-profit organization incorporated in California in 1982. Its stated purpose is to educate the public in an appreciation of the theatre arts through stage productions of consistent quality, to be recognized as the premier professional regional live theatre in San Diego North Coastal County, to provide educational services for audiences of all ages, focusing on the youth of the community and to provide an opportunity for actors and theatre professionals to develop their artistic skills through participation in the Theatre's productions.

Accounting Method

The accompanying financial statements have been prepared on the accrual method of accounting. Management uses estimates and assumptions in preparing the financial statements in accordance with accounting principles generally accepted in the United States of America. Actual results could vary from estimates that were used due to inherent uncertainties in estimates and actual results may vary from those estimates in the near term.

Financial Statement Presentation

The Theatre is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions:

• Net assets without donor restrictions represent expendable funds available for operations that are not otherwise limited by donor restrictions.

• Net assets with donor restrictions consist of contributed funds subject to specific door-imposed restrictions contingent upon specific performance of a future event or a specific passage of time before the Theatre may spend the funds (irrevocable donor restrictions requiring that the assets be maintained in perpetuity to generate investment income.)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates. Significant estimates used in the preparation of these financial statements include the functional allocation of expenses.

Note 1 - Summary of Significant Accounting Policies (continued)

Contributions

Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence or nature of any donor restrictions. Net assets with donor restrictions are reported in Note 4. All donor-restricted contributions are reported as net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Contributions in-kind are recorded at their fair market value at the time of receipt. All donor restricted support is reported as an increase in net assets with donor restriction is accomplished), net assets with donor restriction ends or purpose restriction expires (that is, when a stipulated time restriction ends or purpose restrictions. Contributions in-kind are recorded at their fair market value at the time of receipt. All donor restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions and reported in the statements of activities as net assets released from restrictions.

Promises to Give

Unconditional promises to give are recognized as contribution revenue in the period received and as assets, decreases of liabilities, or expenses depending on the form of the benefits received. Promises to give are recorded at net realizable value if expected to be collected in one year and at fair value if expected to be collected in more than one year. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Contributed Services and Tangible Personal Property

The Theatre generally pays for services requiring specific expertise. However, sometimes individuals volunteer their time and perform a variety of tasks that assist the Theatre. For the year ended August 31, 2022, some of these services meet the criteria for recognition as contributed services. The amount recorded as contributed services was 590 hours at \$15 per hour for a total of \$8,850. The amount of contributed services that has not been recorded in the financial statements is 5,618 hours at \$15 per hour for a total of \$84,270.

Revenue and Revenue Recognition

Revenue is recognized when earned. When applicable, program service fees and payments under cost reimbursable contracts received in advance are deferred to the applicable period in which the related services are performed or expenditures are incurred, respectively. Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met.

The Theatre records deferred revenue situations when amounts are invoiced or paid but the revenue recognition criteria above are not met.

Note 1 - Summary of Significant Accounting Policies (continued)

Property and Equipment

Depreciation of buildings and equipment is provided over the estimated useful lives of the respective assets using the straight-line method.

Acquisitions of property and equipment in excess of \$2,500 are capitalized. Donated equipment is recorded at fair market value at the date of the donation. Purchased equipment is recorded at cost.

Ticket Sales

Ticket sales received prior to the fiscal year to which they apply are not recognized as revenues until the year earned.

Cash and Cash Equivalents

For purposes of the statement of cash flows, cash equivalents include time deposits, certificates of deposit and all highly liquid debt instruments with original maturities of three months or less.

Income Tax Status

The Theatre is classified as a Section 501(c) (3) Organization under the Federal Internal Revenue Code and Section 13.2210 (e) of the State Revenue and Taxation Code. As a result, it has been determined to be exempt from federal income and state franchise taxes. The Theatre is not classified as a private foundation under 509(c)(2). Tax years 2018-2020 are open to examination by taxing authorities.

Expense Allocation

The costs of providing the various programs and activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Investments

Investments with readily determined market value are carried at market value and unrealized gains and losses are treated as current items in the year in which they occur. Investments without readily determined market values are carried at cost.

The FASB issued authoritative guidance relating to fair value measurements which establishes a common definition for fair value to be applied to U.S. generally accepted accounting principles requiring use of fair value, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements.

The Theatre measures fair value at the price that would be received upon sale of an asset or paid to transfer a liability in an orderly transaction between market and participants at the measure date. The guidance establishes a hierarchy for ranking the quality and reliability of the information used to determine fair values.

A summary of the fair value hierarchy under the authoritative guidance is described in Note 6.

Note 1 - Summary of Significant Accounting Policies (continued)

Comparative Totals for August 31, 2021

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Theatre's financial statements for the year ended August 31, 2021, from which the summarized information was derived.

Note 2 - Property and Equipment

The following is a summary of property and equipment, less accumulated depreciation and amortization at August 31, 2022:

	2022
\$	64,071
	166,738
	440,242
	671,051
(434,753)
\$	236,298
	(

Note 3 – Deferred Revenue

The Theatre had received \$868,286 at August 31, 2022, on advance ticket sales for the next theater season. As each production is presented, the portion of the advance sales collections that pertains to that production will be recognized as revenue. In the event any of the scheduled productions for the season are not presented, the advance ticket collections for that production will be available for refund to the ticket holders.

Note 4 - Net Assets with Donor Restrictions

Net assets with donor restrictions represent contributions received by the Theatre that are limited in their use by donor-imposed stipulations.

Net assets with donor restrictions are available for the following purposes as of August 31, 2022:

	2022
Purpose Restrictions	
Capital Campaign	\$ 74,348
Endowment Funds	50,915
Scholarships	15,000
Summer Enrichment	14,457
Theatre School	19,198
Shakespeare in schools	7,125
Total	\$ 181,043

Note 5 - Endowment Funds

Endowment funds were \$50,915 as of August 31, 2022. These funds are held in an agency endowment fund at The Jewish Community Foundation (JCF).

No later than April 1st of the year commencing after the fair market value of the fund reached the amount of \$50,000, JCF shall distribute to the Theatre an amount equal to the JCF payout rate multiplied by the fair market value of the fund (the "available amount"). The term "fair market value of the fund" shall mean the value of all cash and securities held by the fund, including all earnings and unrealized appreciation thereon, as determined by JCF. The term "JCF payout rate" shall mean the percentage rate determined by the Board of Directors of JCF pursuant to California law with respect to distributions from endowment funds. The fair market value of the fund reached \$50,000 in August of 2021 and the first distribution was received in February 2022.

JCF shall have all powers necessary to carry out the purposes of the fund, including, but not limited to, the power to retain, invest and reinvest the fund in any manner consistent with the California Uniform Prudent Management of Institutional Funds Act, and shall have the power to commingle the assets of the fund with those of other funds for investment purposes, provided that such commingling shall not contravene the purpose and limitations set forth in this agreement. JCF shall have the ultimate authority and control over all property in the fund, and the income derived therefrom, subject to the terms of this agreement and the standards for investment governing nonprofit public benefit corporations under California Corporations Code Section 5240. The fund shall be administered under and subject to the procedures and/or rules for the operation of permanent endowment funds as the same may be adopted, or modified from time to time, by JCF.

The fund shall be administered under and subject to the Bylaws, Articles of Incorporation and the endowment policies of JCF in effect from time to time. JCF shall have the power to modify and restriction or condition on the distribution of funds for any specified charitable purpose or to any specified organization if, in the sole discretion of the Board of Directors (without the necessity of the approval of the Theatre or any beneficiary organization), such restriction or condition becomes unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community or area served. All money and property in the fund shall be assets of JCF, and not a separate trust, and shall be subject only to the control of JCF. Even though the fund may not be segregated, separate accounting records will be maintained for the fund. Nothing in this agreement is intended to be inconsistent with the status of JCF as an organization described in Sections 501(c)(3) and 509(a) of the Internal Revenue Code of 1986. JCF is authorized to amend this agreement to conform to the provisions of any applicable law or government regulation in order to carry out the foregoing intention.

For the year ended August 31, 2022, the Theatre received \$2,662 in distributions from the fund.

Note 6 - Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification establishes a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the assets or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following details the level within the fair value hierarchy of the Theatre's assets as fair value as of August 31, 2022. Level 1 investment consists of equities and CDS and totaled \$21,686. There were no Level 2 assets. The Level 3 asset is Portfolio Investors II, L.P. a Delaware limited partnership holding rental real estate assets in San Diego County. Since quoted prices are not available as this is not a liquid investment and the Theater does not have the ability to access value at the measurement date, these investments are classified as Level 3 assets and recorded at cost.

Note 6 - Fair Value Measurements (continued)

Investments at fair market value at August 31, 2022, consist of the following:

	Adjusted <u>Cost</u>	Fa	air Market <u>Value</u>	Fair Value (Level 1)
Level 1 funds				
Fund at JCF	\$ 47,674	\$	52,356	\$ 52,356
Money Market Funds				
C/D - Pacific Premier	26,308		26,308	26,308
C/D - CA Bank and Trust	75,058		75,058	75,058
Level 3 funds				
Portfolio Investors II, LP	100,000		N/A	100,000

Investment return for the year ended August 31, 2022 included in the statements of activities is comprised of the following:

		<u>2022</u>
Realized and unrealized losses Interest and dividends (net of fees of \$263)	\$ (8,214) 1,578
,	\$(6,636)

Note 7 – Cash and Equivalents

.

At August 31, 2022, cash was held in the following institutions:

Change Funds	\$ 550
Union Bank - checking (2 accounts)	272,065
Wells Fargo (2 accounts)	107,137
US Bank (3 accounts)	1,583,635
CA Bank and Trust (2 accounts)	3,293
Endeavor Bank (2 accounts)	410,322
IFG Financial (1 account)	307
	\$ 2,377,309

Concentration of Credit Risk

The Theatre maintains its cash in bank accounts and brokerage accounts, which, at times, may exceed federally insured limits. The Theatre has not experienced any losses in such accounts. The Theatre believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts are insured by the FDIC for amounts up to \$250,000.

Note 8 - <u>Restricted Assets - San Diego Foundation</u>

Total assets with a fair market value of \$36,765 are held in the North Coast Repertory Theatre endowment fund of the San Diego Foundation and invested by the Foundation. The Theatre has no ownership rights over the principal and does not include these funds on the statement of financial position. However, the Theatre receives investment income annually from these assets. Total income received from the San Diego Foundation for the year ended August 31, 2022 was \$1,396.

Note 9 – Operating Lease

The Theatre leases its theatre and office facilities under a month-to-month rental agreement. The Theater leases its theatre school space under a lease agreement that ends December 2023. In addition, the Theatre has a non-cancelable operating lease for office equipment that expires October 2024. Total rental expense was \$163,421 for the year ended August 31, 2022.

Future minimum lease payments under operating leases that have remaining terms in excess of one year as of August 31, 2022 are:

2023	\$ 33,520
2024	17,520
2025	1,587
2026	0
2027	0

Note 10-<u>Retirement Plan</u>

The Theatre maintains a tax deferred contribution plan qualified under Section 403(b) of the Internal Revenue Code. Eligible employees may contribute a percentage of their compensation to the Plan. Employer contributions totaled \$16,200 for the year ended August 31, 2022.

Note 11-Shuttered Venue Grant

On July 3, 2022 and November 11, 2021, the Theatre was awarded Shuttered Venue Operators Grants in the amount of \$579,464 and \$436,038 respectively. This grant can be expended for certain expenses incurred beginning on July 3, 2022 and ending on December 31, 2022. Proceeds from the Shuttered Venue Operators Grant will be used for expenses not allocated to PPP funds previously received. In the event the Theatre does not have enough qualified expenses for the full amount of the grant, during the applicable time period, such funds are to be returned. Income from this government grant in the amount of \$193,155 was recorded as of August 31, 2021. The remaining funds have been recorded as revenue in this year.

Note 12-Employee Retention Credit

During the fiscal year ended August 31, 2022, the Theatre received credits totaling \$107,489. This amount has been recorded as contributions.

Note 13-Subsequent Events

Events subsequent to August 31, 2022 have been evaluated through January 4, 2023, the date these financial statements were available to be issued, to determine whether they should be disclosed to keep the financial statements from being misleading. Management found no subsequent events.

Far	m (990	Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc	come Tax	K ndations)	OMB No. 1545-0047
Dep	ariment nal Roy	of the Theasury vanue Service		Open to Public Inspection		
<u>A</u>			year, or tax year beginning09/01/21, and ending 08/31/2	2	D Employed	Identification number
B		r application			D Etubioya	
Ц	Address	change	NORTH COAST REPERTORY THEATRE			
	Name o		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number
	initiai re	aum 987-	-D LOMAS SANTA FE DRIVE		858-4	81-2155
	Final rel terminal	ant	own, state or province, country, and ZIP or foreign postal code			1 445 405
Ē		SOL	ANA BEACH CA 92075		g Gioss isos	lpiss 4,445,425
Π		L Martine d	nd address of principal officer,	H(a) is this a gr	oup return for s	ubordinales Yes X No
المسلة	пррын		C TAYER ' Lomas Santa Fe	H(b) Are all su	ordinatas loci	usted? Yes No
			ANA BEACH CA 92075			See instructions
	Tax-ex		601(c)(3) 501(c) ()	-		
ن ان	Websit		ORTHCOASTREP.ORG	H(c) Group exe	amplion numbe	ar 🕨
ĸ		forganization: X Cor		ear of formation: 1		M State of legal domicile: CA
_	art l					
	1	Briefly describe th	e organization's mission or most significant activities:			
Governance			E A NOT-FOR-PROFIT PROFESSIONAL THEATRE FOR		OTION	of the
nar		PUBLIC AP	PRECIATION AND EDUCATION REGARDING THEATRE	ARTS.		
IÐNG						•••••••••
			if the organization discontinued its operations or disposed of more than 2			10
64 10	3	Number of voting i	members of the governing body (Part VI, line 1a)	••••••••••••••	. 3	16
itie	4	Number of indeper	ndent voling members of the governing body (Part VI, line 1b) dividuals employed in calendar year 2021 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • •	. 4	73
Activities &	6	Total number of v		0		
<	79	Total unrelated but		· 0		
	b	Net unrelated busi	siness revenue from Part VIII, column (C), line 12 ness taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·	7b	· 0
				Pitor Ye	ar	Current Year
e	8	Contributions and	grants (Part VIII, line 1h)		9,114	2,556,654
Revenue	9	Program service re	evenue (Part VIII, line 2g)		8,866	1,867,883
Rei	10	Investment income	(Part VIII, column (A), lines 3, 4, and 7d)		3,729	1,388
	11	Total myanua - ad	rt Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Id lines 6 through 11 (must equal Part VIII, column (A), line 12)		2,268	<u>-122,135</u> 4,303,790
	13	Grants and similar	amounts paid (Part IX, column (A), lines 1–3)	2,80	9,441	4,303,790
	14	Benefits paid to or	for members (Part IX, column (A), line 4)			0
\$	15	Salaries, other con	npensallon, employee benefits (Part IX, column (A), lines 5-10)	97	1,888	1,911,622
sasuadx	16a	Professional fundra	aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ▶ 232,229		-/	0
be		Total fundraising e				
ш	17	Other expenses (F	Part IX, column (A), lines 11a-11d, 11f-24e)	99	5,323	1,593,114
	18	Total expenses. Ad	dd lines 13-17 (must equal Part IX, column (A), line 25)	1,96	7,211	3,504,736
	19	Revenue less expe	enses. Subtract line 18 from line 12		2,230	799,054
ances		Toini anash (Dad)	N 1944 400	Beginning of Gu		End of Year
Assets d Balanc	20	Totel liabilities (Part.	X, line 16)		6,577	3,162,707
A Participation	22	Net assets or find	t X, line 26) balances. Subtract line 21 from line 20		$\frac{4,151}{400}$	1,038,830
	art II			т, зэ,	2,426	2,123,877
			lectare that I have examined this return, including accompanying schedules and state	made and in it		a francia da a cuid ballar, it is
tru	е, сол	ect, and complete. D	reclaration of preparer (other than officer) is based on all information of which prepar	er has any know	viedge.	y knowledge and patier, it is
						·····
Sig		Signature of o	Micer		Dale	1- 1-0
Her	e	MARC	TAYER Y UN JOY Presi	dent		223/25
		Type or print r	add bhe			
m-1-1		Print/Type preparer's	name Preparer skrialure M()	Dale	Check	
Paid		Alicia M. Own		02/17	/23 self-en	
-	Darer Ontu	Fim's name 🕨	A.M. Owens, CPA, APC		Firm's EIN)	45-4128534
026	Only		10340 Paseo Park Drive		r.	1
		Firm's address	Lakeside, CA 92040	. 1	Phone no.	619-698-2401

.

Firm's address) Lakeside, CA 92040	Phone no.	619-698-2401
May the IRS discuss this return with the preparer shown above? See instructions	1	X Yes No
For Paperwork Reduction Act Notice, see the separate instructions. DAA		Form 990 (2021)

.

-orm 990 (2021) NORTH COAS	ST REPERTORY TH	IEATRE		F	Page 2
Part III Statement of Pro	ogram Service Accom e O contains a response	plishments	ne in this Part III		
1 Briefly describe the organization				<u></u>	<u> </u>
TO OPERATE A NOT- PUBLIC APPRECIATI	-FOR-PROFIT PRO				THE
·					• • • • • • • • •
2 Did the organization undertake a prior Form 990 or 990-EZ?			ch were not listed on the		X No
If "Yes," describe these new ser					
3 Did the organization cease cond services?		-	icls, any program	Yes 🛛	X No
If "Yes," describe these changes					
4 Describe the organization's prog					
expenses, Section 501(c)(3) and			amount of grants and all	ocations to others,	
the total expenses, and revenue	e, if any, for each program se	vice reported.			
ORGANIZATION ALSO PROVIDE ARTS AND BACKGROUNDS AND STUDENTS WITH EXI AFFORDABLE PROFES	OPERATES A NOT PUBLIC APPRECI MAINSTAGE SHOWS D TEAMS WITH CO EDUCATION PROG SOCIOECONOMIC I POSURE TO THE I SSIONAL INSTRUC THE FYE 8/31/20	LATION OF E S AND MAIN DMMUNITIES JRAMS TO CH LEVELS. IN DRAMATIC AR TION AND A), THE THEA	I PROFESSION DUCATION REG OTHER COLLAE THROUGHOUT S ILDREN AND T -SCHOOL RESI TS AND WORKS RE OFFERED D TRE WAS CLOS	AL THEATRE FOR ARDING THEATRE A ORATIVE EVENTS AN DIEGO COUNTY EENS OF ALL DENCY PROGRAMS P HOPS INCORPORATE URING AND/OR AFT	ROVII ER 19.
4b (Code:) (Expenses \$		cluding grants of \$) (Revenue \$)
N/A					
• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	• • • • • • • •
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	* • • • • • •
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				• • • • • • • •
·	,	••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	•••••••	
· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *	••••••••••••••••••••••			
*		••••••		• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •					
* *************************************					
4c (Code:) (Expenses (N/A	\$ it	ncluding grants of \$) (Revenue \$)
	\$ ii	ncluding grants of \$) (Revenue \$)
	\$ it	ncluding grants of \$) (Revenue \$)
	\$ ii	ncluding grants of \$) (Revenue \$)
	\$ ii	ncluding grants of \$) (Revenue \$)
	\$ it	ncluding grants of \$) (Revenue \$)
	\$ it	ncluding grants of \$) (Revenue \$)
	\$ it	ncluding grants of \$) (Revenue \$)
	\$ it	ncluding grants of \$) (Revenue \$)
	\$ it	ncluding grants of \$) (Revenue \$, , ,
	\$ it	ncluding grants of \$) (Revenue \$)
N/A		ncluding grants of \$) (Revenue \$)
) {Revenue \$) (Revenue \$)

	990 (2021) NORTH COAST REPERTORY THEATRE		Pa	<u>ge 3</u>
Pa	rt IV Checklist of Required Schedules	T	Yes	No
4	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	
1	an under a second se	1	x	
2	s the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Parl I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<u>_x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9	ĺ	х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	x	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V			
11	VII, VIII, IX, or X, as applicable.		10	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	second to Defect the D. Def M.	11a	х	
b	Did the organization report an amount for investmentsother securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investmentsprogram related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.0%		x
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		
þ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	-		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on]		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u>-</u> -
	li "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			- v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part W Checklist of Required Schedules (continued). Yes No. 22 Did the crystization report more than \$5,000 of gravits or other additions to or for domatic individuals on part X, counted Schedule I, Part I and II. 22 X 23 Did the crystization anxwer Yer to Part VII. Southa A, line 3, 4, or 5 about compensation of the crystization anxwer Yer to Part VII. Southa A, line 3, 4, or 5 about compensation of the crystization anxwer Yer to Part VII. Southa A, line 3, 4, or 5 about compensation of the crystization function conflores, dicators, trustess, key employees, and highest compensation of the regeneration of more than \$10,0000 as of the last day of the year, that was issued after December 31, 20021 "Yos," answord inter 240 through 244 to Crystian compensation maked any proceeded of the working the year in a cubinding principal annomina 240 through 140 (yos), 30(1)(4), and 65(1)(4), 30(1)(4	Form	990 (2021) NORTH COAST REPERTORY THEATRE		Pe	age 4	
22 Det in exceptization requires them \$5.000 of graves or other selectance to of or domatic individuals on period previous of the cognitization requires differs. Graves and the selectance of the cognitization requires of the cognitization requires a constraint of domatic lines. A or 5 short comparisation of the cognitization requires the test schedule J. And J	Pa	rt IV Checklist of Required Schedules (continued)				
Part K, column (A), Ino 21 # "Ass" complete Schedule /, Parts i and III, 22 X 20 bit the organization nearer wife to Part VI, Science A, Lino 3, A, or 5 about compensation of the organization have a tax-exampl bond issue with an extraording principal encode of the set of the year, frank was subset and an Decariby 17, 2002? If "Ass," answer lines 24b 33 X 24a Did the organization have a tax-exampl bond issue with an extraording principal encode of the year, that was subset and an Decaribur 31, 2002? If "Ass," answer lines 24b 24a X 24b Did the organization nearbor encode of tax-exempl bond as tamporary period exception? 24b X 25b Did the organization nearbor encode on both that a relaxation encode encode tax and the space of the year? 24c 24c 25c Section 501(c)(3), S01(c)(4), and 501(c)(20) organizations. Did the organization nauge in an excess benefit transaction with a disqualified period in an other space and the organization relaxation and the encode on any other space and the organization relaxation on a space tax and the organization relaxation and the analytic organization from them S010 or S00-S02. 7/ ***** 25s X 25b Did the organization area tax and any other space and the organization and the organization area of the space organization area of the space of the space organization area of the space of			<u> </u>	Yes	No	
21 Dit the organization answer "Ver" to Part VII, Section A, Iuna 2, 4, or 5 about compensation of the organization trave a tax-event bond losus with an outstanding principal amount of more them \$1002.01 and \$100,000 are assessed ator Decompensation of them \$2, 2022 F (%) answer fines 240 23 X 24a Did the organization have a tax-event bond losus with an outstanding principal amount of more them \$1, 2022 F (%) answer fines 240 24a X 24b Did the organization invest any proceeds of tax-event bonds beyond a temportry particle exception? 24a X 24b Did the organization invest any one observation of the bayond a temportry particle exception? 24d X 24b Did the organization invest any observation of the organization on appendix of the section of the section of the organization and the tax organization. 24d X 25e Section 57(16(2)), 55(16(4)), 40(16(4)), 40 (55(1)), 55(16(4)), 40 (55(1)), 55(16(4)), 40 (55(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 55(16(4)), 40 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4)), 10 (56(1)), 56(16(4	22				v	
expanziation's current and former officers, directors, fusibles, key employee, and highest compensated 23 X 24a Did the argunization have a fax-exampl bond lasse with an outskinding principal amount of more fram. 24a Did the organization have a fax-exampl bond lasse with an outskinding principal amount of more fram. 24a Did the organization have a fax-exampl bond lasse with an outskinding principal amount of more fram. 24b Did the organization meets any proceeds of tax-exampl bonding period at amyoriny period exception? 24b Did the organization meets any one meets of tax-exampl bonding period at amyoriny period exception? 24c 24d 25a Section 501(c)(3), 301(c)(4), and 501(c)(28) organization. Did the organization engage in un excess benefit transaction with a disqualified period. 24d 24d 25a Section 501(c)(3), 301(c)(4), and 501(c)(28) organization. Did the organization engage in un excess benefit transaction with a disqualified protein 590 or 890-627 24d 25a X If the organization report any amount on Part X, line 5 or 22, for tocolvables from or psystels to any current or form office, discler, transaction with any enclose control three section of any officer section or psystels to any current or form office, discler, transaction any of these organization reports any amount on Part X, line 5 or 22, for tocolvables fiched L, Part II 28 X 26b Did the organization protein an automation with one of the following patring (sectin stars), secondiced or stars sections of any organizat			22			
emptyves? If "Yes," complete Schedule J [23] X 20 Dit the organization have eta exempt bond issue with an outsignify principal ancunt of more than [24] X 24 Dit the organization have eta exempt bond issue with an outsignify principal ancunt of more than [24] X 2 Dit the organization invest any proceeds of its-exempt bonds beyond a temporary period exception? [24] X 2 Dit the organization invest any proceeds of its-exempt bonds beyond a temporary period exception? [24] X 2 Dit the organization act as an "Or bond of itsue for bonds outstanding at any time during the year? [24] Z 2 Dit the organization act as an "Or bond of itsue for bonds outstanding at any time during the year? [24] Z 2 Dit the organization act as an "Or bond of itsue of a organization. During the year? [24] Z 2 Dit the organization act as an "Or bond of itsue of a organization. During the year? [24] Z 2 Dit the organization act as an transport any annul to a Park? If %S, "orappies Schedule I, Part I [25] Z 2 Did the organization provide a grant or other assistants of any annul to rearry of lines organization. The provide an any of these personal II "Yes," complete Schedule I, Part II [26] Z 2 Did the organization provide a grant or other assistants of any annul to its and its and organization act and the transport any annul to an organization. The provide Schedule I, Part II [26] Z 2 Did the organi	23					
24a Did the arganization have a tax-excent band leave with an outside differ December 31, 2002? If "Yes," answer thes 24b 24a 24a Did the arganization invest any proceeds of tax-exempt bonds beyond a temporary patiod exception? 24b 24b Did the arganization invest any proceeds of tax-exempt bonds beyond a temporary patiod exception? 24b 24b Did the arganization invest any proceeds of tax-exempt bonds beyond a temporary patiod exception? 24c 24c Did the arganization invest any proceeds of tax-exempt bonds 24c 24c Did the arganization invest any proceeds of tax-exempt bonds 24c 24c Did the arganization invest any proceeds of tax-exempt bonds 24c 24c Did the arganization invest any proceeds of tax-exempt bonds 24c 24c Did the arganization invest any tax-exempt bonds 24c 24c Did the arganization proved any arganization. Did tay arganization argan and any arganization proved any arganization proved a strangenesis tax arganization proved a grant or other assistance to any campiles Schedule L, Part II 25c X Yes, "complete Schedule any of these persons? II "Yes," complete Schedule any arganization arganization proved any any of these persons? II "Yes," complete Schedule any of these 22c 25d Did the arganization proved argani or otherassistaneto any campile schedule any of these			0.00	v		
St02,000 act fm bit day of the year, that was issued after December 31, 2002 if "Yos," answor lines 240 244 b Did the organization invest any proceeds of law-accempt bonds beyond a temporary period ocception? 246 c Did the organization meshatin an excrew occount other than a refunding excrew at any time during the year? 246 c Did the organization meshatin an excrew occount other than a refunding excrew at any time during the year? 246 c Did the organization. The other of bonds? 246 25 Section 501(6)(3), 501(6)(4), and 501(6)(20) organizations. Did the organization range in an excess benefit transaction with a disqualitied person during the year? 246 1 Is the organization avec that the transpect in a neckess benefit transaction with a disqualitied person during the year? 256 2 M Tyes," complete Schedule 1, Part 1 256 2 M Did the organization report and any amount on Part X, line 5 or 22, for recolvables from or payables to any current or former officer, directer, trustes, ley amployee, creator or founder, substantial contributor or a 35% controlled on thilly charuling an employee thereol) or ramply controlled output of the see persons 71 "Yos," complete Schedule 1, Part 11 28 2 M Did the organization report of a stransaction with area of the following parties (caruli transec, ley area or the substantial contributor or any controlled output of these persons 71 "Yos," complete Schedule 1, Part 11 28 2 M Did the organization report of the displayee thereol) or fundy, result or substantial contributor? If			23	-		
through 24d and complete Schedule K. If "No," go to fine 25a. 24b. 24c. 24d. 24d. <td>24a</td> <td></td> <td></td> <td></td> <td></td>	24a					
b Define organization ministel are proceeded of las-exempt bundle bayed a temporary parted exception? Z4b c Did the organization ministel are exerve excount other than a refunding excreve at any time during the year? Z4c d Did the organization cat as an "on behalf of itsuer for bonds cutstanding at any time during the year? Z4d d Did the organization cat as an "on behalf of itsuer for bonds cutstanding at any time during the year? Z4d 256 Section 501(6)(3), 501(6)(4), and 501(6)(20) organizations. Did the organization angue in an excesse benefit transaction with a disqualited person to any of the organization angue in an excesse benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organization or payables to any current or former setting or gamma times. If any dimension or to and substanial contribute, or 35% controlled city, transac, leavy employee, creator or former, substanial contributor or any of the organization provide a grant or cher assistance to any current or former officer, director, trustes, leavy employee, creator or founder, substanial contributor or engloyee thereol, or annumite Z4d 27 Did the organization provide a grant or ther assistance to any during the exception? Z4 Z4d 28 Nos the organization calcular transaction with one of the following parties (calcul, trustes, leavy employee, creator or founder, creator or former officer, director, trustes, leavy employee, creator or founder, creator former officer, director, trustese, leavy employee, creator or f			240		v	
c Did the organization maintain an excore vaccount other than a refunding escrow at any time during the year 24. 23 Section 501(c(G), 501(c)(G), and 501(c)(20) organizations. Did the organization ongage in an excess benefit transaction with a disqualified person during the year? I 'vea,' complete Schedule L, Part I '''.es,' complete Schedule L, Part I '''.es,'' complete Schedule L, Part II ''''.es,'' complete Schedule L, Part II '''.es,''	1.					
to defease any tax-exempt bonds? 24d d Did the organization cat as an 'on behaf of issuer for bonds cutstanding at any time during the year? 24d d Did the organization cat as an 'on behaf of issuer for bonds cutstanding at any time during the year? 24d d Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization range in an excess benaft transaction with a disqualified person during the year? 25a k Is the organization avea that a lengaged in an excess benaft transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E2? 25b 2 M Did the organization report any amount on Part X, line 5 or 22, for toolvables from or psychols to any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled ontily or tanily member of any of these parsons? If Yeas' complete Schedule L, Part II 26 X 7 Did the organization report a subtantial contributor or employee thered, a grant selection committee member, or to a 35% controlled entily (including an employee thered, a grant selection committee member, or to a 55% controlled entily (including an employee thered, a grant selection committee member, or to a 55% controlled entily or a butness transaction with an ed the following parties (see the Schedule L, Part II 27 X 4 A user to former officer, director, trustee, key employse, calor or founder, or substantial contributor? II 7%s, "complete Schedule L, Part II 28b X 6 A family member of any of theore part scalor or commet to the following parties (see the Schedule L			240			
d Did the organization act as an "on behaff of issuer for bonds cutstanding at any time during the yeer? 24d 22a Section 501(c)(3), soft (51(c)(2) organizations. Did the organization angues in an excess benafit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I. 25a X. 25a be the organization may and the person during the year? If "yes," complete Schedule L, Part I. 25a X. 25b X. Did the organization report any amount on Pert X, line 5 or 22, for recolvables from or payables to any current or former, director, trustee, key amployee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27b Db the organization provide any quoties charter of low and provide schedule L, Part II. 27 X 28 Was the organization provide any and these persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization provide any schedules, conditry, and exceptions? 27 X 29 Was the organization provide any and these persons? If "Yes," complete Schedule L, Part II. 28 X 29 Was the organization provide any induces transaction with ore of the following parties (see the Schedule L, Part III. 28 X 20 A tarmity member of any individual decribed in	c		240			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disquifilied person during the year? If "Yes," complete Schedule L, Part I 25a X 1b Is the organization avere that it engaged in an excess benefit transaction with a disquifilied person in a prior year, and that the transaction has not been reported on any of the organization* prior Forms 990 or 990-E22 11"Yes," complete Schedule L, Part I 25b X 28 Did the organization report any amount on Part X, line 5 or 22, for recolvables from or payabbes to any current or former officer, director, trustee, key employee, creator or founder, subtainfait contributor or style or 990 CE2 25b X 29 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, subtainfait contributor or any or 10 to 35% controlled entity (including an employee thereod, grant selection committee member, or to a 35% controlled mitig (including, and exceptiones); 27 X 20 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II) 28a X 24 Yes," complete Schedule L, Part II 28b X 25 Did the organization receive on thus 825,000 in non-cash contributions; on exceptions; 28b X 25 Did the organization receive contributions of art, historical treasures, or canabis 826/200 in non-cash c						
tensection with a disqualified person during the year? II "Yes," complete Schedule L, Part I 25a X b Is the organization reports on any of the organization's prior Forms 99 or 990-E2? II" "Yes," complete Schedule L, Part I 25b X 25b Did the organization reports on any of the organization's prior Forms 99 or 990-E2? II" "Yes," complete Schedule L, Part I 25b X 25b Did the organization reports on any of these persons? If "Yes," complete Schedule L, Part II 26 X 25c Did the organization reports on founder, substantial contributor, or 35% controlled entity or tanuity member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 25c Did the organization provide a grant or other assistance to any or tensor of former officer, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part II 26 X 26 Was the organization provide a sign the rother sastistic to a rothore, or to a 35%, controlled entity intervisite, and exoptions): A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? II Yes," complete Schedule L, Part IV 27 X A 35% controlled entity of thereside, contidors, and exoptions): A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? II Yes," complete Schedule			24U			
b Is the organization aware that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 CE2? 25b 28 Did the organization report any amount on Part X, line 5 or 22, for recolvables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,'' complete Schedule I, Part II 26 X 27 Did the organization provide a grant or other assistances to any current or former officer, director, trustee, key employee, creator or foundity or temployee thereol, a grant steletion committee member, or to a 35% controlled entity of the unit prove thereol, a grant steletion committee in generation a payle schedule L, Part II 26 X 28 Was the complexity to a buttness transaction with one of the following parties (see the Schedule L, Part IV in the officer director, trustee, key employee, creator or founder, or substantial contributor? If ''res,'' complete Schedule L, Part IV 28a X 29 No terms of four or or mor individual decretibed in line 22a? If ''res,'' complete Schedule L, Part IV 28b X 29 Did the organization receive contributions of at, historical ressures, or other similar assets, or qualified conservation contributions? If ''res,'' complete Schedule L, Part IV 28b X 20 Did the organization receive contributions of at, historical ressures, or other similar assets	25a		250		x	
year, and that the transaction has not been reported on any of the organization report. 25b X if "Yes," complete Schedule L, Part I 25b X of the organization report any emount on Part X, line 5 or 22, for recolvables from or psyables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons PI "Yes," complete Schedule L, Part II 26 X 27 Did the organization report. or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity (Including an employee thereol, a rankly member of any of these persons II "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II) 28 28 X 29 Did the organization report of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 4 A 35% controlled entity of a business transaction with one of the following parties (see the Schedule L, Part IV 28a X 29 Did the organization receive more then \$25,000 in non-cash contributions? II "Yes," complete Schedule L, Part IV 28a X 20 Did the organization receive contributions of arth istofford treasures, or other imilar assets, or qua	Ł		230		<u> </u>	
If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for rocolvables from or psyables to any current or folcer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled antity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization party to a business transaction with one of the following parties (see the Schedule L, Part IV 28a X 29 A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 A family member of any Individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical ressures, or other similar assets, or qualified contentibulions of art, historical ressures, or other similar assets, or qualified contentibutions? If "Yes," complete Schedule M, 29a X 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its not assets? If "Yes," complete Schedule M, 29a <td>b</td> <td></td> <td></td> <td></td> <td></td>	b					
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, fuestee, key amployee, creator or founder, substantial contributor, or 35% controlled entity or family immether of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key amployee, treator or founder, substantial contributor or employee thereol) or family member of any of these persons II 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization a party to a butiness transaction with one of the following parties (see the Schedule L, Part III, 'Instructions for applicable filling thresholds, contiders, and exceptions): a a a 28 Was the organization a party to a butiness transaction with one of the following parties (see the Schedule L, Part III 'Yes,' complete Schedule L, Part IV 'Iss,' complete Schedule L, Part IV' 28a X 29 A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV' 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 28 X 30 Did the organization inpulciate, terminate, or dissolve and cease operations? If 'Yes,'' complete Schedule M. 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,'' complete			256		x	
or former officer, fuseter, trustee, key employee, creator or founder, substantial contributor, or 35%. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV Part, Y camplete Schedule L, Part IV Part, Y camplete Schedule L, Part IV 28a X 29 Vas the organization regive the resolve, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 20 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 20 Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28a X 31 Did the organization receive contributions of at, historical treasure, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 32 Did the organization neevempt or trasset or discove and cease operations? If "Yes," complete Schedule M, Part I 31 X 33	~~		200		- ^	
controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, missiee, key employee, creator or founder, substantial contributor or employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 27 X a current or former officer, furstee, key employee, creator or founder, or substantial contributor? If "ros," complete Schedule L, Part IV 28a X 28b X 28b X 28b X 28b X 28b X 28c A 35% controlled entity of one or more individual and/or organizations described in line 28a or 28b? If "ros," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "res," complete Schedule M 30 X 31 Did the organization individual schedule A, or transfer more than \$25% of the organization individual schedule M 30 X 32 Did the organization on 100% of an entity disregarted as separate from the organization under Regulations sections 301.701-2 and 301.701-37 If "res," complete Schedule R, Part I, III, or IV, and Part V, ine 1 34 X 34 Was the organization reclated to any tax-exem	26					
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV) 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ""ys," complete Schedule L, Part IV 28e X 29 Dd the organization receive more then \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28e X 20 Dd the organization receive more then \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28e X 30 Did the organization receive more then \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive more then \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X 32 Did the organization receive more then \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization receive more then \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I			20		v	
employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these parenase? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II) 28 X 29 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV) 28a X 20 A current or former office, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 28 Carrent of onner office, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other sellified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art instoried treasures, or charter limited eschedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or trusteer more lima 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization related to any tax-exempt or taxeble entity? If "Yes," complete Schedule R, Part I, III, or IV as," complete Schedule	~~		20		~	
member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes," complete Schedule L, Part III 27 X Was the organization apply to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptione): 28 X A current or former officer, director, trustee, lexy employee, creator or founder, or substantial contributor? If ''Yes,'' complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If 'Yes,'' complete Schedule L, Part IV. 28b X 28 X 28b X 29 Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If ''Yes,'' complete Schedule M. 29 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If ''Yes,'' complete Schedule M. 30 X 21 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sectors 301.7701-29 If 'Yes,'' complete Schedule R, Part I 31 X 32 X X X X X X 33 Did the organization nealed to any tax-exempt or taxable entity? If 'Yes,'' complete Schedule R, Part I, III, III, or III.	27					
persons? If "Yas," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV) 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X 28. A starting member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization receive contributions of art, historical treasure, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X 20 Did the organization induidate, terminate, or discolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization von 100% of an entity disregarded as separate from the creanization under Regulations sectors 301.7701-2 and 301.7701-32 if "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 336 Did the organization neave econtrolled entity within the menning of section 512(b)('13)? 34						
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions tor applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 X 31 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entily disregarded as separate from the organization under Regulations sections 301, 7701-28 II "Yes," complete Schedule R, Part I, III, or N1/2, and 301, 7701-32 II "Yes," complete Schedule R, Part I, III, or N1/2, and S01, 7701-29 II "Yes," complete Schedule R, Part I, III, or N1/2, and S01, 7701-29 II "Yes," complete Schedule R, Part I, III, or N1/2, and S01, 7701-29 II "Yes," complete Schedule R, Part I, III, or N1/2, and S01, 7701-29 II "Yes," complete Schedule R, Part I, III, or N1/2, and S01, 7701-29 II "Yes," complete Schedule R, Part I, III, III, or N1/2, and S01, T701-29 II "Yes," complete Sch			37		v	
Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 55% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "28c X 29 Did the organization receive more then \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation continuitions? If "Yes," complete Schedule M 30 X 31 Did the organization all, exchange, dispose of, or transfer more than 25% of its not assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization releated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I 32 X 33 Did the organization neelse actorofiled entity within the meaning of section 512(b)(13)? 35a X 34 Was the organization releated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part I, III, or IV, and Part V, line 1 34 X 35a <td></td> <td>persons? If "yes," complete Schedule L, Part III</td> <td></td> <td><u> </u></td> <td></td>		persons? If "yes," complete Schedule L, Part III		<u> </u>		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contribution? If 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more then \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization receive contributions of at, pistorical treasures, or other similar assets, or qualified 30 X 32 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 356 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, IIIII, or IV, and Part V, line 1 35a X<	28					
"Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2 35b X 35 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Was				1		
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c X 29 Did the organization receive more then \$25,000 in non-cosh contributions? If "Yes," complete Schedule M 29 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization set, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 ml 301.7701-37 If "Yes," complete Schedule R, Part I 33 X 33 Was the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or I, and Part V, line 1 34 X 34 Was the organization sciel entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purpose? If "Yes," complete Schedule R, Part V, line 2 35b 36	а		200		v	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? if 28c X 29 Did the organization receive more then \$25,000 in non-cash contributions? if "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization with a controlled entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a X 35a Did the organization conduct more than 5% of its activities through an antity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 35b 36						
"Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization receive contributions? If "Yes," complete Schedule M 30 X 32 Did the organization injulcate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 33 X 34 Was the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 356 Did the organization section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 366 Section 501(c)(3) organizations. Did the organization meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 37 Did the organization complete Schedule R, Part V, line 2 35b 35b 38 Did the organization. Scientify of federal income tax purposes? If "Yes," complete Schedule R, Par			260		<u> </u>	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions? If "Yes," complete Schedule M 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization with exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 34 Was the organization receive any payment from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 365 Socion 601(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tex purpose? If "Yes," complete Schedule R, Part Vi 37 38 Did the organization c	c		200		l v	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I</i> 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 33 X 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part I</i> 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 36 35a Did the organization complete Schedule R, Part V, line 2 36 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V</i> 36 X 37 Did the organization complete Schedule					<u> </u>	
conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assels? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form			-29	<u>⊢</u>		
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Sold the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2 36 X 37 Did the organization complete Schedule Q organization on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X <td and="" colspanization="" complete="" explanations="" o="" on="" provide="" schedule="" schedule<="" td=""><td>30</td><td></td><td>1 20</td><td>1</td><td>v</td></td>	<td>30</td> <td></td> <td>1 20</td> <td>1</td> <td>v</td>	30		1 20	1	v
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Solid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yas," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Yet in the member Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a		conservation contributions? if "Yes," complete Schedule M				
complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O. 37 X 38 Did the organization complete Schedule O. 38 X X 39 Did the organization complete Schedule O. 38 X		Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part	1 31		<u>⊢</u> ^	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 37 X 38 X X 37 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Yes Note: All Form 990 filers are required to complete Schedule O. Yes Note: All Form 990 filers are required to complete Sche	32		00		l v	
sections 301.7701-2 and 301.7701-3? If 'Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: Ail Form 990 filers are required to complete Schedule O. 38 X Yes Note: Ail Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Note: In the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31a		complete Schedule N, Part II	34		<u>~</u>	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 37 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 3 1a Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 1a 3 1a 3	33				- v	
or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Yes Note: All Form 990 filers are required to complete Schedule O. Yes Note 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			- 33		<u>⊢</u> ≏	
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Note 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3a	34				l v	
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Note 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3a		or /V, and Part V, line 1		+	1 the second sec	
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization complete Schedule Q and provide explanations on Schedule Q for Part VI, lines 11b and 37 X 38 Did the organization complete Schedule Q and provide explanations on Schedule Q for Part VI, lines 11b and 38 X 38 Did the organization Complete Schedule Q. 38 X 39 Did the organization complete Schedule Q and provide explanations on Schedule Q for Part VI, lines 11b and 38 X 38 Did the organization Complete Schedule Q. 38 X 97 Note: All Form 990 filers are required to complete Schedule Q. 38 X 98 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 14 Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 1a 3 3			508		<u>⊢</u> ^	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization complete Schedule R, Part V, line 2 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 X 39 Note: All Form 990 filers are required to complete Schedule O. 38 X 9 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 10 Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 1a 3 3	b		256			
related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 X 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 1a 3 3			330	+	+	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Yes 1a Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 1a 3 3	36		20		v	
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			- 30	+	<u> </u>	
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 X 197 Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Note 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3	37	-	1 17		v	
197 Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			3/		<u><u></u>⊢<u>∩</u></u>	
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3	38		20	v		
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 3 1a 3	-		36	<u> </u>	L	
Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3	P	an v Statements regarding other into rinnys and rax compliance Check if Schedule O contains a regenered or note to any line in this Part V			Π	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Check in Schedule O contains a response of note to any line in this Fart V	<u></u>	Vac	No	
		Enter the number reported in box 2 of Earm 1000. Enter 0, if not applicable		1.62	1	
h Enter the number of Ferme W/QC included on line 1a Enter A if not applicable 19b 1 1				. :	· ·	
		Liner die humber erstement zie weise der wie far Erner er wiederente	-			
c Did the organization comply with backup withholding fulles for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	c		10			
Pepontable gaming (gambing) winnings to page winners?		reportable Valuation (dattooned) withous to bace withous the			0 12021	

.

Form	990 (2021) NORTH COAST REPERTORY THEATRE		Pa	<u>ge 5</u>
the second se	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 73	, 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		· ·	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country >			
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	őb		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
- 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		6b		
7	gilts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		· · · ·	
а		7a		
	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			•••••
¢		7c		
	required to file Form 8282?	10		
d	i rod, indicate the familie and the stand of the standard s	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a	1	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		· ·
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1.		
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	!
а		<u>13a</u>	<u> </u>	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
c	Enter the amount of reserves on hand	. :		
14a	many second s	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	ļ
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachule payment(s) during the year?	15	L	X
	If "Yes," see instructions and file Form 4720, Schedule N.	· ·		
16	ts the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	1	
	If "Yes," complete Form 6069.		1	1

Form	990 (2021) NORTH COAST REPERTORY THEATRE		Pa	ige 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd foi	'a "N	0"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.		instru	ctions.
	Check if Schedule O contains a response or note to any line in this Part Vi	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		÷	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent		1	· .
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<u>_X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assels?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	<u>7b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1 -		
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	······
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			17
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>5ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Co		11.
40	Did the executation being teast should be been as offlicing	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	Jua		
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
b 0	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
c	describe on Schedule O how this was done	12c	x	
13	Did the exercise terms a united arbitration reliand	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1 14		
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.1		
•	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		X
ů	If "Yes" to line 15a or 15b, describe the process on Schedule O. See Instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			`
		16a		x
h	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
Ŭ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1.	
	organization's exempt status with respect to such arrangements?	16b	ļ	
Sec	tion C. Disclosure		L	
17	List the states with which a copy of this Form 990 is required to be filed > CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	••••		•••••
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	ILLIAM KERLIN 987 LOMAS SANTA FE DRIVE			

20	State the	name	acu:ess,	ano	reiehuoue	numoa	UI.	0.6	peraon	WHO	hosse	2262	u ı
Ţ	MILLIAM	KER	LIN						987	\mathbf{rc}	MAS	SA	ŇΊ

CA 92075

Form 990 (2021) NORTH	COAST	REPE	RT	OR!	ζ.	CHE	FA	RE			Page 7
Part VII Compensatio	n of O	officers, D	ire	cto	rs, T	Tru	stee	es,	Key Employees, Hi	ghest Compensate	d Employees, and
Independent	Contra	actors									_
									<u>α any line in this Part</u>		<u></u>
									Compensated Employe		
a Complete this table for all p organization's tax year.											
 List all of the organization compensation. Enter -0- in colu 	imns (D),	, (E), and (F)) if n	0 00	mpe	nsat	ion v	/as (paid.		of
 List all of the organization 											
 List the organization's five who received reportable compe- \$100,000 from the organization 	ensation (box 5 of For	rm V	V-2,	Fom	mpio 10	iyaas 99-M	i (oti ISC,	her than an officer, directo and/or box 1 of Form 10	r, trustee, or key employe 39-NEC) of more than	е)
 List all of the organization \$100,000 of reportable competition 	insation (i	rom the org	aniza	ation	and	any	reia	led (organizations.		
 List all of the organization organization, more than \$10,00 See the instructions for the ord 	0 of repo er in which	ortable comp ch to list the	pensi pens	ation sons	fron abo	n the ve.) org	aniz	ation and any related orga	inizations.	e
X Check this box if neither th	e organiz	zation nor a	iy re	late	d org	aniz	ation	cor	npensated any current offi	cer, director, or trustee.	
(A)		(B)			(C Posi	lion			(D)	(臣)	(F)
Name and title		Average			heck i ss pei				Reportable	Reportable	Estimated amount
		hours per week	offic	cer ar	nd a d	irecto	r/hus)	203	compensation from the	compensation from related	of other compensation
		(list any	indi or o	inst	Officer	Key	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		hours for related	individual or director	institutional	l set	Key employee	by a st		1099-NEC)	1099-NEC)	related organizations
	0	rganizations	ខ្ពុំដ			ptoy	, into	1	·		
		below dalled line)	truskee	trustee		88	Densa				
			ů.	ee.			Date Date				
(1) PETER HOUSE											
		0.00									
Director		0.00	X						0	0	(
(2) SHARON STEIN					1						
		0.00								_	
Immed Past Presid	ent	0,00	X		X				0	0	(
(3) MARILYN TEDES	SCO										
		0.00		ļ		ļ					
Vice President		0.00	X	Ì	X				0	0	
(4) DAVID ELLENS			1								
		40.00								-	
Artistic Director		0.00	<u> </u>			X	L		159,501	0	
(5) PATRICIA MOIS	SES										
		0.00									
Director		0.00	X	ļ			ļ		0	0	(
(6) STEVE CHAPMAN	N					l					
		0.00				ĺ			_		
Director		0.00	X		ļ		 	ļ	0	0	(
(7) MARION DODSON	N I										
		0.00									
Director		0.00	X		_	[ļ	0	0	
(8) RICH LEIB				-		1					
		0.00									
Director		0.00	X						0	0	
(9) SUSAN ROTH]							
		0.00	ļ					1			
Director		0.00	X						0	0	
(10) MARC TAYER											
• • - ······		0.00									
President		0.00	x		x				0	0	
(11) BERIT DURLER							1	1			
		0.00			1						
Treasurer		0.00	x		X	1			0	0	
TTGGSUTGT				1							Form 990 (202

Form 990 (2021) NORTH CO	AST REPE	RT	OR	<u> </u>	TH	EA	<u>rr</u> i	<u>E</u>				Pag	<u>e 8</u>
Part VII Section A. Officer	s, Directors, Tr	uste	es,			ploy	ees	, and Highest Compense	ated Employees (continu	ied) T			
(A) Name and lille	(B) Average hours per week	box offic	, unle: cer an	d a d	tion more rson i tirecto	than c is both ontrost	an ee}	(D) Reportabla compensation from the	(E) Reportable compensation from related		(F) imated as of other ompensa	r lion	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	arganizations (W-2/ 1099-MISC/ 1099-NEC)		from the ganization ed organ	and	
(12) BEVERLY LIBE													
Director	0.00	x			ļ			0					٥
(13) KATY TANGHE													
Secretary	0.00	x		x				0	c				0
·····	ESP					-							
Vice President	0.00	x		x				0	0				0
(15) KAREN WILDEF	2												
Director	0.00	x						0					0
(16) MARSHA JANGE	R 0.00					1							
Director	0.00	x						0					0
(17) MARK CHRISTO	PHER LAW	RI	NC	E									
Director	0.00	X	<u> </u>		<u> </u>			0	(<u>)</u>			0
(18) DAN MORILAK	0.00	1								ł			
Director	0.00	x						0	(0
1b Subtotal							►	159,501					
c Total from continuation st	eets to Part VI	, Se	ctio	ηA		• • •	۲	150 501					
d Total (add lines 1b and 1c 2 Total number of Individuals () including but not	limi	ted to	o the	ose	listed	ab	159,501 ove) who received more th					
reportable compensation fro										····		Yes	No
3 Did the organization list any	former officer, c	lirec	lor, ti	ruste	e, k	key e	mpl	oyee, or highest compensa	ated		3		x
employee on line 1a? If "Yes 4 For any individual listed on I	ine 1a, is the sur	n of	repo	rtabl	le o	ompe	insa	tion and other compensation	on from the				<u></u>
organization and related org											4	x	
5 Did any person listed on line for services rendered to the	a 1a receive or a	coru	e co	mpe	nsa	tion fi	rom	any unrelated organization	or individual		5		x
Section B. Independent Contra		165	, co	тра	310 1	20110	0016						
1 Complete this table for your compensation from the orga	five highest com	ipen com	sateo	i ind atior	lepe n for	nden the	t co cale	entractors that received mo endar year ending with or y	re than \$100,000 of within the organization's ta	ax vear.			
	(A) nd business address						T		(B) plion of services		Co	(C) Inperisali	on
							-						
							+						
,							+		·····		<u> </u>		
2 Total number of independer	t contractors /inc	hrii	an bi	it ne	at lin	nited	tot	hose listed above) who			<u> </u>		
received more than \$100.00	0 of compensati	∴	nari	he r	oraa	nizati	ion		0		1		

		II Stateme	Sch	f Revenue	aine a n	esponse or	note	e to any line in	this Part VIII		
		Checkin	0011					(A) Totaj revenue	(B) Related or exempt function tevenue	(C) Unrelaled business revenue	(D) Revenue excluded from tax under sections 512-514
11	la	Federated camp	aigns		1a						
nounts	ь	Membership due	s		1b						
Ψ	С	Fundraising ever	nts		1c	457,6	53				
llar	d	Related organiza	alions		1d						
E.	e	Government grants (o	ontributio	ns)	1e	1,188,5	81				
-e		All other contributions, and similar amounts re-			1f	910,4	20				
휨	g	Noncash contributions	included	i in.							
and Other Similar Amount		lines 1a-11 ,		• • • • • • • • • • • •	1g \$	47,9		O FEG CEA			
8	h	Total. Add lines	1a-1	l			<u>></u>	2,556,654			
	. .					Business	Code	1,620,509			1,620,50
		ADMISSIONS			••••			205,398	205,398		1,020,000
Ine	b	THEATRE SC CONCESSION	HOOL					41,976	41,976		
Revenue	c d						-+				, 11 - 1 ₁₁ (11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
ř	u م						-				
	f	All other program		/ice revenue			†				
		Total, Add lines					►	1,867,883			a pracis de la set
╈	_	Investment inco									
		other similar and	ounts)				1,388	1,388		
	4	income from Inv	estme	int of tax-exemp	t bond pr	oceeds					••••••••••••••••••••••••••••••••••••••
	5	Royalties					►				
				(I) Real		(il) Personal					
	6a	Gross rents	6a								
	b	Less; rental expenses	<u>6b</u>								
	C	Rental Inc. or (loss)	6c								
		Net rental incon Gross amount from	ne or (►				
		sales of assets	-	(i) Securilias		(il) Other					
		other than inventory	7a								
	b	Less: cost or other	71.								
Kevenue	_	basis and sales exps.	7b 7c			<u>.</u>					
		Gain or (loss) Net gain or (los		L			•				
Uner		Gross income from			<u> </u>		····				
	ua	(not including \$							n en stratiski Literatur		
		of contributions re									
		1c), See Part IV, I			8a	19,	500				
	b	Less: direct exp			8b	141,				1 - 1 - 1 - 1	
		Net income or (events .		▲	-122,135			
		Gross income f									
		activities. See F			9a						
	b	Less: direct exp			9b						
		Net income or i			ivities		►				
ŀ	10a	Gross sales of	invent	ory, less							
		returns and allo			10a						
		Less: cost of go			105						
	c	Net income or i	(loss)	from sales of inv	rentory		<u> </u>				
4						Busines:	Code				
n B B B B B B B B B B B B B B B B B B B	11a	۱ ,									
len l	þ	*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i></i> .								
	C										
28		4 D									
Revenue	d	All other revent Total. Add line					•				

Form 990 (2021) NORTH COAST REPERTORY THEATRE Part IX Statement of Functional Expenses

DAA

.

Part	IX Statement of Functional Exp 501(c)(3) and 501(c)(4) organizations must co.		ber organizations must co	mplete column (A).	
000101	Check if Schedule O contains a respor				
	t include amounts reported on lines 6b, 7b, , and 10b of Parl VIII.	(A) Tolel expanses	(B) Program service expenses	(C) Management and géneral expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	oreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	294,501	205,401	44,550	44,550
	inustees, and key employees	294,001	200,404	44,550	
	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and			-	
	persons described in section 4958(c)(3)(B) Other salaries and wages	1,225,823	1,034,295	85,444	106,084
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16.200	13,210	1,385	1,605
	Other employee benefits	16,200 224,931	183,412	19,233	1,605 22,286
10	Pavroli taxes	150,167	122,449	12,839	14,879
11	Payroll taxes				
	Management				
ĉ	Accounting	13,432	4,395	8,661	376
	Lebbying				
	Professional fundraising services. See Part IV, line 7			and the state of the state of the	
	Investment management fees	263		263	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion	285,466	284,248		<u>1,218</u>
	Office expenses	155,084	93,137	36,546	25,401
14	Information technology	6,352	5,082	635	635
	Royalties	107,872	107,872		
	Occupancy	195,970	172,280	11,845	11,845
17	Travel	15,988	2,431	11,709	1,848
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	12,414	12,414	1 200	1 500
23	Insurance	15,020	12,016	1,502	1,502
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	E40 020	E40 220		
a	MAINSTAGE	540,230	540,230	3,036	
b	BANK FEES/CC PROCESSING	74,912 63,260	63,260	3,030	
c	OUTSIDE CONTRACTORS	43,706	43,706		·····
d	REPAIRS	63,145	62,262	883	
	All other expenses	3,504,736	3,033,976	238,531	
	Total functional expenses, Add lines 1 through 24e	3,304,730	5,055,010	10,003	<u> </u>
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				Form 990 (202

۲a	irt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line	in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing		{	1,622,191	1	1,858,533
	2	Savings and temporary cash investments		Γ	421,610	2	730,462
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			310,503	4	8,29
	5	Loans and other receivables from any current or form	er officer, dire	ector,			
		trustee, key employee, creator or founder, substantial		,			
		controlled entity or family member of any of these pers	sons			5	
		Loans and other receivables from other disqualified pe			t set de la state		
3		under section 4958(f)(1)), and persons described in s				6	
		Notes and loans receivable, net				7	
2	8	inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			200,937	9	270,29
		Land, buildings, and equipment: cost or other		ΓΓ		i.	이 같은 것은 것이 같이 같이 같이 같이 같이 했다.
		basis. Complete Part VI of Schedule D	10a	671,051	그는 것 이번 동안을 통		이 가지가 많아 물었다.
	b	Less: accumulated depreciation	10b	434,753	193,214	10c	236,29
	11	investments-publicity traded securities			60,213	11	50,91
	12	investments-other securities. See Part IV, line 11				12	
ł	13	Investments-program-related, See Part IV, line 11				13	
ł	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,909	15	7,90
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,816,577	16	3,162,70
	17	Accounts payable and accrued expenses			275,744	17	170,54
	18	Grants payable				18	
	19	Deferred revenue			1,208,407	19	868,28
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule	D		21	
a	22	Loans and other payables to any current or former of	ficer, director,				
Samuer		trustee, key employee, creator or founder, substantial					
B		controlled entity or family member of any of these per	sons			22	
-	23	Secured mortgages and notes payable to unrelated the	hird parties			23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payable					
- 1		parties, and other liabilities not included on lines 17-2-		1			
		of Schedule D				25	1 000 00
_	26	Total liabilities, Add lines 17 through 25			1,484,151	26	1,038,83
ន្ល		Organizations that follow FASB ASC 958, check	here X				
Net Assets of Fund Balances		and complete lines 27, 28, 32, and 33.					
ala	27		· · • • · • • • • • • • • • • • • • • •		1,174,500	27	1,941,39
	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, and complete lines 29 through 33			157,926	28	182,48
		Organizations that do not follow FASB ASC 958,	check here				
5		and complete lines za through bo.		l			
2	29	Capital stock or trust principal, or current funds			-	29	
2	30	Paid-in or capital surplus, or land, building, or equipm				30	
Ś	31	Retained earnings, endowment, accumulated income,	or other fun	as	1 222 400	31	0 100 07
ž	32	Total net assets or fund balances	•••••		1,332,426		2,123,87
	33	Total liabilities and net assets/fund balances			2,816,577	33	3,162,70 Form 990 (20

Form 990 (2021) NORTH COAST REPERTORY THEATRE			Pa	ge 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				X
1 Total revenue (must equal Part VIII, column (A), line 12)	1	4,3	03,	790
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,5	504,	736
3 Ravenue less expenses, Subtract line 2 from line 1	3		199,	054
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,3	32,	426
5 Net unrealized gains (losses) on investments			-7,	603
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain on Schedule O)	9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
32, column (B))		2,1	.23,	877
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
				No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain on			1	
Schedule O,				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		21	1	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		· · · · · · · · · · · · · · · · · · ·		
reviewed on a separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis			1 4	
b Were the organization's financial statements audited by an independent accountant?		21	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
separate basis, consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis				
c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2 X	
if the organization changed either its oversight process or selection process during the tax year, explain o		·····	· .	
Schedule O.				el Na ser el compositorio de la composi
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	he		1	
Single Audit Act and OMB Circular A-1337		3	a	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			_	
		F	om 99	0 (2021)

Internal Revenue Service

Date: July 21, 2004

North Coast Repertory ThEATRE A Non Profit Corporation 987 Lomas Santa Fe. Dr. D Solana Beach, CA 92075-2125 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact: Sylvia A. Williams 31-07817 Customer Service Representative Toll Free Telephone Number: 8:00 a.m. to 6:30 p.m. EST 877-829-5500 Fax Number: 513-263-3756 Federal Identification Number: 95-3819307

Dear Sir or Madam:

This is in response to your request of July 21, 2004, regarding your organization's tax-exempt status.

In November 1983 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

.

Janna K. Skufen

Janna K. Skufca, Director, TE/GE Customer Account Services

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Name (as shown on your income tax	ratural Managia required on i	ibin lines de net lactus this l	ine bleek

	North Coast Repertory Theatre		
	2 Business name/disregarded entity name, If different from above		
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes. □ Individual/sole proprietor or single-member LLC □ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member ov LLC if the LLC is classified as a single-member LLC that is disregarded from the owner or U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its owner unless the or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner for U.S. federal tax purposes. Otherwise is a single-member LLC dist. □ Other (see Instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions. 987 Lomas Santa Fe Drive 6 City, state, and ZIP code Solana Beach , CA 92075 7 List account number(s) here (optional)	Trust/estate	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (II any) Exemption from FATCA reporting code (If any) (Applies to accounts maintained outside like U.S.) and address (optional)
Pa	t I Taxpayer Identification Number (TIN)		
Enter backt reside entitie <i>TIN</i> , 1 Note	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av up withholding. For individuals, this is generally your social security number (SSN). However, f ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	ora a ar	

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sìgn Here	Signature of U.S. person ►	\bigcirc	1	76-	Date► c	3-2	4-21	
	L		·	<u></u>			and the second sec	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

Form 1099-DIV (dividends, including those from stocks or mutual funds)

Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

- · Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)
- · Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Pathways To Citizenship

City of Solana Beach Community Grant Application

The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023.**

All requests will be determined by the following criteria:

Name of Organization: Pathways to Citizen	<u>ship</u>	
Contact Person: Sonya Williams, ED	Email address	: <a>sonya@pathwayssd.org
Daytime Phone: <u>858-519-2882</u>	Evening Phon	e: <u>858-519-2882</u>
Mailing Address: 120 Stevens Ave		
City: Solana Beach	State: <u>CA</u>	Zip: <u>92075</u>

- All the documents below are attached to this application: W-9 Summary of Organization's Budget Proposed Program Budget Financial and Tax Statements (see Application Guidelines) Copy of the California Franchise Tax Board Entity Status Letter, showing exemption under Section 23701d or Internal Revenue Code section 501(c)(3)
- 2. Has your organization received financial assistance from the City before? Yes

If yes, what activities and which fiscal year?

2022-23: Voices of Freedom: Solana Beach Hybrid Citizenship Preparation Program
2021-22: Supporting Solana Beach Dreamers: Outreach and Legal Assistance for DACA
Applicants in Solana Beach
2020-21: NCICC Solana Beach Immigrant Family COVID-19 Recovery Project
2019-20: Legal Immigration Services Scholarships for Solana Beach residents
2018-19: Educational Program Coordinator

3. Title of FY 2023/24 Proposed Program/Service:

Pro Bono Program Expansion: Provide immigration law training in Solana Beach for volunteer attorneys and legal interns to serve more qualified, low-income immigrants.

4. What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.

\$5,980

5. Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used:

Pathways' Pro Bono Expansion Project will address the urgent need for low-cost and pro bono legal immigration services by training local volunteer attorneys and interns in immigration law.

The additional four hours per week funded by this grant will enable our part-time volunteer coordinator (who currently works 20 hours/week) to implement a robust recruitment, screening, intake, training and mentorship program in Solana Beach for legal volunteers with no experience or training in immigration law.

By matching (and mentoring) trained volunteer attorneys and interns with pre-screened, qualified low-income immigrants and refugees, this expansion project will connect Solana Beach residents with their neighbors from around the world, and increase the number of vulnerable, underserved immigrants and refugees that Pathways to Citizenship represents by 20%.

Since receiving Department of Justice (DOJ) recognition to practice immigration law in 2016, Pathways has consulted with more than 3,000 low-income families to determine the legal status they qualify for; filed more than 500 cases with US Citizenship and Immigration Services (USCIS), welcomed 163 new U.S. citizens, and helped more than 500 adults improve their English and prepare for citizenship interviews. To maximize the impact of our small staff, we have engaged more than 200 volunteer teachers and tutors. This pro bono expansion project will engage even more Solana Beach residents of all ages and backgrounds in the legal component of this complex and life-changing work.

6. Anticipated Program Objectives or Accomplishments:

Pathways Pro Bono Expansion Program will engage, train and mentor more than 20 volunteer attorneys and legal interns in immigration law, including 6-10 Solana Beach residents. These legal volunteers will enable our small legal staff to increase the number of qualified immigrant and refugee families that we represent by 20%. At the same time, this funding will enhance the skills, knowledge, and career aspirations of participating Solana Beach residents by providing them with legal training and experience.

7. Program Dates/Location:

June 2023 - May 2024 Pathways to Citizenship offices, Solana Beach, CA

8. Estimated number of Solana Beach residents to be served by proposed program:

20 immigrant residents and 6-10 Solana Beach resident attorneys and/or legal interns

9. How will the organization acknowledge the City's financial contribution to the community/beneficiaries of the proposed activity?

We will submit press releases to local Solana Beach, North County and San Diego newspapers, and inform all beneficiaries of the financial contribution made by the City of Solana Beach, plus acknowledge the City of Solana Beach's support on our website, blogs, social media, presentations, news coverage, etc. Our legal training materials also will acknowledge support from the City of Solana Beach.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

We are meeting with our County Supervisor's office and with the San Diego County Bar Foundation to discuss additional funding for our pro bono legal expansion program. Additional funding will be used for immigration law training courses and time for our Legal Director to train and mentor volunteer attorneys and interns at our offices in Solana Beach.

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

Yes, volunteer attorneys and legal interns will enable our small legal staff to increase the number of qualified immigrant families that we serve at less expense. At the same time, this funding will enhance the skills, knowledge, and career aspirations of participating Solana Beach residents by providing them with legal training and experience.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

With partial funding, this program will move forward, but will train fewer legal volunteers and will serve fewer immigrant and refugee families.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

Sonya Williams Authorized Signature of Organization <u>May 25, 2023</u> Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.

City of Solana Beach Community Grant Program 2023-24

Pro Bono Program Expansion: Provide immigration law training for volunteer attorneys and interns in Solana Beach to represent more qualified, low-income immigrants

ltem	COSB Request
Volunteer Coordinator: 4 hours/week @ \$23/hr x 50 weeks	\$4,600
30% CA payroll taxes	\$1,380
Project Total	\$5,980

Pathways to Citizenship BUSINESS PLAN AND CASH FLOW MANAGEMENT TOOL

2023 Forecast		Jan	Feb	Mar	Apr	May .	Jun	Jul	Aug	Sep	Oct	Nov	Dec 1	ſotal
INCOME														
SBPC Office Provision	Non-cash	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00	4,800.00
SBPC Phone / Internet Provision	Non-cash	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,200.00
SBPC Subtotal Provisions	Non-cash	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	6,000.00
Grant Funds Available														
Legacy Gift (through KBF)			30,000.00											30,000.00
Coastal Community Foundation											5,000.00			5,000.00
Kingdom Builder Foundation (KBF)									F 000 00				5,000.00	5,000.00
City of Solana Beach CDSS (grant through WR)						6,440.00	7,400.00		5,000.00 4,600.00					5,000.00
SBPC (OLT, ACM, etc.)				3,402.21		6,440.00	500.00		4,600.00				500.00	18,440.00 4,402.21
New Grants				5,402.21			500.00	10,000.00				20,000.00	500.00	30,000.00
Preferred Communities Federal Grants	(ORR/WR)	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00		10,000.00				20,000.00		50,000.00
Depatiens														
Donations Check/Cash Donations (incl board, network)	work for good bla	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	3,000.00	20,000.00	5,000.00	7,000.00	51,000.00
ACH/EFT Donations: Bloomerang/Squar		2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	5,000.00	5,000.00		3,000.00	3,000.00	50,000.00
Stock Donations (ACH - Morgan Stanley			-/	_/	_,		_,	_,	-,	-,		-,	0,000.00	0.00
Client and Student Donations (low-cost	legal & book fees	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	12,000.00
Other, Reimbursements														0.00
TOTAL INCOME		15,000.00	45,000.00	18,402.21	15,000.00	21,440.00	12,900.00	15,000.00	17,600.00	9,000.00	46.000.00	29.000.00	16,500.00	260,842.21
EVELOPE														
EXPENSES Staffing		14 000 00	14 000 00	14 000 00	14 000 00	14 000 00	14 000 00	14 940 00	14 940 00	14 840 00	14 840 00	14 840 00	14 940 00	172 040 00
Staffing	0.29	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,840.00	14,840.00	14,840.00	14,840.00	14,840.00	14,840.00	173,040.00
Staffing Withholding, FICA & Workman's Comp	0.29	4,060.00	4,060.00	4,060.00	4,060.00	4,060.00	4,060.00	4,303.60	4,303.60	4,303.60	4,303.60	4,303.60	4,303.60	50,181.60
Staffing	0.29										4,303.60 150.00			50,181.60 1,800.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees	0.29	4,060.00	4,060.00	4,060.00 150.00	4,060.00	4,060.00	4,060.00	4,303.60	4,303.60	4,303.60	4,303.60	4,303.60	4,303.60	50,181.60
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees		4,060.00	4,060.00	4,060.00 150.00 1,448.00	4,060.00	4,060.00	4,060.00	4,303.60	4,303.60	4,303.60	4,303.60 150.00	4,303.60 150.00	4,303.60 150.00	50,181.60 1,800.00 3,620.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual)		4,060.00 150.00	4,060.00 150.00	4,060.00 150.00 1,448.00 895.18	4,060.00 150.00	4,060.00 150.00 2,000.00	4,060.00 150.00	4,303.60 150.00	4,303.60 150.00	4,303.60 150.00	4,303.60 150.00	4,303.60 150.00	4,303.60 150.00 2,265.00	50,181.60 1,800.00 3,620.00 6,825.18
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee)		4,060.00 150.00	4,060.00 150.00 1,500.00 100.00	4,060.00 150.00 1,448.00 895.18 100.00	4,060.00 150.00	4,060.00 150.00 2,000.00 100.00	4,060.00 150.00	4,303.60 150.00	4,303.60 150.00	4,303.60 150.00	4,303.60 150.00 2,172.00 100.00	4,303.60 150.00 3,665.00	4,303.60 150.00 2,265.00 5,158.00 100.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,500.00 1,200.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies		4,060.00 150.00 100.00 100.00	4,060.00 150.00 1,500.00 100.00 100.00	4,060.00 150.00 1,448.00 895.18 100.00 100.00	4,060.00 150.00 100.00 100.00	4,060.00 150.00 2,000.00 100.00 100.00	4,060.00 150.00 100.00 100.00	4,303.60 150.00 100.00 100.00	4,303.60 150.00 100.00 100.00	4,303.60 150.00 100.00 100.00	4,303.60 150.00 2,172.00 100.00 100.00	4,303.60 150.00 3,665.00 100.00 100.00	4,303.60 150.00 2,265.00 5,158.00 100.00 100.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,500.00 1,200.00 1,200.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS)		4,060.00 150.00 100.00 100.00 250.00	4,060.00 150.00 1,500.00 100.00 100.00 250.00	4,060.00 150.00 1,448.00 895.18 100.00 100.00 250.00	4,060.00 150.00 100.00 100.00 250.00	4,060.00 150.00 2,000.00 100.00 100.00 250.00	4,060.00 150.00 100.00 100.00 250.00	4,303.60 150.00 100.00 100.00 250.00	4,303.60 150.00 100.00 100.00 250.00	4,303.60 150.00 100.00 100.00 250.00	4,303.60 150.00 2,172.00 100.00 100.00 250.00	4,303.60 150.00 3,665.00 100.00 100.00 250.00	4,303.60 150.00 2,265.00 5,158.00 100.00 100.00 250.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,500.00 1,200.00 1,200.00 3,000.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach		4,060.00 150.00 100.00 250.00 100.00	4,060.00 150.00 1,500.00 100.00 100.00 250.00 100.00	4,060.00 150.00 1,448.00 895.18 100.00 100.00 250.00 100.00	4,060.00 150.00 100.00 100.00 250.00 100.00	4,060.00 150.00 2,000.00 100.00 250.00 100.00	4,060.00 150.00 100.00 100.00 250.00 100.00	4,303.60 150.00 100.00 250.00 100.00	4,303.60 150.00 100.00 250.00 100.00	4,303.60 150.00 100.00 250.00 100.00	4,303.60 150.00 2,172.00 100.00 100.00 250.00 100.00	4,303.60 150.00 3,665.00 100.00 250.00 100.00	4,303.60 150.00 2,265.00 5,158.00 100.00 100.00 250.00 100.00	50,181.60 1,800.00 6,825.18 7,158.00 1,500.00 1,200.00 3,000.00 1,200.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges))	4,060.00 150.00 100.00 100.00 250.00	4,060.00 150.00 1,500.00 100.00 100.00 250.00	4,060.00 150.00 1,448.00 895.18 100.00 100.00 250.00	4,060.00 150.00 100.00 250.00 100.00 7.50	4,060.00 150.00 2,000.00 100.00 100.00 250.00	4,060.00 150.00 100.00 100.00 250.00	4,303.60 150.00 100.00 100.00 250.00	4,303.60 150.00 100.00 100.00 250.00	4,303.60 150.00 100.00 250.00 100.00 7.50	4,303.60 150.00 2,172.00 100.00 100.00 250.00	4,303.60 150.00 3,665.00 100.00 100.00 250.00	4,303.60 150.00 2,265.00 5,158.00 100.00 100.00 250.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,500.00 1,200.00 1,200.00 3,000.00 1,200.00 90.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges Direct Distributions (including USCIS fe))	4,060.00 150.00 100.00 250.00 100.00	4,060.00 150.00 1,500.00 100.00 100.00 250.00 100.00	4,060.00 150.00 1,448.00 895.18 100.00 100.00 250.00 100.00	4,060.00 150.00 100.00 100.00 250.00 100.00	4,060.00 150.00 2,000.00 100.00 250.00 100.00	4,060.00 150.00 100.00 100.00 250.00 100.00	4,303.60 150.00 100.00 250.00 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50	4,303.60 150.00 100.00 250.00 100.00 7.50 795.00	4,303.60 150.00 2,172.00 100.00 250.00 100.00 7.50	4,303.60 150.00 3,665.00 100.00 250.00 100.00 7.50	4,303.60 150.00 2,265.00 5,158.00 100.00 100.00 250.00 100.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,500.00 1,200.00 3,000.00 1,200.00 1,200.00 1,200.00 1,200.00 1,590.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges	i) es)	4,060.00 150.00 100.00 250.00 100.00	4,060.00 150.00 1,500.00 100.00 100.00 250.00 100.00	4,060.00 150.00 1,448.00 895.18 100.00 100.00 250.00 100.00	4,060.00 150.00 100.00 250.00 100.00 7.50	4,060.00 150.00 2,000.00 100.00 250.00 100.00	4,060.00 150.00 100.00 100.00 250.00 100.00	4,303.60 150.00 100.00 250.00 100.00	4,303.60 150.00 100.00 250.00 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50	4,303.60 150.00 2,172.00 100.00 100.00 250.00 100.00	4,303.60 150.00 3,665.00 100.00 250.00 100.00	4,303.60 150.00 2,265.00 5,158.00 100.00 100.00 250.00 100.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,200.00 1,200.00 1,200.00 1,200.00 1,200.00 1,200.00 5,400.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges Direct Distributions (including USCIS fe Fundraising Expenses (events, etc.)	i) es)	4,060.00 150.00 100.00 250.00 100.00 7.50	4,060.00 150.00 1,500.00 100.00 250.00 100.00 7.50	4,060.00 150.00 1,448.00 895.18 100.00 100.00 250.00 100.00 7.50	4,060.00 150.00 100.00 250.00 100.00 7.50 795.00	4,060.00 150.00 2,000.00 100.00 250.00 100.00 7.50	4,060.00 150.00 100.00 250.00 100.00 7.50	4,303.60 150.00 100.00 250.00 100.00 7.50	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50 795.00 1,500.00	4,303.60 150.00 2,172.00 100.00 250.00 100.00 7.50 3,500.00	4,303.60 150.00 3,665.00 100.00 250.00 100.00 7.50 300.00	4,303.60 150.00 2,265.00 5,158.00 100.00 250.00 100.00 7.50	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,500.00 1,200.00 3,000.00 1,200.00 1,200.00 1,200.00 1,200.00 1,590.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges Direct Distributions (including USCIS fe Fundraising Expenses (events, etc.) Educational Programs Materials (textbo	i) es)	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 100.00	4,060.00 150.00 1,500.00 100.00 250.00 100.00 7.50 100.00	4,060.00 150.00 1,448.00 895.18 100.00 250.00 100.00 7.50 100.00	4,060.00 150.00 100.00 250.00 100.00 7.50 795.00 100.00	4,060.00 150.00 2,000.00 100.00 250.00 100.00 7.50 100.00	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00 100.00 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50 795.00 1,500.00 100.00	4,303.60 150.00 2,172.00 100.00 250.00 100.00 7.50 3,500.00 100.00 100.00	4,303.60 150.00 3,665.00 100.00 250.00 100.00 7.50 300.00 100.00 100.00	4,303.60 150.00 2,265.00 5,158.00 100.00 250.00 100.00 7.50	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,200.00 1,200.00 3,000.00 1,200.00 90.00 5,400.00 1,200.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges Direct Distributions (including USCIS fe Fundraising Expenses (events, etc.) Educational Programs Materials (textbo Other Expenses (food, travel, board) TOTAL EXPENSES	i) es)	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 100.00 18,967.50	4,060.00 150.00 1,500.00 100.00 250.00 100.00 7.50 100.00 100.00 20,467.50	4,060.00 150.00 1,448.00 895.18 100.00 100.00 250.00 100.00 7.50 100.00 100.00 21,310.68	4,060.00 150.00 100.00 250.00 795.00 100.00 100.00 100.00 19,762.50	4,060.00 150.00 2,000.00 100.00 250.00 100.00 7.50 100.00 100.00 100.00	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 100.00 18,967.50	4,303.60 150.00 100.00 250.00 7.50 100.00 7.50 100.00 100.00 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00 100.00 100.00 20,151.10	4,303.60 150.00 100.00 250.00 100.00 7.50 795.00 1,500.00 100.00 22,346.10	4,303.60 150.00 2,172.00 100.00 250.00 100.00 7.50 3,500.00 100.00 100.00 25,723.10	4,303.60 150.00 3,665.00 100.00 250.00 100.00 7.50 300.00 100.00 100.00 24,016.10	4,303.60 150.00 2,265.00 5,158.00 100.00 250.00 100.00 7.50 100.00 27,474.10	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,200.00 1,200.00 1,200.00 1,200.00 1,200.00 1,590.00 5,400.00 1,200.00 1,200.00 1,200.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges Direct Distributions (including USCIS fe Fundraising Expenses (events, etc.) Educational Programs Materials (textbo Other Expenses (food, travel, board)	i) es)	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 100.00	4,060.00 150.00 1,500.00 100.00 250.00 100.00 7.50 100.00 100.00	4,060.00 150.00 1,448.00 895.18 100.00 250.00 100.00 7.50 100.00 100.00	4,060.00 150.00 100.00 250.00 100.00 7.50 795.00 100.00 100.00	4,060.00 150.00 2,000.00 100.00 250.00 100.00 7.50 100.00 100.00	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00 100.00	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00 100.00 100.00 20,151.10	4,303.60 150.00 100.00 250.00 100.00 7.50 795.00 1,500.00 100.00 100.00	4,303.60 150.00 2,172.00 100.00 250.00 100.00 7.50 3,500.00 100.00 100.00	4,303.60 150.00 3,665.00 100.00 250.00 100.00 7.50 300.00 100.00 100.00 24,016.10	4,303.60 150.00 2,265.00 5,158.00 100.00 250.00 100.00 7.50 100.00 100.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,200.00 1,200.00 1,200.00 1,200.00 1,200.00 1,200.00 5,400.00 1,2
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges Direct Distributions (including USCIS fe Fundraising Expenses (events, etc.) Educational Programs Materials (textbo Other Expenses (food, travel, board) TOTAL EXPENSES	i) es) oks, training, ec.)	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 18,967.50 (3,967.50)	4,060.00 150.00 1,500.00 100.00 250.00 100.00 7.50 100.00 100.00 20,467.50 24,532.50	4,060.00 150.00 1,448.00 895.18 100.00 250.00 100.00 7.50 100.00 21,310.68 (2,908.47)	4,060.00 150.00 100.00 250.00 795.00 100.00 100.00 100.00 19,762.50	4,060.00 150.00 2,000.00 100.00 250.00 100.00 7.50 100.00 100.00 20,967.50 472.50	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 100.00 18,967.50 (6,067.50)	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00 100.00 20,051.10	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00 100.00 100.00 20,151.10 (2,551.10)	4,303.60 150.00 100.00 250.00 100.00 795.00 1,500.00 100.00 22,346.10 (13,346.10)	4,303.60 150.00 2,172.00 100.00 250.00 100.00 7.50 3,500.00 100.00 25,723.10 20,276.90	4,303.60 150.00 3,665.00 100.00 250.00 100.00 7.50 300.00 100.00 100.00 24,016.10 4,983.90	4,303.60 150.00 2,265.00 5,158.00 100.00 250.00 100.00 7.50 100.00 100.00 100.00 100.00 100.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,200.00 1,200.00 1,200.00 1,200.00 1,200.00 1,590.00 5,400.00 1,200.00 1,200.00 1,200.00
Staffing Withholding, FICA & Workman's Comp Heartland Fees Facilities Fees Insurance - Liability, E&O, etc Software (Clio, PrimaFacie, Bloomerang World Relief Membership (annual) Legal Training (incl Erin Lee) Office Supplies Postage (USPS) Marketing & Outreach Bank Charges Direct Distributions (including USCIS fe Fundraising Expenses (events, etc.) Educational Programs Materials (textbo Other Expenses (food, travel, board) TOTAL EXPENSES GAIN OR (LOSS) ON OPERATIONS	1) bes) oks, training, ec.) 12/31/22 104,285.51	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 18,967.50 (3,967.50)	4,060.00 150.00 1,500.00 100.00 250.00 100.00 7.50 100.00 100.00 20,467.50 24,532.50	4,060.00 150.00 1,448.00 895.18 100.00 250.00 100.00 7.50 100.00 21,310.68 (2,908.47)	4,060.00 150.00 100.00 250.00 100.00 795.00 100.00 100.00 100.00 100.00 (4,762.50)	4,060.00 150.00 2,000.00 100.00 250.00 100.00 7.50 100.00 100.00 20,967.50 472.50	4,060.00 150.00 100.00 250.00 100.00 7.50 100.00 100.00 18,967.50 (6,067.50)	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00 100.00 20,051.10	4,303.60 150.00 100.00 250.00 100.00 7.50 100.00 100.00 100.00 20,151.10 (2,551.10)	4,303.60 150.00 100.00 250.00 100.00 795.00 1,500.00 100.00 22,346.10 (13,346.10)	4,303.60 150.00 2,172.00 100.00 250.00 100.00 7.50 3,500.00 100.00 25,723.10 20,276.90	4,303.60 150.00 3,665.00 100.00 250.00 100.00 7.50 300.00 100.00 100.00 24,016.10 4,983.90	4,303.60 150.00 2,265.00 5,158.00 100.00 250.00 100.00 7.50 100.00 100.00 100.00 100.00 100.00	50,181.60 1,800.00 3,620.00 6,825.18 7,158.00 1,200.00 1,200.00 1,200.00 1,200.00 1,200.00 1,590.00 5,400.00 1,200.00 1,200.00 1,200.00

Actual revenues & expenses in blue

Total Staffing, DOJ Rep & Burden

18,210.00 18,210.00 18,210.00 18,210.00 18,210.00 18,210.00 19,293.60 19,293.

Pathways to Citizenship BUSINESS	PLAN AND CAS	H FLOW MAN	AGEMENT T	OOL										
2023		Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-Kind INCOME		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1 000 0
SBPC Office Provision	Non-cash	400.00							400.00		400.00			4,800.00
SBPC Phone / Internet Provision	Non-cash	100.00									100.00			1,200.00
SBPC Subtotal Provisions	Non-cash	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	6,000.00
Grant Funds Available														
Legacy Gift			40,000.00											40,000.00
Coastal Community Foundation											5,000.00			5,000.00
KBF													5,000.00	5,000.00
City of Solana Beach									5,000.00					5,000.00
CDSS (subcontract through WR)						6,440.00	7,400.00		4,600.00					18,440.00
SBPC (OLT, ACM, etc.)			8,796.60				500.00						500.00	9,796.60
New Grants								10,000.00				20,000.00		30,000.00
Preferred Communities Federal Grant (C	DRR/WR)			46,900.00										46,900.00
Donations														
Check/Cash Donations (incl board, netw	l	400.00	3,000.00		300.00	5,000.00	2,000.00	2,000.00	2,000.00	3,000.00	20,000.00	5,000.00	7,000.00	49,700.00
ACH/EFT Donations: Bloomerang/Square					468.70	5,000.00	2,000.00					3,000.00	3,000.00	49,700.00
		1,097.10	854.94	5,574.01	468.70		2,000.00	2,000.00	5,000.00	5,000.00	20,000.00	3,000.00	3,000.00	
Stock Donations (ACH - Morgan Stanley		25.00	2.062.05	1.005.00	440.05	1 000 00	1 000 00	1 000 00	1 000 00	1 000 00	1 000 00	1 000 00	1 000 00	0.00
Client and Student Donations (low-cost	legal & book fees	35.00	2,062.85	1,085.00	440.85	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	11,623.70
Other / Reimbursements														0.00
TOTAL INCOME		1,532.10	54,714.39	53,559.61	1,209.55	12,440.00	12,900.00	15,000.00	17,600.00	9,000.00	46,000.00	29,000.00	16,500.00	269,455.65
EVELNCEC														
EXPENSES		11,577.33	13,130.60	18,887.91	12,702.17	14,000.00	14,000.00	14,840.00	14,840.00	14,840.00	14,840.00	14,840.00	14,840.00	173,338.01
Staffing Withholding, FICA & Workman's Comp	0.29				3,621.27	4,060.00					4,303.60			50,991.03
Heartland Fees	0.29	137.06			138.06	4,060.00					4,303.60			1,842.27
Facilities Fees		137.00	102.00	205.09	130.00	1,448.00		150.00	150.00	150.00	2,172.00	150.00	150.00	3,620.00
				467.18		1,440.00					2,172.00	3,665.00	2 265 00	6,397.18
Insurance - Liability, E&O, etc	ļ			407.10		2 000 00						3,003.00	2,265.00	
Software (Clio, PrimaFacie, Bloomerang))	1 500 00				2,000.00							5,158.00	7,158.00
World Relief Membership (annual)		1,500.00			100	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,500.00
Legal Training (incl Erin Lee)			100.00		160	100.00					100.00		100.00	1,060.00
Office Supplies		694.88			157.59	100.00					100.00			1,875.62
Postage (USPS)		151.65			133.39	250.00							250.00	2,646.1
Marketing & Outreach		7.50	454.22		117.88	100.00					100.00		100.00	1,443.27
Bank Charges		7.50			7.5	7.50	7.50	7.50	7.50		7.50	7.50	7.50	90.00
Direct Distributions (including USCIS fee	es)		743.00		36	0.75.00			100.55	795.00				1,574.00
Fundraising Expenses (events, etc.)				1,116.00		275.00			100.00					6,791.00
Educational Programs Materials (textboo	oks, training, ec.	549.33				100.00					100.00			1,730.93
Other Expenses (food, travel, board)			201.52	61.00	291.58	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,354.10
TOTAL EXPENSES	Non-	18,277.40	19,686.08	26,663.00	17,365.44	22,690.50	18,967.50	20,051.10	20,151.10	22,346.10	25,723.10	24,016.10	27,474.10	263,411.52
		110 715 000	25.022.5	20.000.00	110 100 000	(40.050.55)	10 000 000	15 051 151	(2 551 12)	40.010.000	20 5 7 7 7		(40.074.17)	
GAIN OR (LOSS) ON OPERATIONS		(16,745.30)	35,028.31	26,896.61	(16,155.89)	(10,250.50)	(6,067.50)	(5,051.10)	(2,551.10)	(13,346.10)	20,276.90	4,983.90	(10,974.10)	6,044.13
	12/31/22	07.510.51	100 550 55	110 105 10	100 000 5	100 050 5	110.001.01	111 6 15 1	100 555 5	0.000		101 0000	110 535	
CUMMULATIVE FUNDS AVAILABLE	104,285.51		122,568.52		133,309.24	123,058.74	116,991.24	111,940.14	109,389.04	96,042.94	116,319.84	121,303.74	110,329.64	
Bank Statement Ending Balance			122,568.52		133,309.24									
Difference	>	0.00	0.00	0.00	0.00									
	Actual revenu	es & expense	es in blue											
									_					
Total Staffing, DOJ Rep & Burden		15.374.04	17,487.91	24,666.26	16 461 50	18,210.00	18 210 00	19 293 60	19,293,60	19 293 60	19,293.60	19 293 60	19,293.60	131,838.00

Pathways to Citizenship BUSINESS PLAN AND CASH FLOW MANAGEMENT TOOL

2023 Forecast v Actual

INCOME		Q1 Forecast	Q1 Actuals
SBPC Office Provision	Non-cash	1,200.00	1,200.00
SBPC Phone / Internet Provision	Non-cash	300.00	300.00
SBPC Subtotal Provisions	Non-cash	1,500.00	1,500.00
Grant Funds Available			
Legacy Gift (through KBF)		30,000.00	40,000.00
Coastal Community Foundation		0.00	0.00
Kingdom Builder Foundation (KBF)		0.00	0.00
City of Solana Beach		0.00	0.00
CDSS (grant through WR)		0.00	0.00
SBPC (OLT, ACM, etc.)		3,402.21	8,796.60
New Grants		0.00	0.00
Preferred Communities Federal Grants		30,000.00	46,900.00
Donations			
Check/Cash Donations (incl board, network for good, black	baud)	6,000.00	3,400.00
ACH/EFT Donations: Bloomerang/Square/Benevity/Fidelity		6,000.00	7,526.65
Stock Donations (ACH - Morgan Stanley)		0.00	0.00
Client and Student Donations (low-cost legal fees, book fee	s)	3,000.00	3,182.85
Other, Reimbursements	ľ I	0.00	0.00
TOTAL INCOME		78,402.21	109,806.10
EXPENSES			
Staffing		42,000.00	43,595.84
Withholding, FICA & Workman's Comp	0.29	12,180.00	13,428.16
Heartland Fees		450.00	504.21
Facilities Fees		1,448.00	0.00
Insurance - Liability, E&O, etc		895.18	467.18
Software (Clio, PrimaFacie, Bloomerang)		0.00	0.00
World Relief Membership (annual)		1,500.00	1,500.00
Legal Training (incl Erin Lee)		300.00	100.00
Office Supplies		300.00	918.03
Postage (USPS)		750.00	512.72
Marketing & Outreach		300.00	525.39
Bank Charges		22.50	22.50
Direct Distributions (including USCIS fees)		0.00	743.00
Fundraising Expenses (events, etc.)		0.00	1,116.00
Educational Programs Materials (textbooks, training, ec.)		300.00	930.93
Other Expenses (food, travel, board)		300.00	262.52
TOTAL EXPENSES		60,745.68	64,626.48
GAIN OR (LOSS) ON OPERATIONS		17,656.53	45,179.62
	12/31/22		
CUMMULATIVE FUNDS AVAILABLE	104,285.51	121,942.04	149,465.13
Bank Statement Ending Balance>			149,465.13
Difference>			0.00

9	90-EZ	Return of Org.	Short Form anization Exempt				CMB NR. 1545-004
n ser		Do not enter social.	security numbers on this for	m, as if may be m	ida public		Open to Publi
	a De Deservir The Galacia 2021 colorador	Go to mwe imposed to not a set of the set	//Form990E2 for instruction January 1	s and the latest in 2021, and en	where we have		Inspection
	The second se	Name of organization		and the second	Conference and	en <mark>iter 3</mark> Workteni	1 , 20 2 INCERION INJUSTOR
5		thways to Citizenship enser and sheet for P.C. box if my		a Hacad		462	522840
eis a	1990 - California (* 1990)	0 Stevens Avenue			Lines E Solog	nine sum Bane	092589
	n de la composition d References	ly a touch state of province count	ty in Ziff of things providentia		F Grou	p Livera	
A	and product to the second second and the second	lana Beach, CA 92075 Cash 🔄 Activities Othe			Stational and the second second	5se 🕨	NIA NIA
61:8 1	ate www.pa	Diwaysed.org					e organization is Schedule B
X-613	mpi status (chec).	onty one) – 🖉 601(csa) 🗍 5	ware done in the second s	and the second			
	f organization; es 55, 6c, and 75	Corporation Trust to line 3 to dotermine gross re	Association	Othar	I have been also		
A	NORD AND AND	0,000 or more, the Poren (200 m	stead of Form 990-EZ			× .	
	Revenue,	Expenses, and Change	s in Net Assets or Fun	d Balances (se	Mensing	tions fo	(Parti) 🚺
T	Contributions	a organization used Scher gifts, grants, and similar a	Net O to respond to any pounds received	question in this H	arti.	, i	
2	Fridgian sen	ce revenue including gover	nment fees and contracts			1	1750 <u>5</u> 7891
3 4	Membership i Investment in	turs and assessments				3	
53		t from sale of assets other !	han averatory	50		4	
b	Less cost or	other basis and sales expe	809	Sto	0		
с 8	Gast or (cost) Gamen and f	from sale of assets other th undraising events:	an inventory (subtract line	56 from line 5a)		5c	
- 8	Gross Ocom	e from coming lattern t	Whether G it greater th	312			
	\$15,000)			6a	0		
ø	Gross mooral from bodrain	from fundraising events in ing events reported on line		0 of contri	sutions		
	sum of such a	Tosa income and contribut	ons exceeds \$15,000	65			
C	Less: direct e	openses from gaming and f	undraising events	6c			
đ	ine (c)	r (loss) from gaming and f					
7a		I inventory, loss returns and	lallowances	1701		54	
b e	Less: cost of	Joods sold		75			
8	Other revenue	(1055) from sales of invent: (describe in Schedule O)	wy publicati line 7b from i	ne 78		10	
8	Total revenue	5 Add lines 1, 2, 3, 4, 5c, 6	1, 7c, and 8			8	182349
10 11	Grants and si	That amounts paid dist in S	dentria Or			10	102049
12	Salaries, othe	to or for manipers r compensation, and emplo	and here and the				
13	r folessor al 1	ees and other payments to	independent contractors 🖉	1	tin the second se		114188.7 19661.6
14 15	_ Company, r	Int, Utilities, and maintenam	m	A DE LA COMPLEX DA COM		4	170010
16		cations, postage, and ship es (describe in Schedule C)				5 6	4354 1
17 18	1018 expens	 Add Shot 10 Here while 				7	138204.5
18 19		ficit) for the year (subtract a fund balances at beginnin				0	44744.8
	, and an Actin	and unbound ou buck Assu	B return)		area with		71896.51
20 21	 Uther change 	6 in net assets or fund balar	toes lexistein in Schedule C			o 📃	0
tion electrony and		fund balances at end of yes Act Notion, see the separate	a avointer a sea 18 linous	AAD CONSCIENCE	· · · · 2	t i ta	116641.49

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: NOV 06 2013

NORTH COUNTY IMMIGRATION AND CITIZENSHIP CENTER 120 STEVENS AVE SOLANA BEACH, CA 92075

```
Employer Identification Number:
DLN:
17053212384023
Contact Person:
SCOTT P BANTLY
                             ID# 31398
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
  December 31
Public Charity Status:
  170(b)(1)(A)(vi)
Form 990 Required:
  Yes
Effective Date of Exemption:
  April 29, 2013
Contribution Deductibility:
  Yes
Addendum Applies:
  NO
```

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

ě.

ARTS-PB	Articles of Incorporati Nonprofit Public Bene	on of a fit Corporation	3567665
torm (ir prepare	rofit public benefit corporation a your own document and submit to	California, you can fill out this infilms along with	FILED IN THE OFFICE OF THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA
- 74 \$30 film			OF THE STATE OF CALIFORNIA
vor drot c	e non-refundable \$15 service lee if the completed form or document		APR 2.9 2013
 from paying Ca nbout (a) require ntipe /www.ftr.s. 	in profit corporations in California (fitomia franchise tax or income to energy and/or applying for to-leve orgov/businesses/exempt_organic, oard at (916) 845-4173	b each year. For information - mpt stutus in California on the	СС
Note Before sur advice about voc	bmitting this form, you should con- ir specific business needs	with a private attorney for	This Space For Office Use Only
	For questions about this	form go to www.sas.cag.w.t	unness/be/filing-tips nim
Corporate Name			availability htm for general corporate name requirements
Carrier Courter Courter	c of the corporation is North Co		
Corporate Purpo	Se alternizal Check one or both bases errore upply for two-exempt status in Calif.	Ron. 26. The specific purpose of the se innals.	rporation must be listed if you are organizing for "public"
ें a This e organ	erporation is a nonprofit Public Be ized under the Nonprofit Public Ber		panized for the private gain of any person. It is public reaction charitable purposes.
			ly assist immigrants on citizenship
Service of Proces case your corporate in agent is a 1505 co	NO REPORT OF THE	1500 corporation in California tha lagi res in California. You may not list your	ees to be your initial agent to accept service of process own corporation as the agent. Do not list an address if
ф а <u>-</u>	e Carlton	- ".	
L 131	3 Walnutview Dr. 5 Street Audress, in auent is, not a complete		Itas <u>ca 92024</u> abbreviations: <u>State 2ip</u>
orporate Addres	\$565		
	Stevens Avenue		na Beach, CA 92075 • ablineviations) - State Zip
t <i>(mta: 1</i>	Mailing Address of Corpusation of different	$f(\partial^{\mu} - d\phi) = \int d\phi $	anbrewatioast State Zip
ditional Statem	ents The following statements are to a	ave compt statue in California	
Ĵ e fet s			us set forth in Article 2a tiereof within the
ti TR Sul IC mfu publish The pri income	stantial part of the activities of the ence legislation, and this corporation or distribution of statements or overty of this corporation is meson or assets of this corporation state.	comporation shall consist or car ion shall not participate or inter trohalf of any candidate for pub cable dedicated to the purposed	ving on propaganda, or otherwise attempting vone in any political campaign (including the lic office - in Article 2a hereof and no part of the net director officer or member thereof or to the
o Upor fi ali aepi ofilanik	is and hateless of this conjunction	shah be distributed to a nang- aritable educational and/or ro	g after payment or provision for payment, of off fund foundation or corporation which is figious purposes and which has established
n tom mildet be enseten noten b	signed by each incorporate of a C ^{ar} and a Abattacorporate out a	on commentance approximition og: on the Microsophic John Construction 2	
ascorporator Sugr	Burg - Constant - Constant	- Ubug	Stinson
Le check/monex ord	Lef payable to Secretary of State	By Mail	Drop-Off
ori filing we will ret	air one th uncertified carves	Secretary or State	Secretary of State
	n free land will certify the conv need of a \$ 6 certification fee	Rames Entites Infi Box 9443 Factoriotic - 22 0134 (1956	30 1500 11in Street, 3rd Floor Socramente, CA 95814



.

.

Thereby certify that the foregoing transcript of ______page(s) is a full, true and correct copy of the original record in the custody of the California: Secretary of State's office.

MAY 2 2 2013

Date:_ Jeben Bowen, Secretary of State

Certificate of Amendment of Articles of Incorporation



The undersigned certify that:

1. They are the president and the secretary, respectively, of NORTH COUNTY IMMIGRATION AND CITIZENSHIP CENTER , a California corporation, with California Entity Number C3567665

2. Article 1 of the Articles of Incorporation of this corporation is amended to read as follows: The name of the corporation is PATHWAYS TO CITIZENSHIP

3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors

4. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of the members as stated in the By-Laws.

DATE: March 30, 2021

Sonya Williams Executive Director

almie

Paula Nance Secretary



Form	N-9
(Rev. Öch	zer 2018)
Department Marriel Ra	s of the Treasury Native Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.ks.gov/FormW8 for instructions and the letest information.

	1 Name lås shown on vije showne tax raturni. Name is required on this line; ou not beau this beapsigner, North (Man ty Timer and the trianger of the second start of the second s	Zensh	ip Center
Print ar type. pecilie instructions on page 3.	Individual/basis proprietor or C Corporation C & Corporation Parinership Individual/basis proprietor or C Corporation R & Corporation, PaPertnersh Note: Check the appropriate loss in the last classification (C=C corporation, S=S corporation, PaPertnersh Note: Check the appropriate loss in the last above for the tax classification of the angle-member UCC LC that is exclusified as a single-member UCC that is descented from the owner unless the owner the UC that is exclusification from the owner for U.S. federal tax perposes. Otherwase, a single to descent the tax classification of its owner Is classified from the owner should phace the perposes. Otherwase, a single Is classified from the owner should phace the perposes to the tax classification of its owner Is classified from the owner should phace the perposes.	☐ Trupp/solding htp) ► ner, Do not check rner of the LLC s	4 Examplions (contest epoly only to canada er/bies, not individuels; age individuels; age individuels; age Example payee code (if any) Example on FATCA reporting code (if any)
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	6 Address (number, street, and est, or suite no.) the instructions. 120 Statutes Ave. 6 City ages, and 21P code Selam n. Blach, CA 92075 7 Uni account number(a) here (optional)	Requester's nema a	vi sidrees (aptiona)
reside	Taxpayer Identification Number (TIN) your TNI in the appropriate box. The TNI provided must match the name given on line 1 to even in withholding. For individuals, this is generatly your adoial accurity number (SSN). However, for int alien, dole proprietor, or claregarded entity, see the instructions for Part I, later. For other is, it is your employer identification number (SN). If you do not have a number, see How to get a ster.	'a	

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Mumber To Give the Requester for guidelines on whose number to enter.

Part II Certification

Under penalties of perjusy, I certify that,

- 1. The number shown on this form is my correct taxpayer identification number (or I am waking for a number to be issued to me); and
- 2. I am not subject to beckup withholding because: (a) I am exempt from backup withholding, or (b) I have not been extilled by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interset or dividencia, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. cilizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if eny) indicating that i am exempt from FATCA reporting is consect.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not epply. For mangage interest paid. sequisition or apandomment of secured grouperty, cancelasion of dept, contributions to an individual retirement anangement (RA), and generaty, paymenta other than interest and dividence, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions for Part #, ister.

Sign	and the second			10000000000000000000000000000000000000		معددته
	Signature of	ll + P		2	<i>i</i>	
Here	U.S. person >	11157 Received and a construction of the second		and a second	1 may	
	17.12. [622 2423] P	1185	Oute >	Courses I well there	1 ment 1	
	and the second	feedbarrow and the second s	1.000	and and and	1 como a	
	all and a second second	8	division and a second	weathing the second second	Contraction of the second seco	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noteci

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.ks.gov/FormWS.

Purpose of Form

An individual or entity (Form W-9 requestar) who is requilled to file an information raturn with the IRS must obtain your correct texpayer Identification number (TIN) which may be your social acourity number (SGN), individual texpayer identification number ((TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following

Form 1999-INT (interest served or paid)

 Form 1099 DiV (dwidends, including those from stocks or mutual funcie)

Employer identification number

 Form 1099-MISC (various types of income, prizes, awards, or gross Groceenisi

 Form 1099-8 (stock or mutual fund seles and certain other transactions by brokers)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (marchant card and third party network transactions)
- Form 1098 (norme montgage interest), 1098-E (student losn interest). 1096-T (tuition)
- Form 1099-C (canceled debt)
- Form 1999-A (acquisition or abandomment of secured property) Use Form W-9 only 8 you are a U.S. person (including a resident alen), to provide your correct TIN,

If you do not return Form W-9 to the requester with a TIN, you might Le subject to beckup withoolding. See What is backup withholding, iotar.

Rancho Sante Fe Youth Soccer

- CITY OF SOLANA BEACH - COMMUNITY GRANT APPLICATION



The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: Rancho Santa Fe Youth Soccer					
Contact Person: Marilee Pacelli	Email addres	s: marilee@rsfsoccer.com			
Daytime Phone: <u>619-507-3551</u> Evening Phone: <u>619-507-3551</u>					
Mailing Address: PO Box 1373					
City: <u>Rancho Santa Fe</u>	State: <u>CA</u>	_ Zip: <u>92067</u>			

- 1. All the documents below are attached to this application:
 - W-9
 - Summary of Organization's Budget
 - Proposed Program Budget
 - Financial and Tax Statements (see Application Guidelines)
 - Copy of the California Franchise Tax Board Entity Status Letter, showing exemption under Section 23701d or Internal Revenue Code section 501(c)(3)
- 2. Has your organization received financial assistance from the City before?
 Yes No If yes, please state the fiscal year it was received and for the proposed program was:
- 3. Title of FY 2022-23 Proposed Program/Service: Financial Assistance for Solana Beach Residents
- 4. What is the total amount requested for the FY 2022-23 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.

Requesting \$6,000 to apply towards financial aid for those players who qualify based on their adjusted gross income and the stated Federal Poverty Level in California for 2022.

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

The amount requested would allow the club to make six \$1,000 scholarships (or variations of that amount), which is close to half of the required registration fees. Registration fees are used to pay the coaches salary, and administrative costs to run the club. Any money not required for registration fees can go towards helping with financial aid for our soccer camps held throughout the year.

6. Anticipated Program Objectives or Accomplishments:

Every year we have a number of players from Solana Beach who have the skill necessary to play on a competitive team, but not the resources. This would allow the club to bring in those players who would otherwise not be able to afford to play on a competitive team. It would also allow us to offer finaicial aid to Solana Beach residents who apply for our soccer camps, both recreational and competitive camps.

7. Program Dates/Location:

This program would operate for the Fiscal year of the club which is February 1, 2023 to January 31, 2024.

- 8. Estimated number of Solana Beach residents to be served by proposed program: 6-12
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

We will advertise on our website that we received this funding from the City of Solana Beach. We will also make sure that the receipents of any funding are aware of where the money came from. We will also make announcements on our social media sites thanking the City of Solana Beach.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

There are no other matching grants or other funds that would become available as a result of this grant.

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

This program does not use any volunteers to offset expenses. The Board and Staff will make decisions as to who qualifies based on the application that they submit with any supporting paperwork requested to prove financial aid is warranted.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

Yes, any funding will allow the club to offer limited financial support.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

Marilee Pacelli Digitally signed by Marilee Pacelli Date: 2023.05.23 09:54:57 -07'00'

5/23/23

Authorized Signature of Organization

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.



City of Solana Beach 2023 Community Grant Program Grant Proposal – Request for Financial Assistance

Rancho Santa Fe Youth Soccer (RSFYS) is a community based non-profit organization offering young people between the ages of 4-18 the opportunity to play soccer at all levels. Like the Solana Beach Soccer Club (SBSC), we offer recreational level soccer to community members in the Rancho Santa Fe community, with participants from outside this area making up a small number of players. Where we differ from SBSC is that we offer a competitive program for players who are interested in playing at a higher level with professional coaching. Of the 381 players currently enrolled in this program, 23% are Solana Beach residents. These players enjoy the environment that RSFYS promotes which is one of community and commitment.

The program we are promoting is for funding of scholarships for players from Solana Beach that need financial assistance. This financial aid could be for help with registration fees for players in the competitive program or players wanting to attend our camps offered throughout the year.

Fees for our competitive program range from \$1,400 for a seasonal year (for the youngest players) to \$2,250. The club does currently offer scholarships to those that apply and can demonstrate need, but the funds are limited. A player must apply using our Application for Financial Aid and they must qualify based on their adjusted gross income from their most current tax return and where that gross income falls compared to the Federal Poverty Level in California for 2022 for the number of family members listed on their tax return. The amount of aid that they receive is determined by how many applicants there are and how much money is available.

These same qualifications would be applied to players from Solana Beach that request financial aid, but the funds awarded through this grant could potentially give us the opportunity to award more than the amount we have been able to give in the past to those who apply.

Proposed Budget for SB Community Grant Program				
5-6 Partial Scholarships for ½ competitive registration (ranging from \$700-				
\$1,125)	\$5,000			
5 camp scholarships @ \$200 each	\$1,000			
Total	\$6,000			



RSFYS Budget Summary for FY 2023-2024

Sources of Revenue: RSFYS has 2 main sources of revenue – player registration fees and an annual tournament. We also have soccer camps for both recreational and competitive players during the summer, at Thanksgiving and the winter holidays and a 6-week recreational program in the spring. This year we are anticipating budget revenues of \$1.14 million.

Expenditures: As with most companies, Employee compensation is our largest expenditure. We have a coaching staff of 13 professional coaches and 2 administrators for a total of 15 employees. Our next largest expenditure is our tournament, and then our field expenses (field rental, portable restrooms, storage unit). Our budget expenditures for the 2023/24 season will be approximately \$1.13 million.

Summary: Based on the budget for the 2023/24 Fiscal Year, we are anticipating that we will essentially have a break-even year. This year we feel that our numbers are finally back to pre-Covid levels. In 2020 our players count went down significantly (by 20%) but moving into the new season we have added 6 new competitive teams. Recreational registration just started and will continue through the summer, but we hope to get our numbers up close to 250 players for the fall.

Rancho Santa Fe Youth Soccer 2023 Profit & Loss

Profit & Loss	05/23/2023
February 2022 through January 2023	Cash Basis
	Feb '22 - Jan 23
Ordinary Income/Expense	
Income	
Booster Wear	3,925.05
Donation Income	15,750.00
Interest Income	143.90
Registration Fees	
All-Stars	1,575.00
Recreational	62,013.57
Competitive	741,482.66
Soccer Scholarships	
Scholarships Competitive	-6,000.00
Total Soccer Scholarships	-6,000.00
Total Registration Fees	799,071.23
Soccer Camp Registration	48,742.08
Sponsor Income	
Sponsor Income Competitive	8,750.00
Total Sponsor Income	8,750.00
Spring League	23,131.41
Team Sponsors	
Team Sponsors Recreational	1,650.00
Total Team Sponsors	1,650.00
Tournament Income	
Tournament Registration	251,322.50
T-Shirt Sales/Vendor Revenue	8,131.87
Total Tournament Income	259,454.37
Total Income	1,160,618.04
Gross Profit	1,160,618.04

	Feb '22 - Jan 23
Expense	
All-Star Expenses	1,033.33
Administration	
Admin Other	803.44
Admin Payroll	456,153.52
IRA	30.00
Bank Charges	
Credit Card Fees	12,537.66
Stripe Card Fees	20,185.49
Total Bank Charges	32,723.15
Fees	200.00
Insurance	1,774.00
Interest	282.36
Legal & Accounting	16,053.56
Travel & Mileage	1,048.66
Office Rent	2,000.00
Office Supplies	1,938.07
Payroll Processing	8,570.83
Payroll Taxes	37,433.72
Postage & Shipping	262.64
Printing and Advertising	4,768.50
SBA Loan Interest	6,263.05
Staff Meeting	707.07
Utilities- Phone, Internet, Ele	7,112.45
Workers Comp Insurance	4,899.32
Total Administration	583,024.34
Bad Debt	25,892.00
Coaching Fees	
Coaching Other	99.89
Soccer Clinics	1,600.00
Coach Consultants	176,561.25
Travel and Mileage	312.50
Total Coaching Fees	178,573.64
Field Expenses	
Equipment	22,012.43
Field Painting and Setup	14,553.28
Field Rental	65,799.30
Other	32.33
Portasan	4,707.43
Storage Unit Rental	7,345.00
Total Field Expenses	114,449.77
League Registration Fees	23,450.78
Opening Day	103.15
Photography	3,729.45

	Feb '22 - Jan 23
Referees	
Classes & Training	177.68
Games	
Games Recreational	2,239.00
Games Competitive	18,138.00
Total Games	20,377.00
Total Referees	20,554.68
SFC-19 Protocol Fund Expenses	330.00
Soccer Camps	
Camp Payroll	16,870.00
Camp Expenses	9,461.47
Total Soccer Camps	26,331.47
Spring League Expenses	3,660.00
Team Travel Allocation	13,000.00
Taxes	223.80
Tournament	
Tournament Advertising	2,503.84
Tournament Awards & Trophies	11,437.20
Tournament Field Rental	65,564.00
Tournament Field Setup	14,692.94
Tournament Labor	11,299.00
Tournament Referees	49,074.80
Tournament Registration	3,930.00
Tents/chairs/tables/tubs	21,754.00
Tournament Other	1,918.84
Total Tournament	182,174.62
Uniforms	
Uniforms Recreational	9,461.00
Uniforms Competitve	753.23
Total Uniforms	10,214.23
Website	2,863.90
Total Expense	1,189,609.16
Net Ordinary Income	-28,991.12
Other Income/Expense	
Other Income	
Employee Rentention Credit	72,845.33
Total Other Income	72,845.33
Other Expense	
EDD Assessment	27,660.79
Total Other Expense	27,660.79
Net Other Income	45,184.54
Income	16,193.42

Net Income

Rancho Santa Fe Youth Soccer 2023 Balance Sheet

Balanoe onoor	05/25/2025
As of January 31, 2023	Cash Basis
	Jan 31, 23
ASSETS	gel Weber Soldt Harke Allen Soe S
Current Assets	
Checking/Savings	
Wells Fargo Checking	17,823.07
Wells Fargo High Yield Savings	325,876.65
Wells Fargo SBA Loan Funds	3.07
Wells Fargo EIDL Funds	149,900.00
Total Checking/Savings	493,602.79
Accounts Receivable	
Accounts Receivable	
Accounts Receivable 2023	-242.45
Accounts Receivable 2022	-357.25
Total Accounts Receivable	-599.70
Total Accounts Receivable	-599.70
Other Current Assets	
Prepaid Expenses	5,000.00
Undeposited Funds	242.45
Total Other Current Assets	5,242.45
Total Current Assets	498,245.54
Fixed Assets	
Furniture and Equipment	
Field Equipment	5,400.94
Office	3,409.81
Accumulated Depreciation	-8,810.75
Total Furniture and Equipment	0.00
Total Fixed Assets	0.00
TOTAL ASSETS	498,245.54

05/23/2023

	Jan 31, 23
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	2,950.70
Total Accounts Payable	2,950.70
Other Current Liabilities	
Seaside Spring Classic	3,141.00
Aflac Insurance	-244.08
Prepaid Reg Fees 2023/2024	41,372.37
Scholarship Liability	13,853.57
Saul Resendiz Fund	3,251.65
Team Liability Accounts	
G12 White	-200.00
B15 White	760.43
B11 Green	121.07
B07 White	500.00
Total Team Liability Accounts	1,181.50
Total Other Current Liabilities	62,556.01
Total Current Liabilities	65,506.71
Long Term Liabilities	
SBA EIDL Loan	148,471.05
Total Long Term Liabilities	148,471.05
Total Liabilities	213,977.76
Equity	
Unrestricted Net Assets	269,074.36
Boyd N. Lyon Scholarship Fund	-1,000.00
Net Income	16,193.42
Total Equity	284,267.78
TOTAL LIABILITIES & EQUITY	498,245.54

Address dange Rancho Santa Fe Youth Soccer 	Fo		0				OMB No. 1545-0047
Chardward - De not entry acid is exclution, units on this time at may be made public.				Return of Organization Exempt From Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code (n Incor	ne Tax	2021
A rot the 2021 calendary year, of txy year hedginning 2/01 .2021, and ending 1/31 .202022 Check is dayse C C Deriver identification masker C Indexes dawse Rancho Santa Fe Youth Soccer P.O. Box 13/3 Deriver identification masker Indexes dawse Filter and with the second social data of present in the second social data of presen	De	partment of Monal Review	the Treasury	 Do not enter social security numbers on this form as it may 	/ be made p	ublic.	Open to Public
B Code of applicate C	Ā						Inspection
 Actes dams P. O. BOX 1373 P. O. BOX 12000 P. O. BOX 10000	В		1		ending	- / • •	
Proc. Box 1373 Rancho Santa Fe, CA 92067 Endedtoor novec: (760) 479-1500 Image: Source of the second sec		Addr	ess change	ancho Santa Fe Youth Socoor 3		D Employer in	ientification number
Rancho Santa Fe, CA 92067 (760) 479-1500 Ansman error F tom and selected process (select (760) 479-1500 Association process Same As C Above (760) 479-1500 Taxterning status: (Same As C Above (760) 479-1500 Taxterning status: (760) 479-1500 (760) 479-1500 Taxterning status: (760) 479-1500 (760) 479-1500 Taxterning status: (760) 479-1500 (760) 479-150		Nam	ie change - E	2.0. Box 1373		E Talashaa	
Aramater of the description of the analysis of the analys		Initia					
Application proves [4] Went are added a dimensional officer [4] Went are added and provide officer Salte As C Above [40] Are additional officer [41] Are additional officer [42] Are additional officer [43] Are additional officer [42] Are additional officer [43] Are additional officer [44] Are additional officer [44] Are addit		- Final i	return/terminated			(760)	479-1500
Participant protect Part and sedens of computations Prove the procession of computations Provetheprocesin of computations Provetheproce		Ame	muten baba			6	
Isareemag table: Same As C Above Height age Amountain the State and State a		Appl	ication pending	Name and address of principal officer	H(a)		_/_ 10/000,
Website: WWD ITS SOCCEF. COD (main tot) Part (and to							
K Tom of organization Il Consolution Interview Environment formation Environment formation Environment formation Call Part I Summary Issues to an interview Issues to an intervie	1				527	IF "No." altach a list. See	e instructions.
Part II Summary Immediate Summary Immediate Summary Immediate Summ	J				H(c)	Group exemption number	r Þ
Printly describe the organization's mission or most significant activities: Organize and promote youth soccer 2 Check this tox *				Corporation Trust Association Other* L Year of	formation	1993 M State	of legal domicite CA
2 Check this box + if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volume members of the governing body (Part VI, line 1a). 4 Number of independent volume members of the governing body (Part VI, line 1a). 4 3 4 1 5 1 6 100 b Net unrelated business revenue from Part VIII, column (C), line 12. 7a 7a 7a 7a 7a 101 9 Program service revenue (Part VIII, line 2a). 9 21, 519 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 7519, 467. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 7519, 467. 11 Other revenue (Part VIII, column (A), lines 1, 3). 12 Total avenue (Part VIII, column (A), lines 1, 3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1, 3). 14 Benefits paid to or to emembers (Part IX, column (A), lines 1, 3). 15 Salaares, other compensation, employee benefits (Part IX, column (A), lines 5, 10). 14 Benefits paid to or to members (Part IX, column (A), lines 1, 3). 15 Total assets (Part X, line 16)	I.S		Summary				
2 Check this box + if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volume members of the governing body (Part VI, line 1a). 4 Number of independent volume members of the governing body (Part VI, line 1a). 4 3 4 1 5 1 6 100 b Net unrelated business revenue from Part VIII, column (C), line 12. 7a 7a 7a 7a 7a 101 9 Program service revenue (Part VIII, line 2a). 9 21, 519 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 7519, 467. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 7519, 467. 11 Other revenue (Part VIII, column (A), lines 1, 3). 12 Total avenue (Part VIII, column (A), lines 1, 3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1, 3). 14 Benefits paid to or to emembers (Part IX, column (A), lines 1, 3). 15 Salaares, other compensation, employee benefits (Part IX, column (A), lines 5, 10). 14 Benefits paid to or to members (Part IX, column (A), lines 1, 3). 15 Total assets (Part X, line 16)			neny describe	the organization's mission or most significant activities: Organi	ze and	<u>d promote yo</u>	uth soccer
b Net unrelated business taxable income from P300-T, Part I, line 11. 7a 0 8 Contributions and grants (Part VIII, line 1h). Prior Year Current Year 0 9 Program service revenue (Part VIII, line 1h). Prior Year Current Year 21, 519. 114, 053 10 Investment income (Part VIII, column (A), lines 3. 4, and 7d) 737, 893. 1, 026, 723 11 Other revenue (Part VIII, column (A), lines 6.6, 86, 96, 06, 00, inc, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5.0, 00, and 11e). 759, 467. 1, 140, 806 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 531ares, other compensation, employee benefits (Part IX, column (A), lines 5-10). 268, 277. 269, 592 14 Benefits path to or tor members (Part IX, column (A), line 1a). 577., 994. 768, 857 15 Satares, other compensation, employee benefits (Part IX, column (A), line 31. 577., 994. 768, 857 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 31. 577., 994. 768, 857 18 Total expenses. Add lines 13.6 mm line 12. 577., 994. <	lce	-					
b Net unrelated business taxable income from P300-T, Part I, line 11. 7a 0 8 Contributions and grants (Part VIII, line 1h). Prior Year Current Year 0 9 Program service revenue (Part VIII, line 1h). Prior Year Current Year 21, 519. 114, 053 10 Investment income (Part VIII, column (A), lines 3. 4, and 7d) 737, 893. 1, 026, 723 11 Other revenue (Part VIII, column (A), lines 6.6, 86, 96, 06, 00, inc, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5.0, 00, and 11e). 759, 467. 1, 140, 806 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 531ares, other compensation, employee benefits (Part IX, column (A), lines 5-10). 268, 277. 269, 592 14 Benefits path to or tor members (Part IX, column (A), line 1a). 577., 994. 768, 857 15 Satares, other compensation, employee benefits (Part IX, column (A), line 31. 577., 994. 768, 857 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 31. 577., 994. 768, 857 18 Total expenses. Add lines 13.6 mm line 12. 577., 994. <	Tai	-					
b Net unrelated business taxable income from P300-T, Part I, line 11. 7a 0 8 Contributions and grants (Part VIII, line 1h). Prior Year Current Year 0 9 Program service revenue (Part VIII, line 1h). Prior Year Current Year 21, 519. 114, 053 10 Investment income (Part VIII, column (A), lines 3. 4, and 7d) 737, 893. 1, 026, 723 11 Other revenue (Part VIII, column (A), lines 6.6, 86, 96, 06, 00, inc, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5.0, 00, and 11e). 759, 467. 1, 140, 806 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 531ares, other compensation, employee benefits (Part IX, column (A), lines 5-10). 268, 277. 269, 592 14 Benefits path to or tor members (Part IX, column (A), line 1a). 577., 994. 768, 857 15 Satares, other compensation, employee benefits (Part IX, column (A), line 31. 577., 994. 768, 857 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 31. 577., 994. 768, 857 18 Total expenses. Add lines 13.6 mm line 12. 577., 994. <	Nei	2 0	heck this box	If the proprization discontinued its operations or disperade			
b Net unrelated business taxable income from P300-T, Part I, line 11. 7a 0 8 Contributions and grants (Part VIII, line 1h). Prior Year Current Year 0 9 Program service revenue (Part VIII, line 1h). Prior Year Current Year 21, 519. 114, 053 10 Investment income (Part VIII, column (A), lines 3. 4, and 7d) 737, 893. 1, 026, 723 11 Other revenue (Part VIII, column (A), lines 6.6, 86, 96, 06, 00, inc, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5.0, 00, and 11e). 759, 467. 1, 140, 806 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 531ares, other compensation, employee benefits (Part IX, column (A), lines 5-10). 268, 277. 269, 592 14 Benefits path to or tor members (Part IX, column (A), line 1a). 577., 994. 768, 857 15 Satares, other compensation, employee benefits (Part IX, column (A), line 31. 577., 994. 768, 857 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 31. 577., 994. 768, 857 18 Total expenses. Add lines 13.6 mm line 12. 577., 994. <	ğ	3 N	umber of votin	y memoers of the governing body (Part VI, line ta)		1 1	
b Net unrelated business taxable income from P300-T, Part I, line 11. 7a 0 8 Contributions and grants (Part VIII, line 1h). Prior Year Current Year 0 9 Program service revenue (Part VIII, line 1h). Prior Year Current Year 21, 519. 114, 053 10 Investment income (Part VIII, column (A), lines 3. 4, and 7d) 737, 893. 1, 026, 723 11 Other revenue (Part VIII, column (A), lines 6.6, 86, 96, 06, 00, inc, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5.0, 00, and 11e). 759, 467. 1, 140, 806 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 531ares, other compensation, employee benefits (Part IX, column (A), lines 5-10). 268, 277. 269, 592 14 Benefits path to or tor members (Part IX, column (A), line 1a). 577., 994. 768, 857 15 Satares, other compensation, employee benefits (Part IX, column (A), line 31. 577., 994. 768, 857 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 31. 577., 994. 768, 857 18 Total expenses. Add lines 13.6 mm line 12. 577., 994. <	- SO	4 Ni	nunger of tuge	periodent voting members of the governing body (Part VI, line 1h)			
b Net unrelated business taxable income from P300-T, Part I, line 11. 7a 0 8 Contributions and grants (Part VIII, line 1h). Prior Year Current Year 0 9 Program service revenue (Part VIII, line 1h). Prior Year Current Year 21, 519. 114, 053 10 Investment income (Part VIII, column (A), lines 3. 4, and 7d) 737, 893. 1, 026, 723 11 Other revenue (Part VIII, column (A), lines 6.6, 86, 96, 06, 00, inc, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5.0, 00, and 11e). 759, 467. 1, 140, 806 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 531ares, other compensation, employee benefits (Part IX, column (A), lines 5-10). 268, 277. 269, 592 14 Benefits path to or tor members (Part IX, column (A), line 1a). 577., 994. 768, 857 15 Satares, other compensation, employee benefits (Part IX, column (A), line 31. 577., 994. 768, 857 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 31. 577., 994. 768, 857 18 Total expenses. Add lines 13.6 mm line 12. 577., 994. <	litie	5 10	stal number of	individuals employed in calendar year 2021 (Part V line 2a)			
b Net unrelated business taxable income from P300-T, Part I, line 11. 7a 0 8 Contributions and grants (Part VIII, line 1h). Prior Year Current Year 0 9 Program service revenue (Part VIII, line 1h). Prior Year Current Year 21, 519. 114, 053 10 Investment income (Part VIII, column (A), lines 3. 4, and 7d) 737, 893. 1, 026, 723 11 Other revenue (Part VIII, column (A), lines 6.6, 86, 96, 06, 00, inc, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5.0, 00, and 11e). 759, 467. 1, 140, 806 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 531ares, other compensation, employee benefits (Part IX, column (A), lines 5-10). 268, 277. 269, 592 14 Benefits path to or tor members (Part IX, column (A), line 1a). 577., 994. 768, 857 15 Satares, other compensation, employee benefits (Part IX, column (A), line 31. 577., 994. 768, 857 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 31. 577., 994. 768, 857 18 Total expenses. Add lines 13.6 mm line 12. 577., 994. <	(itio	7. 10	nai number oi	volunteers (estimate if necessary)			
Bits Contributions and grants (Part VIII, line 1h)	4		et unrelated b	Isiness revenue from Part VIII, column (C), line 12			a 0.
B Contributions and grants (Part VIII, line 1f). 21, 519. 114, 053 9 Program server evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 737, 893. 1, 026, 721 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 55. 32 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 759, 467. 1, 140, 806 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 759, 467. 1, 140, 806 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 268, 277. 269, 592 16 Professional fundraising expenses (Part IX, column (D), line 25) - 7 7 17 Other expenses (Part IX, column (D), line 25) - 7 7 18 Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 12. 577, 994. 768, 857. 18 Prevenue less expenses. Subtract line 18 from line 12. -866, 804. 102, 357. 19 Revenue less expenses. Subtract line 20. 279, 354. 287, 216 20 Total assets (Part X, line 26). 279, 354.				samess taxeble income from Form 990-1, Part I, line 11			b) 0.
g Program service revenue (Part VIII, line 2g) 737, 893 1, 026, 721 10 Investment income (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10e, and 11e) 759, 467. 1, 140, 805 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10e, and 11e) 759, 467. 1, 140, 805 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 759, 467. 1, 140, 805 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 759, 467. 1, 140, 805 14 Benefits paid to or members (Part IX, column (A), lines 1-3). 759, 467. 1, 140, 805 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3). 759, 467. 1, 140, 806 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-4). 757, 994. 768, 857. 16 Professional fundraising expenses (Part IX, column (A), line 110, 117.242. 577, 994. 768, 857.411. 19 Revenue less expenses. Subtract line 18 from line 20. 846, 271.1. 1, 038, 449. 20 Total assets (Part X, line 26). 846, 271.21. 1, 038, 449. 21 Total assets or fund balances. Subtract line 20. 167, 838. 270, 195.		8 Cc	ontributions ar	d grants (Part VIII, line 1h)			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	hue	9 Pr	ogram service	revenue (Part VIII, line 20)	·····		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	eve	10 m	vestment inco	me (Part VIII, column (A), lines 3, 4, and 7d)			
12 Total revenue – add lines 8 Inrough 11 (musi equal Part VIII, column (A), line 12	č	11 01	iher revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			. 32.
a Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12 10	stal revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12).		759,467	1 140 805
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 268,277. 269,592 16 Professional fundraising expenses (Part IX, column (A), line 11e) 268,277. 269,592 b Total fundraising expenses (Part IX, column (A), line 11e) 577,994. 768,857 17 Other expenses (Part IX, column (A), line 11e, column (A), line 25 577,994. 768,857 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 20 846,271. 1,038,449 19 Revenue less expenses. Subtract line 18 from line 12. 846,271. 1,038,449 20 Total assets (Part X, line 16). 846,271. 1,038,449 21 Total habilities (Part X, line 26). 846,271. 1,038,449 22 Net assets or fund balances. Subtract line 18 from line 20 846,271. 1,038,429 22 Net assets or fund balances. Subtract line 4. 269. 167,838. 270,195 16 Signature Block Inter summer index or mindeding accompanying schedules and statements. and to the best of my knowledge and belief if is true, correct, and Date 111 Signature of other Signature of other Interminion of which preparer signature Date <td< td=""><td></td><td>13 Gr</td><td>ants and simi</td><td>ar amounts paid (Part IX, column (A), lines 1-3)</td><td></td><td></td><td></td></td<>		13 Gr	ants and simi	ar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising spenses (Part IX, column (A), line 11e)		14 Be	enefits paid to	or for members (Part IX, column (A), line 4)			
Total Professional fundraising expenses (Part IX, column (A), line 11e)	5	15 Sa	alaries, other d	ompensation, employee benefits (Part IX, column (A), lines 5-10).		268,277	. 269.592
If 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 577, 994. 768,857 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), largest 846,271. 1,038,449 19 Revenue less expenses. Subtract line 18 from line 12.	2U26	16a Pr	ofessional fun	draising fees (Part IX, column (A), line 11e)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 577, 994. 768,857 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5 846,271. 1,038,449 19 Revenue lass expenses. Subtract line 18 from line 12. 846,271. 1,038,449 20 Total assets (Part X, line 16). Beginning of Current Year End of Year 21 Total habilities (Part X, line 26). State assets or fund balances. Subtract line whom line 20. 846,271. 1,038,449 22 Total assets (Part X, line 26). State assets or fund balances. Subtract line whom line 20. Beginning of Current Year End of Year 21 Total labilities (Part X, line 26). State assets or fund balances. Subtract line whom line 20. End of Year 22 Net assets or fund balances. Subtract line whom line 20. State assets or fund balances. State assets or fund balances. State assets or fund balances. State assets or maked balances. 23 Net assets of preparer (other than offer transition of which preparer has any knowledge. Date Treasurer 34 Signature of utica Date Treasurer P101247509 34 Beth Regan 12526 High Bluff Drive, Suite 300 Furm's EiN F P01							
19 Revenue lass expenses. Add lines 13-17 (must equal Part IX, column (A), last 846, 271. 1, 038, 449 19 Revenue lass expenses. Subtract line 18 from line 12. 846, 271. 1, 038, 449 20 Total assets (Part X, line 16). Beginning of Current Year End of Year 21 Total habilities (Part X, line 26). 279, 354. 287, 216 22 Net assets or fund balances. Subtract ling surface line 20. 167, 838. 270, 195 Part III Signature Block 167, 838. 270, 195 vider penalties of perpare (other than official to gased on all information of which preparer has any knowledge and belief it is true, correct, and Date ign Signature of other Experience structure of the same between and the preparer same broken. Experience structure of the same broken. aid reparer Firm's name Beth F. Regan Experience structure of the satisfication of which preparer signature of the satisfication of the satis tremployed Diste <td></td> <td>17 Ot</td> <td>her expenses</td> <td>(Part IX, column (A), lines 11a-11d, 11f-24e).</td> <td></td> <td>577,994</td> <td>768 957</td>		17 Ot	her expenses	(Part IX, column (A), lines 11a-11d, 11f-24e).		577,994	768 957
13 Revenue less expenses. Subtract line 18 from line 12		18 To	tal expenses.	Add lines 13-17 (must equal Part IX, column (A), ip 25,			the second se
Beginning of Current Year End of Year 20 Total labilities (Part X, line 16) 21 Total labilities (Part X, line 26) 257, 411 21 Total labilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 34 note line 20 279, 354		19 Re	venue less ex	penses. Subtract line 18 from line 12.			
22 Net assets or fund balances. Subtract line 20	te or nase	20 7	tol accests of		Be		
22 Net assets or fund balances. Subtract line 20	Bala				· · · · · [
At 12 Net assets of fund balances. Subtract ling accompanying schedules and statements. and to the best of my knowledge and belief it is true, correct, and multiple. Declaration of preparer (other than officer indexee on all information of which preparer has any knowledge. 167,838. 270,195 inder penalties of perparer (other than officer indexee on all information of which preparer has any knowledge. Date Date inder penalties of perparer (other than officer indexee on all information of which preparer has any knowledge. Date Date Marilee Pacelli Treasurer Treasurer Warilee Pacelli Treasurer Print/Type preparer's name Beth Regan Print/Type preparer's name Priper's signature Dec Firm's name Beth F. Regan Poile 74 2022 Check X if Print Firm's address 12526 Hight Bluff Drive, Suite 300 Firm's EiN F Poile no. 858 481-7050 ay the IRS discuss this return with the preparer shown above? See instructions. Xi Yes No	A Pick					279,354	. 287,216.
Adder penalties of perparty. I declare that I have examined the left in including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and minilete. Declaration of preparer (other than officer theses on all information of which preparer has any knowledge. iign liere Signature of other Marilee Pacelli Date Marilee Pacelli Treasurer Vigne or print name and title Date Print/Type preparer's name Expansive Beth Regan Expansive Firm's name * Beth F. Regian Firm's name * Beth F. Regian Firm's address * 12526 Hight Bluff Drive, Suite 300 San Diego, CA 92130 Phone no. 858 481-7050 ay the IRS discuss this return with the preparer shown above? See instructions. X Yes						167,838	
Signature of other Signature of other Marilee Pacelli Treasurer Marilee Pacelli Treasurer Print/Type preparer's name Perform's signature Beth Regan DEC Prim's name * Beth F. Regan Firm's name * Beth F. Regan Prim's name * Beth F. Regan Prim's address * 12526 High Bluff Drive, Suite 300 San Diego, CA 92130 Phone no. 858 481-7050 ay the IRS discuss this return with the preparer shown above? See instructions. X Yes No							
Signature of other Signature of other Marilee Pacelli Treasurer Marilee Pacelli Treasurer Print/Type preparer's name Perform's signature Beth Regan DEC Prim's name * Beth F. Regan Firm's name * Beth F. Regan Prim's name * Beth F. Regan Prim's address * 12526 High Bluff Drive, Suite 300 San Diego, CA 92130 Phone no. 858 481-7050 ay the IRS discuss this return with the preparer shown above? See instructions. X Yes No	2011);	lete. Declar	alion of preparer	har I have examined in a return, including accompanying schedules and statements, and to the other than office use ases on all information of which preparer has any knowledge.	he best of my	knowledge and belief it is	true, correct, and
Marilee Pacelli Treasurer Treasurer Date Print/Type or print name and title Print/Type preparer's name Perform's signature DEC Pate 2022 Check X it Print/ PO1247509 aid reparer ise Only Beth Regan Perform's name Beth F. Regan CPA Po1247509 gain black 12526 High Bluff Drive, Suite 300 Firm's EIN > Point's EIN > Point's EIN > ay the IRS discuss this return with the preparer shown above? See instructions. X Yes No				<u></u>			
Marilee Pacelli Treasurer Type or print name and title Treasurer Print/Type preparer's name Beth Regan DEC Dec Dec Dec X it Print Beth Regan Beth F. Regan DEC Dec Dec Dec Dec Dec Dec X it Print Se Only Firm's name Beth F. Regan Dec X it Print PO1247509	Sia	n	Signature o	uthe		Date	
Type or pinit name and title Treasure Pinit/Type preparer's name Preparer's signature Beth Regan DEC Firm's name * Beth F. Regan Firm's name * Beth F. Regan Firm's address * 12526 Hight Bluff Drive, Suite 300 San Diego, CA 92130 Phone no. 858 481-7050 ay the IRS discuss this return with the preparer shown above? See instructions. X Yes			▶ Maril	ee Pacelli	m.		
Beth Regan DEC T4 2022 Check Xi if stiff-employed PIN reparer see Only Firm's name * Beth F. Regan PO1247509 Firm's address * 12526 Hight Bluff Drive, Suite 300 Firm's EIN * San Diego, CA 92130 Phone no. 858 481-7050 ay the IRS discuss this return with the preparer shown above? See instructions. X Yes No			Type or prin	I name and tills	<u> </u>	reasurer	
reparer se Only Firm's name Beth F. Regan, CPA Self-employed P01247509 se Only Firm's address 12526 High Bluff Drive, Suite 300 Firm's EIN > san Diego, CA 92130 Phone no. 858 481-7050 AA For Parenuot Paduction Act National Act Nationa			Print/Type prepa	rer's name Breparer's signature Pates	0000	Check XI.	PTIN
Image: Second procession of the second procesecond procession of the second procession of			Beth Red	ian UEC 14	2022		
ay the IRS discuss this return with the preparer shown above? See instructions			Firm's name				
San Diego, CA 92130 Phone no. 858 481-7050 ay the IRS discuss this return with the preparer shown above? See instructions. X Yes No	USE	Unly	Firm's address			Firm's EIN 🕨	
AA For Paperuork Reduction Act Matica and Manager See instructions.				San Diego, CA 92130			3 481-7050
AA For Papervork Paduction Act Nation and the second state of the	Лау	the IRS	discuss this re	turn with the preparer shown above? See instructions			is rise
	3AA	For Pa	perwork Redu	ction Act Notice, see the separate instructions.	TEEA0101	09/22/21	Form 990 (2021)

~

Part III Statement	of Program Se	Youth Soccer ervice Accomplishm	ents				Pag
Check if Sche	dule O contains a	response or note to any lin	ne in this Part III.				
 Briefly describe the or 	organization's missi	ion:					
Organize and	promote you	th soccer					
2 Did the organization (undertake any sign	inficant program services d	uring the year wh	ich were not listed on the	prior		
Form 990 or 990-EZ?	, 		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · [Yes	XN
If "Yes," describe the	se new services or	n Schedule O.					<u>.</u>
3 Did the organization of	cease conducting,	or make significant chang	es in how it condu	ucts, any program service	s? [Yes	XN
If "Yes," describe the					-		<u> </u>
Section 501(c)(3) and and revenue, if any, f	for each program ser	vice accomplishments for ations are required to repo ervice reported.	each of its three l ort the amount of a	largest program services, grants and allocations to	as measu others, the	total exp	enses. enses,
4a (Code:)	(Expenses \$	677,452. including	oracts of \$) (Paul	enue \$		
		onal Soccer Trai	ງຊູເວລາເຮັບ: ຈຸ ກຳກຕ) (rev	enue ș	73	0,783
			11111Q				
(Code:) (Soccer Tourna	Expenses \$ ments	183,936. Including	grants of \$) (Revi	enue \$	26	6,077
							~
						······	
							·
- /0-d-1	- 4		· · · · · · · · · · · · · · · · · · ·				
	Expenses \$	13,009. including	grants of \$) (Reve	nue \$	32	2,321
Soccer Camps							
d Other program services	s (Describe on Sch	edule ().)					
d Other program services (Expenses \$							
d Other program services (Expenses \$ e Total program service of		edule O.) Including grants of \$ 874, 397.) (Revenue \$)	

-

Form 990 (2021) Rancho Santa Fe Youth Soccer Part IV Checklist of Required Schedules

Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		Yes X	No
2		1		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	2		<u>X</u>
4		3		X
5		4		<u>х</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounte in such funds or accounts? If live is a second of a line is the right of a second of the distribution of	5		<u>X</u>
7	Did the organization receive or hold a conservation ensurement, including second to an and the	6		<u>x</u>
8	Did the organization maintain collections of works of art, historical tractures, or other similar exects 2. (All of the	7		<u>X</u>
		8		<u>X</u>
9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		х
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11a	X	
	b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its lotal assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	116		x
1	c Did the organization report an amount for investments - program related in Parl X, line 13, that is 5% or more of its total assets reported in Part X. line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D. Part X	11 f		X
12:	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	-	x
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes.' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	126		<u>x</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?			
) Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and occorem service activities originate the black States are provided by the service activities or expenses of the black States are provided by the service activities or expenses of the black States are provided by the service activities or expenses of the black of the service activities or expenses of the black of the service activities or expenses of the black of the service activities or expenses	14a		<u> </u>
15	at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	14b		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	15		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions.	16		<u>X</u>
18	Did the organization report more than \$15,000 total of fundations	17		<u>X</u>
19	and the and bas in these complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		<u>x</u>
	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		<u>X</u>
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 BAA	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
UAA	TECADAR			

Form 990 (2021)

Form 990 (20		ncho Sa	<u>nta Fe</u>	Youth S	Soccer
Part IV (Checklis	t of Requ	ired Sch	edules	(continued)

_

Page 4

			.	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and hobest compensated employees? If Yos' installations	46		
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	23		X
	complete Schedule K. If 'No, 'go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24c 24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		x
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part 1	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		x
27		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			• •
1	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a	ang daga sa ting ta	X
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	20a 28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	20.		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule Management of the second s	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, 'complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		x
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		- <u>X</u>
t	b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2,	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule Q	38	x	
Pai	Statements Regarding Other IKS Flungs and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.			
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	[Yes	No
b	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1-	x	
RAA		1 c	A	

Form 990 (2021) Rancho Santa Fe Youth Soccer Part V Statements Regarding Other IRS Filings and Tax Compliance (c			F	⁵ age
Part V Statements Regarding Other IRS Filings and Tax Compliance (c	ontinued)			·····
	1 7		Yes	No
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3			
b if at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	26	X	<u> </u>
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See ins	iructions.	~0		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0.		36		<u> </u>
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country).		4a		x
b If 'Yes,' enter the name of the foreign country ►		44		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	vear?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	transaction?	55		x
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.		50		H
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?	d did the exercise tree	- 5 c 6 a		x
b if 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?				
7 Organizations that may receive deductible contributions under section 170(c).		6 b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	the for coords and			
services provided to the payor?	ny for goods and	7a		X
${f b}$ If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for while	ch it was required to file			
FOR 02027		7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	it contract?	71		X
g If the organization received a contribution of qualified intellectual property, did the organization as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c Form 1098-C?	-	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	uned by the sponsoring			
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	·········	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related perso	m?	9 b		
0 Section 501(c)(7) organizations.Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a	ł		
b Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities	106		8	
1 Section 501(c)(12) organizations.Enter:				
a Gross income from members or shareholders.	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	116			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of F	orm 10412	12 a		
h If 'Vee' anter the emprue of the second interest in the second se	126			
3 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a is the organization licensed to issue qualified health plans in more than one state?		13a		·
Note: See the instructions for additional information the organization must report on Schedule	α	154		-
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136			
c Enter the amount of reserves on hand	13c			
4a Did the organization receive any payments for indoor tanning services during the tax year?.	150	7.4		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on S	chedule O	14a		~
5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in a		14b		
excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N.	emuneration or	15		Х
 Is the organization an educational institution subject to the section 4968 excise tax on net inve If 'Yes,' complete Form 4720, Schedule O. 	stment income?	16		Х
7 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator enga activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953 if 'Yes,' complete Form 6069.	ge in any ?	17		
······································				

 \sim

Form 990 (2021)			
Davt VI Car	 2 B	 	

Page 6

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through	7b below,	and fo	r
Schedule O. See instructions.	s, or chang	es on	
Check if Schedule O contains a response or note to any line in this Part VI			X
Section A. Governing Body and Management			i
		Yes	No
I a Enter the number of voting members of the governing body at the end of the tax year I a If there are material differences in voting rights among members I a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	350		
authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line its, above, who are independent 1 b			
 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee? 	other 2		x
3 Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors, trustees, or key employees to a management company or other person?		<u> </u>	x
4 Did the organization make any significant changes to its governing documents			
since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5	X
6 Did the organization have members or stockholders?		X	
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o members of the governing body?	r more 7	a X	1
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	· · · · ·		x
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:	ear by		
a The governing body?		a X	
b Each committee with authority to act on behalf of the governing body?		b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O			x
Section B. Policies (This Section B requests information about policies not required by the Inter	nal Revenu	e Code	2.)
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10	а	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure the operations are consistent with the organization's exempt purposes?		b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its coverging body before filing the form?	11		X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Sched		-	
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12	a	x
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give re to conflicts?	se 12		<u> </u>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe Schedule O how this was done	e on	c	
13 Did the organization have a written whistleblower policy?	13		X
14 Did the organization have a written document retention and destruction policy?	14		X
15 Did the process for determining compensation of the following persons include a review and approval by indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndent		
a The organization's CEO, Executive Director, or top management official	15	8	X
b Other officers or key employees of the organization	15	ь	X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		a	x
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Section C. Disclosure	16	b	
17 List the states with which a copy of this Form 990 is required to be filed None			
 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable). 990, and 990-T (S available for public inspection. Indicate how you made these available. Check all that apply. 	ection 501 (c)(B)s only)
Own website Another's website X Upon request Other (explain on Sch	edule O)		
the public during the tax year. See Schedule O			
the person who persons the organization is blocks and reco	rds 🕨		
Marilee Pacelli P.O. Box 1373 Rancho Santa Fe CA 92067 (760) 479-150	J		

BAA

Form 990 (2021) Rancho Santa Fe Youth Soccer	age 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII.	Π
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.	
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	

-

List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000
of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. -1-

	1	<u> </u>		~~~~	•					
				(C)						
(A) Name and title	(B) Average hours per	Pe tha i	sition n one s boli dir	(do n box, 1 an c rector.	iot ch unles officer /trust	eck m ss pers r and a ee)	910 1001 1	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other
	per waek (list any hours for related organiza- tions below dotted line)	or director	Institutional bustee	Officer	Key employce	Highest compensated employee	Former	the organization (W-2/1099. MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
() Malcolm J.Tovey	40									
Director of Coaching	0				X			126,004.	ο.	0.
(2) Marilee Pacelli	3					1				<u>v.</u>
Treasurer	0			X		l		75,247.	ο.	0.
(3) Douglas Gilbert	3					1				<u>v.</u>
Secretary	0			Х				ο.	ο.	0.
(4) Jason Green	3					1				<u>v.</u>
President	0			х				0.	0.	0.
(5) Kevin Mabbutt	3								`·	V.
Vice President	0			x				ο.	o.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)				-						
(13)										
(14)										
BAA	TEEA01	07L	09/22	/21						Form 990 (2021)

- -----

Page 8

ر.سان

Alterna occura A. Onicers, Directors, Th	(B)	пеу Т			C)	ees,	, an	In highest Col	mpensated Emp	bloye	es (co	ntinued
(A) Name and title	Average hours per week	offic	, unie cer ai	Po theck ass pi nd a	sition more erson direct	e than is bot or/trus	h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	Ëstir	(F) Nated an of other	nount
	(list any for related organiza - tons below dotted line)	individual trustee or cirector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1093-NEC)	comp the a	organiza organiza nd relate ganizatio	i frem Non ed
(15)											·	
(16)												
(17)		 									·	
(18)												
(19)												
(20)												
(21)												
(22)												
(23)										······		
(24)												
(25)												
1 b Subtotal		l	I	!			•	201,251.				0
c Total from continuation sheets to Part VII, Sectio	n A						▶ '	0.	0.			0.
d Total (add lines 1b and 1c)							•	201 251	0			0
2 Total number of individuals (including but not limit from the organization ► 1	led to thos	se list	led a	abov	ve) v	who r	ece	eived more than \$1	00,000 of reportable	e com;	pensati	ion
3 Did the organization list any former officer, direct	or, trustee	kev	em	nlov	(60	or hi	obe	st companysted a	mlauan		Yes	No
or the racin res, complete Schedule 5 for such	inoividuai			•••		* * * *		• • • • • • • • • • • • • • • • • • •		3		X
4 For any individual listed on line 1a, is the sum of i the organization and related organizations greater such individual.	than \$15	0,000	pen ? h	f 'Ye	s,' 4	omp	lete	Schedule J for	m	4		x
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compensi ' complete	ation Sch	fror edu	n ar Ie J	iy u for	nrela such	ted per	organization or in-	dividual	5		x
Section B. Independent Contractors											<u> </u>	
 Complete this table for your five highest compensation from the organization. Report comp 	ated indep ensation f	or th	e ca	lent	racto dar y	ors (F vear	nat r end	received more than ing with or within	n \$100,000 of the organization's ta	ix year		
(A) Name and business addr	ess							(B) Description o	f services	Compe	C) Insatio	n
2 Total number of independent contractors (includin \$100,000 of compensation from the organization	g but not l	imite	d to	lho	se l	sted	abo	ove) who received	more than		· .	
PAA	0											

Form 990 (2021) Rancho Santa Fe Youth Soccer Part VIII Statement of Revenue

Page 9

	Check if Schedule O contains a re	esponse or note to any	/ line in this Part VI	1		Г
. 1		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts		la				uu aa ahaa ahaa ahaa ah
E Z		i b				
£₹						
5		ld 111 502				
55	f All other contributions, orfis, grants, and	e <u>111,593.</u>				
	similar amounts not included above 1	f 2,460.				
ĒĐ	g Noncash contributions included in lines 1a-11	g				
ំ គ្	h Total. Add lines 1a-1f		114,053.			
		Business Code	14,055.			an Angla an An Angla an Angla. An Angla ang ang ang ang ang ang ang ang ang an
Program Service Revenue	2 a Competitive Soccer League	711210	641,494.	641,494.	an a	nin da konstalada Berra
æ	b Tournament Registration	711210	266,077.	266,077.		
kie	C Recreation Soccer League	711210	61,182.	61,182.		
Sei l	d <u>Soccer Camps</u>	711210	32,321.	32,321.		
E	e Spring League	711210	25,647.	25,647.		
5	f All other program service revenue					
	g Total. Add lines 2a-2f.		1,026,721.	1		
	3 Investment income (including divider other similar amounts).	ids, interest, and				
		nt bond processis	32.	32.		·
	(i) Real	(ii) Personal				
1	6a Gross rents	(1)			e Alexandra da Alexandra da Alexandr Alexandra da Alexandra da Alexandr	a ann airteach ann
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
7	a Gross amount from (i) Securities	(ii) Other				
	sales of assets other than inventory 7a					
	b Less: cost or other basis			1		
	and sales expenses 7b c Gain or (loss) 7c					
. .		•				
활 8	a Gross income from fundraising events (not including \$				the second second	
	of contributions reported on line 1c).					
Uther Heve	See Part IV, line 18	8a				
2	b Less: direct expenses	8b				
5	c Net income or (loss) from fundraising	events ►		ş		
9	a Gross income from gaming activities.					
	See Part IV, line 19	9a				
-	b Less: direct expenses	95				1 - 41 - 1 41 - 1
	c Net income or (loss) from gaming act	IVIties				
10	a Gross sales of inventory, less returns and allowances	0a				
	b Less: cost of goods sold	Ob				
	c Net income or (loss) from sales of inv			ay:		
		Business Code	. Andrewski	2	<u> </u>	
2 ¹¹	a					
Revenue	b					
ev.	c					
-						
	e Total. Add lines 11a-11d	•••••••			······································	
12						

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	sponse or note to any i			
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	a de la constante de			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	201,504.	126,004.	75,500.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0		
7	Other salaries and wages.	33,282.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)			33,282.	
9	Other employee benefits	16,500.	11,000.	5,500.	
10	Payroll taxes.	18,306.	9,824.	8,482.	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (nonemployees):	10/300.	2/044.	0,402.	
ŧ	Management.				e.
	> Legal	3,246.		3,246.	
c	Accounting	8,651.		8,651.	
c	Lobbying			0/031.	_
e	Professional fundraising services. See Part IV, line 17		ana produced a 🕴	the second second	
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion.	3,890.		3,890.	
13	Office expenses	2,727.		2,727.	
14	Information technology				
15	Royalties				
16	Occupancy.	2,335.		2,335.	
17	Travel	5,000.	5,000.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19					
20	Interest	4,487.		4,487.	
21	Payments to affiliates.				
22					
23	Insurance.	1,679.		1,679.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses				
	on line 24e. If line 24e amount exceeds 10%				
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).		1.4		
а	Coaching Expenses	325,957.	225 057		
Ь	Tournament Expenses	183,936.	<u>325,957.</u> 183,936.		
c	- TJ - 1 4 D	67,383.	67,383.		
	League Fees	22,467.	22,467.		
e	All other expenses	137,099.	122,826.	14,273.	
	Total functional expenses. Add lines 1 through 24e	1,038,449.	874,397.	164,052.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundratising solicitation. Check here F if following SOP 98-2 (ASC 958-720).				<u> </u>

ر سر

Form 990 (2021) Rancho Santa Fe Youth Soccer Part X Balance Sheet

Page 11

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			405,170.	1	557,411
	2	Savings and temporary cash investments.	· · · · ·	·····		2	
	3	Pledges and grants receivable, net		· · · · · · · · · · · · · · · · · · ·		3	
	4	Accounts receivable, net.	••••		391.	4	
	5	Loans and other receivables from any current or forma trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per-	er offic contril	er, director, putor, or 35%		5	
	6	Loans and other receivables from other disqualified pe					
	-	section 4958(f)(1)), and persons described in section 4	4958/c	(as defined drider		6	
	7	Notes and loans receivable, net				7	
0	8	Inventories for sale or use				<u> </u>	
Issels	9	Prepaid expenses and deferred charges.		*******************	28.04	8	
	-		1	, j. j.,	37,791.	9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10-	0 011			and the second second
		Less: accumulated depreciation				10-	
.	17	Investments - publicly traded securities				10 c 11	
	12	Investments - other securities. See Part IV, line 11	- 1 - 1 - 1			12	
	13	Investments - program-related. See Part IV, line 11				12	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	• • • • • •	·····	2 040		
		Total assets. Add lines 1 through 15 (must equal line 3	· · · · · · · · · · · · · · · · · · ·	*****	3,840.	15	
		see assessment of these interesting in the Union Equal time of			447,192.	16	557,411
-	17	Accounts payable and accrued expenses			20,574.	17	23,709
-	18	Grants payable			20,014.	18	23,109
-	19	Deferred revenue			65,152.	19	113,607
1	20	Tax-exempt bond liabilities,			······································	20	
2	21	Escrow or custodial account liability. Complete Part IV	/ of Sc	hedule D		21	
	22	Loans and other payables to any current or former offi key employee, creator or founder, substantial contribut controlled entity or family member of any of these pers	cer, di tor, or	rector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated thi	rd oari	ies		22	
	24	Unsecured notes and loans payable to unrelated third	oarties		193,628.	24	140.000
1	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to rei dete P	ated third parties, art X of Schedule D	195,620.	25	149,900
	26	Total liabilities. Add lines 17 through 25			279,354.	26	287,216
		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				ч. I	
		Net assets without donor restrictions				27	
		Net assets with donor restrictions,				28	
5		Organizations that do not follow FASB ASC 958, chec and complete lines 29 through 33.	k here	► X			
5 2	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equipme	ent fun	d		30	······································
š 3	31	Retained earnings, endowment, accumulated income,	or othe	r funds	167,838.	31	270,195
	32	Total net assets or fund balances			167,838.	32	270,195
	33	Total liabilities and net assets/fund balances			447,192.	33	557,411
				11L 09/22/21			Form 990 (2021

.

4	rt XI Reconciliation of Net Assets Check if Schedule Q contains a response or pole to any line in the Bort XI				,
1	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12).				
2	Total excenses (must equal Part IX, column (A), line (2).	1		40,8	
ĩ	Total expenses (must equal Part IX, column (A), line 25)	2		38,4	
4	Revenue less expenses. Subtract line 2 from line 1.	3	1	02,3	357
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1	67,8	338
ວ 6	Net unrealized gains (losses) on investments.	5			
7	Donated services and use of facilities.	6			
ŝ	Investment expenses	7			
9	Prior period adjustments	8			
-	Other changes in net assets or fund balances (explain on Schedule O).	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).				
2	column (B))	10	2	70,1	.95
	Check if Schedule O contains a response or note to any line in this Part XII				[
	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	N
2.	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		23		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	na			
	Separate basis Consolidated basis Both consolidated and separate basis			<u>0000-0</u>	
Ł	Were the organization's financial statements audited by an independent accountant?		2 b		Х
-	If 'Yes,' check a box below to indicate whether the financial statements for the user were qualitating a second				
					÷
	Separate basis Consolidated basis Both Consolidated and separate basis				
	Separate basis Consolidated basis Both Consolidated and separate basis	audit,	20	<u> </u>	
c	Separate basis, of both. Separate basis Consolidated basis Both consolidated and separate basis if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?		2 c		
c	Separate basis, of both. Separate basis Consolidated basis Both consolidated and separate basis if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?				
с За	Separate basis, of both Separate basis Consolidated basis Both consolidated and separate basis if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle	2 c 3 a		X
c 3a	Separate basis, of both. Separate basis Consolidated basis Both consolidated and separate basis if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	gle			

.

		Public Char	ity Status and	Puhli	- Suni	nart	OMB No. 1545-0047
SCHEDULE A (Form 990)	Co	mplete if the organiz	ration is a section 501((a)(1) nonexempt chari	c)(3) ora	anization		2021
Department of the Treasury Internal Revenue Service	Þ		tach to Form 990 or Fo Form990 for instruction			nformation	Open to Public Inspection
Name of the organization						Employer identifie	
Rancho Santa Fe	Youth S	occer					
Part Reason for	Public Cha	rity Status. (All or	ganizations must o	comple	le this p	part.) See instruction	ons.
The organization is not a	private found	fation because it is: (For lines 1 through 12,	check of	nly one b	iox.)	
2 A school descri	bed in sectio	Ches, of association	of churches described (lach Schedule E (Form	n sectio	on 170(b)	(1)(A)(i).	
			zation described in se		0/53/13/43	VIII)	
4 A medical research A medica	arch organiza	tion operated in conji	unction with a hospital	describe	d in sect	ion 170(b)(1)(A)(iii). En	ter the hospital's
Section 170(D)	MANIN. (CO	implete Part II.)	ge or university owned				cribed in
7 1 1			intal unit described in is				
in section 170(W.W.Walt	complete Fait ii.)	ial part of its support fr		vernmen	tal unit or from the gen	eral public described
			A)(vi). (Complete Part I				
9 An agricultural or university or university:	a non-land-gi	nization described in rant college of agricul	section 170(b)(1)(A)(b) lture (see instructions).	<) operat Enter th	ed in con ie name,	njunction with a land-gri city, and state of the c	ant college ollege or
10 X An organization	that normally	y receives (1) more the exempt functions, sub	nan 33-1/3% of its supp ject to certain exception e income (less section	ort from	contribu (2) no m	tions, membership fees	, and gross receipts
June 30, 1975.	me and unrel See section 5	lated business taxable 509(a)(2). (Complete P	e income (less section ! Part III.)	511 (ax)	from bus	anesses acquired by th	e organization after
11 An organization	organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).	
12 An organization or more publicly lines 12a throug	organized ar supported or h 12d that de	nd operated exclusive rganizations describe scribes the type of su	ly for the benefit of, to d in section 509(a)(1) o upporting organization ;	perform or sectio	the funct n 509(a)(tions of, or to carry out 2). See section 509(a)(>> 12e 12f and 12n	the purposes of one 3). Check the box on
a Type I. A suppo	rting organiza the power to	ition operated, super- regularly appoint or e	vised, or controlled by a lect a majority of the d	te cunne		and the second sec	/ giving the supported anization. You must
b J Type II. A support management of must complete			ontrolled in connection i in the same persons t	with its i hat cont	supported rol or ma	d organization(s), by ha	iving control or ganization(s). You
	1000 1104 0001	shay, rou muat comp	nization operated in co lete Part IV, Sections /	ч, и, авс	E.		
instructions). Yo	u must comp	plete Part IV, Section:	organization operated i must satisfy a distribut s A and D, and Part V.	ion requ	irement a	and an attentiveness re	duirement (see
e L Check this hox :	the ornaniza	tion received a writte	n determination from ti supporting organization.	100 4	nat it is a	Type I, Type II, Type I	Il functionally
f Enter the number of	f supported o	rganizations		• • • • • • • • • •			
g Provide the followin (a) Name of supported orga	g information	about the supported	organization(s).				L
W were to exhibition cids	ncauon	(ii) Eliv	(iii) Type of organization (describad on lines 1-10 above (see instructions))	organiza in your (is the tion listed joverning ment?	 (v) Amount of monetary support (see instructions) 	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)				ļ			
<u>(E)</u>							
Total BAA For Paperwork Redu	ation date to						

- 10 mar

(1000) (1000)

_

 Schedule A (Form 990) 2021
 Rancho Santa Fe Youth Soccer

 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.)

Page 2

Section A. Public Support

		·	1				
Cal beg	endar year (or fiscal year inning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalt						
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			Next and a second second second second			······································
Cale	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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					la da serie da serie Serie da serie	
12		ties, etc. (see inst	ructions)				
13	First 5 years. If the Form 990 is f organization, check this box and	or the organization stop here.	n's first, second, t	had fourth or fifth			▶ []
Sec	tion C. Computation of Pu	blic Support F	Percentage	· · · · · · · · · · · · · · · · · · ·			<u></u>
14	Public support percentage for 202	21 (ime 6, column	(f), divided by lin	e 11, column (f))	*********		%
15	Public support percentage from 2	2020 Schedule A, F	Part II, line 14			15	%
	33-1/3% support test-2021. If the and stop here. The organization of	e organization did	not check the be-	vonting 13 and b	14 77 1/08		s box
Ь	33-1/3% support test-2020. If the and stop here. The organization is	bib goutesigene	not check a box o	n line 17 or 16o	od tes 15 is 22.1	1001	السسا
1 7 a	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the facts-						
	10%-facts-and-circumstances test or more, and if the organization n organization meets the facts-and-	circumstances tes	st. The organization	est, check this box in qualifies as a pu	and stop here. I blicly supported (xplain in Part VI h proanization	ow the
18	Private foundation. If the organization	ation did not check	k a box on line 13	, 16a, 16b, 17a, or	17b, check this I	pox and see instruc	tions.

Page 3

Schedule A (Form 990) 2021 Rancho Santa Fe Youth Soccer F Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part 1 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.) F Section A. Public Support Section A. Public Support

.....

Calen	idar year (or fiscal year beginning in) 🖻	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2001	(A T. 4 1
1	Gifts, grants, contributions, and membership fees received. (Do not include		107 2010	(9/201)	(U) 2020	(e) 2021	(f) Total
	received. (Do not include						
	any unusual grants.)	6,155.	17,559.	3,765.	21,519.	114,053.	163,051
2	Gross receipts from admissions, merchandise sold or services		[<u> </u>		100,00
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	1 100 010	1 105 040				
3	Gross receipts from activities	1,108,818.	1,135,043.	1,174,830.		1,026,721.	5,173,305
	that are not an unrelated trade						
	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						C
5	facilities furnished by a						
	governmental unit to the						
~	organization without charge.						0
	Total. Add lines 1 through 5	1,114,973.	1,152,602.	1,178,595.	749,412.	1,140,774.	5,336,356
/a	2, and 3 received from						
	disqualified persons	0.	0.	o.	0.	Ο.	n
b	Amounts included on lines 2				<u>,</u>	V.	0
	and 3 received from other than discualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	1% of the amount on line 13						
_	for the year Add lines 7a and 7b	0.	0.	0.	0.	0.	
		0.	0.	0.	0.	0.	0
8	Public support. (Subtract line 7c from line 6.).						F 506 566
Sec	tion B. Total Support						5,336,356
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(0 T.4.1
	Amounts from line 6	1,114,973.	1,152,602.				(f) Total
10a	Gross income from interest, dividends,	<u>x/11/2/3.</u>	1,102,002.	1,110,393.	149,412.	1,140,774.	5,336,356
	payments received on securities loans, rents, royalties, and income from						
	similar sources.	265.	235.	236.			
ь	Unrelated business taxable		200.	230.	55.	32.	823
	ncome (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	265.	235.	236.	55.	32.	823
11	Net income from unrelated business activities not included on line 10b,						023
	whether or not the business is						
	regularly carried on.						0
12	Other income. Do not include						0
	gain or loss from the sale of capital assets (Explain in		l				
	Part VI.)						0
13	Total support. (Add lines 9,	1 175 000	1 1 5 6 9 9 6				
14	10c, 11, and 12,).	1,115,238.	1,152,837.	1,178,831.	749,467.	1,140,806.	5,337,179
1	First 5 years. If the Form 990 is for organization, check this box and	stop here	is arst, second, ti	hird, fourth, or fifth	tax year as a sei	ction 501(c)(3)	► [
		blic Support D	ercentare				
	tion C. Computation of Pu	unc aupport P					
Sect	uon c. compatation of Pu	21 (line 8, column	(f), divided by line	e 13. column (ft)		1 1 2 1	
iect	Public support percentage for 202	21 (line 8, column	(f), divided by line	e 13, column (f)), .		15	
iect 15 16	Public support percentage for 202 Public support percentage from 2	21 (line 8. column 020 Schedule A, F	(f), divided by line Part III, line 15,			<u>15</u> 16	
iect 15 16	Public support percentage for 202 Public support percentage from 2 tion D. Computation of Inv	21 (line 8. column 020 Schedule A, F estment Incor	(f), divided by line Part III, line 15, . ne Percentagi	e			99.98 %
iect 15 16 iect 17	Public support percentage for 202 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for	21 (line 8, column 020 Schedule A, F estment Incor r 2021 (line 10c, c	(f), divided by line Part III, line 15, , ne Percentagi olumn (f), divided	e I by line 13. column	n (f)).		99.98 %
Sect 15 16 Sect 17 18	Public support percentage for 202 Public support percentage from 2 tion D. Computation of Inv Investment income percentage fo Investment income percentage for	21 (line 8, column 020 Schedule A, F estment Incor r 2021 (line 10c, c om 2020 Schedule	(f), divided by line Part III, line 15. , ne Percentage olumn (f), divided A, Part III, line 1	e I by line 13, columr 7	1 (i))		99.98 % 99.98 % 0.02 % 0.02 %
Sect 15 16 Sect 17 18 19a	Public support percentage for 202 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage for 33-1/3% support tests-2021, if th	21 (line 8, column 020 Schedule A, F estment Incor r 2021 (line 10c, c om 2020 Schedule e proanization did	(f), divided by line ² art III, line 15, . ne Percentagi olumn (f), divided A. Part III, line 1 pol check line ho	e by line 13, column 7	1 (j).		99.98 %
iect 15 16 iect 17 18 19a b	Public support percentage for 202 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for 33-1/3% support tests-2021. If this is not more than 33-1/3%, check 33-1/3% support tests-2020. If this	21 (line 8, column 020 Schedule A, F estment Incor r 2021 (line 10c, c om 2020 Schedule le organization did this box and stop e organization did	(f), divided by line art III, line 15, . ne Percentagi olumn (f), divided A, Part III, line 1 not check the bo here. The organiz	e by line 13, column 7 x on line 14, and li ation qualifies as a on line 14 or lines 1	n (f)). ne 15 is more this publicly support	16 17 18 an 33-1/3%, and li ed organization.	99.98 % 0.02 % 0.02 % ne 17
iect 15 iect 17 18 19a b	Public support percentage for 202 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 33-1/3% support tests2021. If the is not more than 33-1/3%, check 33-1/3% support tests2020. If the line 18 is not more than 33-1/3%,	21 (line 8, column 020 Schedule A, F estment Incor r 2021 (line 10c, c om 2020 Schedule the organization did this box and stop e organization did check this box an	(f), divided by line Part III, line 15, . ne Percentage olumn (f), divided A, Part III, line 1 not check the bo here. The organiz not check a box d stop here. The	e by line 13, column 7 x on line 14, and li ation qualifies as a on line 14 or line 1 organization qualifi	n (f)). ne 15 is more this publicly support 9a. and line 16 is es as a publicly is	16 17 18 17 18 19 19 10 10 10 10 10 10 10 10 10 10	99.98 % 0.02 % 0.02 % ne 17
ect 15 iect 17 18 19a b	Public support percentage for 202 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage for 33-1/3% support tests-2021. If the is not more than 33-1/3%, check	21 (line 8, column 020 Schedule A, F estment Incor r 2021 (line 10c, c om 2020 Schedule the organization did this box and stop e organization did check this box an	(f), divided by line Part III, line 15, . ne Percentage olumn (f), divided A, Part III, line 1 not check the bo here. The organiz not check a box d stop here. The	e by line 13, column 7 x on line 14, and li ation qualifies as a on line 14 or line 1 organization qualifi	n (f)). ne 15 is more this publicly support 9a. and line 16 is es as a publicly is	16 17 18 17 18 19 19 10 10 10 10 10 10 10 10 10 10	99.98 % 0.02 % ne 17

Rancho Santa Fe Youth Soccer

Page 4

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		ar.
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
1	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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c		
4	a 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 Part VI 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 Part VI 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		
5;	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines Sb and Sc below (if applicable). Also, provide detail in Part VI, 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		
1	o 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		
(: 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	i.	
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 Part VI.	9a	-	
t	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 Part VI.	9b	·	
G	: 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 Part VI.	9c		
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)? If Yes,' answer line 10b below.	10a		
	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		
3 A A				

Schedule A (Form 990) 2021 Rancho Santa Fe Youth Soccer		Ρ	age 5
Part IV Supporting Organizations (continued)			
11 Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	~	
b A family member of a person described on line 11a above?	116		
C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization and what conditions or restrictions, if any, applied to such powers during the supported organizations.			

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such behefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

during the tax year.

			Yes	No
of each of the org	i the organization's directors or trustees during the tax year also a majority of the directors or trustees anization's supported organization(s)? If 'No,' describe in Part VI how control or management of the ration was vested in the same persons that controlled or managed the supported organization(s).	: 1		•

Section D. All Type III Supporting Organizations

_	-		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If No, ' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on tine 2, above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check 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. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

ь

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes

No

.....

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. 1

Sec	tion A – Adjusted Net Income		(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)
	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		
	Average monthly cash balances	16		
c	Fair market value of other non-exempt-use assets	1c		
đ	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		
	Subtract line 2 from line 1d.	3	·····	
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6	AN	·····
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	and the second	
	Minimum asset amount for prior year (from Section B, line 8, column A)	3	· · · · · · · · · · · · · · · · · · ·	
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

s a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Rancho Santa Fe You Part V Type III Non-Functionally Integrated 509(a)(3) Sup	th Soccer	s (continued)		Page
Section D - Distributions	sporting organization	is(continued)		Current Year
1 Amounts paid to supported organizations to accomplish exempt put	1			
2 Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity		ations,	2	
3 Administrative expenses paid to accomplish exempt purposes of st	upported organizations		3	
4 Amounts paid to acquire exempt-use assets	opported organizations		4	
5 Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VII		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 orga in Part VI). See instructions.	nization is responsive (pro	vide details	8	
9 Distributable amount for 2021 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		9	
10 Line 8 amount divided by line 9 amount		······	10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 				
3 Excess distributions carryover, if any, to 2021		4		
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020			- Mana	
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount				
i Carryover from 2016 not applied (see instructions)				n geologije privlete e sec
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D, line 7: \$				
 Applied to underdistributions of prior years 				
b Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7 Excess distributions carryover to 2022. Add lines 3j and 4c.				
8 Breakdown of line 7:	ana ana ang kalang sa			
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020		· · · · · · · · · · · · · · · · · · ·	100	
e Excess from 2021		a sera a sera a sera		

يمخر

.

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990)	2021 Rancho Santa Fe Youth Soccer	Page 8
B, Ii 3a, a	pplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section nes 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, 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, 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	ť

.

	HEDULE D orm 990)	► Comple	plemental Financial S the if the organization answered 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d,	'Yes' on Form 9	990	-		1545-0047)21
Depa	arlmant of the Treasury nat Revenue Service		 Attach to Form 990. s.gov/Form990 for instructions a 			-	Open to Publi	
	e of the organization			na no arear m	ionnanon.	Employerid	Inspec Inspection n	
		e Youth Soccer						unuer
Pa	rt I Organizat Complete	ions Maintaining Done if the organization ans	or Advised Funds or Othe wered 'Yes' on Form 990	e r Similar Fu Part IV, Iin	nds or Acc e 6.	ounts.		
1	Total number at e	nd of year	(a) Donor advised fu	nds	(b) Fu	inds and o	ther accou	unts
2		tributions to (during year)						
з		its from (during year)						
. 4		t end of year						
5	are the organization	on's property, subject to the a	or advisors in writing that the as organization's exclusive legal co	ntrol?			Yes	No
6	Did the organization for charitable purp impermissible priv	on inform all grantees, donor oses and not for the benefit ate benefit?	s, and donor advisors in writing of the donor or donor advisor, or	lhat grant funds for any other p	can be used urpose confer	only ring	Yes	 ∏ No
Pa	rt II Conserva	tion Easements.				<u> </u>		
	Complete	If the organization ans	wered 'Yes' on Form 990,	Part IV, line	e 7.			
1			the organization (check all that					
			mple, recreation or education)		on of a histori			aréa
	Protection of r Preservation of			Preservati	on of a certifie	d historic	structure	
2								
6	last day of the tax	vear.	n held a qualified conservation of	ontribution in th	ne form of a co	onservatio	n easemer	nt on the
	-				He	ald at the i	End of the	Tay Year
i	a Total number of co	inservation easements			2a	in at the i		TAA TCA
	b Total acreage rest	ncled by conservation easem	ents		2 b			
ł	c Number of conserv	ation easements on a certifi-	ed historic structure included in i	(a)	2c			
•	structure listed in t	ne National Register.	(c) acquired after 7/25/06, and i					
3	Number of conserv tax year ►	ation easements modified, ti	ransferred, released, extinguishe	d, or terminated	d by the organ	ization du	ring the	
4	Number of states v	where property subject to con	servation easement is located	•				
5	Does the organizat	ion have a written policy reg	arding the periodic monitoring, ii	spection, hand	ing of violatio	ns,	_	
6	and enforcement of Staff and volunteer	if the conservation easement r hours devoted to monitoring	is it holds?	ns, and enforci	ng conservatio		Yes Ints during	No The year
7	Amount of expense	es incurred in monitoring, ins	specting, handling of violations, a	and enforcing co	onservation ea	isements (during the	year
8	Does each conserv	ation easement reported on	line 2(d) above satisfy the requir	ements of secto	00 170/b)////	3)//)		
9	In Part XIII. descrit	ve)(b)(ii):	uts conservation excements in it		·····	····· [Yes	No
·	conservation easer	ne, the text of the loothote to nents.	the organization's financial stati	ements that des	cribes the org	anization	s accounti	neet, and ing for
	Complete	in the organization ansi	lons of Art, Historical Trea wered 'Yes' on Form 990,	Part IV, line	e 8.			······
12			FASB ASC 958, not to report in I for public exhibition, education, statements that describes these		ement and bal furtherance of	ance shee public se	et works of rvice, prov	art, ide in
ł	following amounts	relating to these items:	FASB ASC 958, to report in its re I for public exhibition, education,	or research in	turtherance of	public ser	orks of art, rvice, prov	ide the
	(i) Revenue includ	led on Form 990, Part VIII, h	ne ł			►\$		
~	(ii) Assets included	d in Form 990, Part X				►\$		
2	supplies redailed t	o ne reporteu unuer rASB A	, historical treasures, or other sit SC 958 relating to these items:				he followir	ıg
ŧ	Assets included in	Form 990, Part X	·····					
BAA	For Paperwork Red	Juction Act Notice, see the I	nstructions for Form 990.	TEEARON	09/20/21	Schodu	la D /Form	1 990) 2021
		.,		· •	20100101	JOINT	ne o tr'Ulli	1 220) 2021

Schedule D (Form 990) 2021 Ranc	<u>ho Santa</u>	Fe Y	outh Socce	er					Page 2
Part III Organizations Maintai	ning Collec	tions of	of Art, Histori	cal Tr	easures, or Oth	er Similar Assets	contir	nued)	
3 Using the organization's acquisit items (check all that apply):	ion, accession	h, and of	her records, che	eck any	of the following th	at make significant us	e of its	collecti	on
a Public exhibition			d 🗌 Loan	or excl	nange program				
b Scholarly research			e 🗌 Other						
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIII.							iń		
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or tan to be mai	receive ntained	donations of art. as part of the or	, histor	ical treasures, or o tron's collection?	ther similar assets	Yes	. [No
Part IV Escrow and Custodial A	Arrangemen	its. Con	nplete if the o	roaniz	ation answered	'Yes' on Form 990,			
1 a is the organization an agent, trus on Form 990, Part X?	itee, custodia	n ar othe	er intermediary f	or cont	ributions or other a	issets not included	Yes	. [No
b If 'Yes,' explain the arrangement	in Part XIII a	nd comp	lete the followin	ig table	e:			L	
							Amoun	t	
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance	•···· · · • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •		· · • • • • • • • • • • • • • • • • • •	. 11			
2 a Did the organization include an a	mount on For	m 990, l	Part X, line 21, f	for esci	row or custodial ac	count liability?	Yes		No
b If 'Yes.' explain the arrangement								· · · [
Part V Endowment Funds. Co						990, Part IV. line	10.		
	(a) Current	year	(b) Prior year	r	(c) Two years back	(d) Three years back	(e)	Four year	is back
1 a Beginning of year balance									
b Contributions.									
C Net investment earnings, gains, and losses									
d Grants or scholarships						······			
e Other expenditures for facilities and programs							1		
f Administrative expenses									
g End of year balance							·		
. 2 Provide the estimated percentage		ut vear e	nd balance (line	10.00	lumn (a)) held as:				
a Board designated or quasi-endow			8	9, 4,					
b Permanent endowment >			······ *						
c Term endowment	8								
The percentages on lines 2a, 2b,	and 2c shoul	d aqual	100%.						
3a Are there endowment funds not in organization by:	n the possess	ion of th	e organization t	hat are	held and administ	ered for the	1	Yes	No
(i) Unrelated organizations.							3a(i)		
(ii) Related organizations									+
b if 'Yes' on line 3a(ii), are the rela	ted organizati	ions liste	d as required or	n Sche	dule R?		3b	_	
4 Describe in Parl XIII the intended	uses of the o	organiza	kon's endowmer	nt funde	5	••••••••••	30	·	<u> </u>
Part VI Land, Buildings, and	Fauinmen	t		ic ionio.					
Complete if the organi			Yes' on Form	i 990.	Part IV, line 1	la. See Form 990	Part	X lin	e 10
Description of property		(a) Cosi	or other basis vestment)	(b)	Cost or other asis (other)	(c) Accumulated depreciation		Book va	
1 a Land.,		···· ```			(oup comport		<u></u>	
b Buildings	 .								
c Leasehold improvements		· · · · ·					·····		
d Equipment					8,811.	8,811.			0.
e Other						0,011.			<u> </u>
Total. Add lines 1a through 1e. (Colum			1 990, Part X, co	olumn i	(B), line 10c.)	▶			0.
BAA				· · · · · · · · · · · · · · · · · · ·			ule D (f	form 9	90) 2021

ر بمانت

-.

Schedule D (Form 990) 2021 Rancho Santa Fe Yo	outh Soccer		Page 3
Part VII Investments – Other Securities.		N/A	
(a) Description of security or category (including name of security)	(b) Book value		Form 990, Part X, line 12. Cost or end-of-year market value
(1) Financial derivatives.	(b) book sale		Cost or eng-or-year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(D) (E)			
(F)			
(G)			
(H)			
()		······	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.). ►			· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered (a) Description of investment	(b) Book value	Part IV, line 11c. See	Form 990, Part X, line 13.
(1)	(b) Book value	(c) Method of Valuation: C	ost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		· · · ·	
Part IX Other Assets.	N/A		
Complete if the organization answered 'Ye (a) Des	es' on Form 990, Pa	rt IV, line 11d. See Form	
(1)	спраон		(b) Book value
(2)			
(3)			
<u>' (4)</u> (5)			
(6)			
(7)			
(8)		·	
(9) (10)			
	11 11 ⁻ 1		
Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	(Ine 15.)		>
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 11	ie or 11f. See Form 990. Parl	t X. line 25
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	*********		*
Liability for uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization's final	icial statements that reports the orn	anization's hability for uncertain
tax positions under FASB ASC 740. Check here if the text of the footnote has be	een provided in Part XIII		

Schedule D (Form 990) 2021 Rancho Santa Fe Youth Soccer		Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	1.	N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements .	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2 d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	urn.	N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		147 11
1 Total expenses and losses per audited financial statements.	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		······································
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

area.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

بيعبر

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.

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

2021 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Rancho Santa Fe Youth Soccer

Employer identification number

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is reviewed by the Treasurer before filing.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available Upon Request

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B) Program	(C)	(D)
	Total	Services	Management <u>& General</u>	Fundraising
Referees Merchant Fees Bad Debts Soccer Camp Expenses Field Painting & Setup Field Maintenance Uniforms Storage Unit Rental Utilities/Telephone/Internet Workers Compensation Insurance Spring League Expenses Miscellaneous Website Portasan Photography Field Equipment Payroll Processing Face (Fur	21,117. 18,133. 13,287. 13,009. 12,882. 10,640. 9,009. 7,435. 6,578. 5,276. 4,207. 2,953. 2,763. 2,245. 1,976. 1,272.	21,117. 18,133. 13,287. 13,009. 12,882. 10,640. 9,009. 7,435. 4,207. 2,953. 2,763. 2,245. 1,976. 1,272.	6,578. 5,276.	
Payroll Processing Fees/Exp Mileage Reimbursement	1,054. 910.	910.	1,054.	
Loyalty Awards Temporary Labor	636.	636.		
Postage and Shipping Other Admin Expenses Opening Day College Program	397. 396. 316. 253. 99.	253. 99.	397. 396. 316.	
Nonprofit Registration Renewal Property Taxes Staff Meetings Cleaning	75. 70. 66. 45.		75. 70. 66. 45.	
Total	<u>\$ 137,099.</u> \$	122,826.	\$ 14,273.	<u>\$</u> 0.

	E YEAR California Exempt Organizat	ion	FORM
20 Calendar	ZI Annual Information Return Year 2021 or fiscal year beginning (mm/dd/yyyy) 2/01/20		199
Corporation/	Organization name	21 . and ending (mm/dd/yyyy)	1/31/2022
	SANTA FE YOUTH SOCCER		California corporation namber
Additional in	Iornation. See instructions.	1841015	
			FEIN
P.O. E	ss (suite or reom) 30X 1373		PMB no.
City RANCHO) SANTA FE	State	Zip code
Foreign coun		CA Foreign province	92067 Istate/county Foreign postal code
	······································		
A First re	turn	I Did the organization have any cha not reported to the FTB? See instr	nges to its guidelines
B Amende	ed return. Yes X No	i i	
C IRC Sec	tion 4947(a)(1) trust	J If exempt under R&TC Section 23, organization engaged in political a	701d, has the activities?
	formation return? Dissolved Surrendered (Withdrawn) Classed (Percentered	See instructions.	
لسا	Dissolved		
E Check a	ccounting method:	K is the organization exempt under f	R&TC Section 23701g?
	Cash 2 Accrual 3 Other	If "Yes," enter the gross receipts fi	rom
F Federal	return filed? 1 🗣 🗌 990T 💈 👁 🗌 990-PF 🛛 3 👁 🗍 Sch H (990)	nonmember sources.	
	ther S90 series	L is the organization a limited irabili M Did the organization file Form 100	
G IS UNS a	group filing? See instructions	taxable income?	or Form 109 to report
H is this o	rganization in a group exemption	N is the organization under audit by	the IRS or has the IRS
lf "Yes,"	what is the parent's name?	audited in a prior year?	Yes X No
		O Is federal Form 1023/1024 pendin	g?
		Date filed with IRS	
Partl	Complete Part I unless not required to file this form. See Ge	neral Information B and C.	
	1 Gross sales or receipts from other sources. From Side 2	Part II, line 8.	1,026,753.
Dessints	2 Gross dues and assessments from members and affilial	es	e 2
Receipts and	3 Gross contributions, gifts, grants, and similar amounts i		
Revenues	4 Total gross receipts for filing requirement test. Add line		
	This line must be completed. If the result is less than \$	50,000, see General Information	B • 4 1,140,806.
	5 Cost of goods sold		
	6 Cost or other basis, and sales expenses of assets sold.		
	7 Total costs. Add line 5 and line 6		7
	8 Total gross income. Subtract line 7 from line 4. 9 Total expenses and disbursements. From Side 2. Part II		 8 1,140,806.
Expenses			9 1,038,449.
	10 Excess of receipts over expenses and disbursements. S 11 Total payments	ubiract line 9 from line 8	• 10 102,357.
	12 Use tax. See General Information K	9	• • • 11
	13 Payments balance. If line 11 is more than In 22, Subtra	ad line 12 from line 11	• 12
Filing			13
Fee	15 Penalties and interest. See General Information J	line 11 from line 12	
	- Then Such and the the time is then Such all the TT from the f	sult	16 0.
Sign	Under penalties of perjury, I declare that there exemined this return, including accom- correct, and complete. Declared on a chief there (other than taxpayer) is based on a Sciencitic.	panying schedules and statements, and to the	e best of my knowledge and belief, it is true
Here	Signature F	Date	nowledge.
	TREAS		(760) 479-1500
Paid	Preparer's >	DEC 1 4 2022 Check	e PTIN
Preparer's		DEC 1 4 2022 Self-	
Use Only	(or yours, if	**** 224	e Firm's FEIN
	self-employed) <u>125%-HTGH BLUFF DRIVE, SUI</u> and address <u>SAN DIEGO, CA 92130</u>	TE 300	Tetephone
			959 491 2050
	May the FTB discuss this return with the preparer shown about		

059

Γ

RAN Par		Org	NTA FE YOUTH SOCCER anizations with gross receipts of a ardless of amount of gross receip	more than \$50,000 and p ts— complete Part II or fi	rivate foundations urnish substitute infor	mation.		
,		1	Gross sales or receipts from all I				1	· · · · · · · · · · · · · · · · · · ·
Receipts from Other Sources		2						
		3						
		4						
		1 .	Gross rents.				h	
		5	Gross royalties.					
		6	Gross amount received from sale	6	·····			
		7	Other income. Attach schedule	7	1,026,753.			
		8	Total gross sales or receipts from other s	8	1,026,753.			
		9	Contributions, gifts, grants, and similar a				9	
		10	Disbursements to or for member	s	· · · · · · · · · · · · · · · · · · ·		10	
		11	Compensation of officers, directo	EE STMT 2 🖕	11	201,504.		
_		12	Other salaries and wages				12	33,282.
Expenses and		13	Interest				13	4,487.
	urse-	14	Taxes				14	18,306.
ment	ts	15	Rents.				15	
		16	Depreciation and depletion (See					2,335.
				-			16	
		17	Other expenses and disbursement				17	778,535.
-		18	Total expenses and disbursements. Add I				18	1,038,449.
Sch	edule	эL	Balance Sheet	Beginning of	taxable year	End	of taxable	year
Asse				(a)	(b)	(C)		(d)
1					405,170.	/		557,411.
2			receivable		391.			
3			eivable			a dangan ing		
4	Invento	ries						
5	Federal	and s	tate government obligations			an an san san san sa		
6	Investr	ients i	n other bands				0	
7	Investo	nents i	n stock			e e constante		
8	Mortga	ge loar	75					
9			ents. Attach schedule.					
10 a			ssets	the second se		8,8	11	····
			ated depreciation	and a state of the		8,8		
				- Weither and the second s		0,0	<u></u>	
12			Attach schedule.		41 623			
					41,631.			
13				}	447,192.			557,411.
			et worth					
14	Account				20,574.			23,709.
15			, gifts, or grants payable				<u> </u>	
16			les payable	to a second s	193,628.		ø	149,900.
17			yable				۵	
18	Other li	abilitie	es. Attach schedule		65,152.			113,607.
19	Capital	stock	or principal fund					
20	Paid-in	or cap	ntal surplus. Attach reconcilitation	Anterantica metatratica di Antera			8	
21	Retaine	d earn	ings or income fund		167,838.		•	270,195.
22	Total li	abiliti	es and net worth		447,192.			557,411.
Sch	edule	• M-'	Reconciliation of income per Do not complete this schedule	books with income per r	eturn	d), is less than \$5	0,000.	
1	Net inco	ome pe	er books		· · · · · · · · · · · · · · · · · · ·			
2		Income per books						
3					8 Deductions in this return not charged			
			corded on books this year.		against book income			
			le)				
5			.	Attach schedule				
	in this r	eturn.	Attach schedule	J	10 Net income per	return.		
	TOTAL M	on Hig	- I theodigin half J	102,357.	Subtract mie 9	rom line 6		102,357.

ي يستعر

.

~

059

2021 Corporation Depreciation and Amortization

CALIFORNIA FORM

-****

3885

	ch to Form 100 or For	m 100W. FORM	4 199						
Corpo	ration name						Californ	nia corp	oration number
'RAI	NCHO SANTA FE	YOUTH SOCCER	ર				1841	1015	
Par		pense Certain Pro		ection 179			12043	1010	<u></u>
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000
2	Total cost of IRC Se	ction 179 property (laced in service					2	+207000
3	Threshold cost of IR	C Section 179 prop	erty before reductio	n in limitation				3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t	axable year. Subtra	ct line 4 from line	1. If zero or less, e	nter -0			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	cost		
7	Listed property (elec	ted IRC Section 17	9 cost)		7				
8	Total elected cost of	IRC Section 179 pr	operty. Add amour	nts in column (c), li	ne 6 and lin	ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim							11	
12	IRC Section 179 exp	ense deduction. Ad	d line 9 and line 10), but do not enter i	more than <u>l</u>	ine 11		12	
<u>13</u> Par	Carryover of disallow								i se des tests de se
				Pepreciation Deduc	tion Under	R&TC Sectio			·····
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Lífeor	(g Deprecia		or Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this y		Vear
				allowable in earlier years			-		depreciation
FOI	JIPMENT	VARIOUS	5 401		00000				
	FICE EQUIPMEN	7/16/2014	5,401. 3,410.	5,401.	200DB	5			
OFF	TCE EQUIENDM	1/10/2014	3,910.	3,410.	200DB	5			
					L	- I	····		
15	Add the amounts in	column (g) and colu	umn (h). The total o	of column (h) may r	not exceed				
Par	\$2,000. See instructi	ons for line 14, col	umn (n)	• • • • • • • • • • • • • • • • • • •		, 15			
	Total: If the corporat	ion in classing.							
10	IRC Section 179 exp	ense, add the amou	unt on line 12 and l	ine 15. column (o)	or				
	Additional first year of	depreciation under	R&TC Section 2435	56. add the amount	s on line 15	5, columns (g)) and (h) c	or	
17	Depreciation (if no e Total depreciation cli	lection is made), er	iter the amount from	m line 15, column (al Farm 4560, line 1	(g)	• • • • • • • • • • • • •		. 1	6
18	Depreciation adjustm	anneu for lederar pr	arposes nom reben	arronn 4302, inte 2	56		<i></i> . - w	·· _	7
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16, e	nter the difference	here and or	n Form 100 o	r		
	Form 100W, Side 2,	line 12, (If Californ	a depreciation amo	ounts are used to d	etermine ne	et income bef	ore		-
Par	state adjustments on t IV Amortization		Toow, no adjustm	ent is necessary.).	• • • • • • • • • • • • • • •	* * * * * * * * * * * * * *		11	8
19	(a)	(b)	(c)		d)	(1)	(6)		
	Description	Date acourre	d Costo		ization	(e) R&TC	(f) Period	or	(g) Amortization
	of property	(mm/dd/yyyy) other bas		allowable	Section	percenta		for this year
<i>.</i>		·		in earne	er years	(see instr)			
20	T			<u> </u>					
20	Total. Add the amoun	nts in column (g).	••••					20	
21	Total amortization cli							21	·····
22	Amortization adjustm Form 100W, Side 1,	ient. If line 21 is gr	eater than line 20,	enter the difference	here and o	on Form 100	or		
	Form 100W, Side 2,	line 12				n romi 190 0		22	

059

2021	California Stateme	ents		Page
Client RSFSOCCR		33-006727		
12/13/22	anna an Anna Anna an Anna Anna Anna Anna Anna A			10:56P
Statement 1 Form 199, Part II, Line 7 Other Income				
Other Investment Income	e		Total <u>\$</u>	1,026,721. 32. 1,026,753.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Dir	rectors, Trustees and Key Employees			*****
Current Officers:				
Name and Addre	Title and Average Hours ss Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Account/
Douglas Gilbert 418 Santa Bartola Solana Beach, CA 92075	Secretary 3.00	\$ 0.		
Marilee Pacelli 3830 Elijah Court #432 San Diego, CA 92130	Treasurer 3.00	75,500.	0.	1
Jason Green 15025 Paso del Sol Del Mar, CA 92014	President 3.00	0.	0.	I
Kevin Mabbutt P.O. Box 3883 Rancho Santa Fe, CA 920	Vice President 3.00 067	0.	0.	
	Total	<u>\$ 75,500.</u>	<u>\$</u> 0.	\$
Key Employees:			.	_
Name	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to _EBP & DC	Expense Account/ Other
Malcolm J.Tovey 3116 Via De Caballo Encinitas, CA 92024	Director of Coach 40	126,004.	0.	ļ
	Total	<u>\$ 126,004.</u>	<u>\$0.</u>	\$ (
Statement 3 Form 199, Part II, Line 17 Other Expenses				
Accounting Fees Legal Fees Advertising and Promoti Office Expenses	ion	· · · · · · · · · · · · · · · · · · ·	••••••	16,500. 8,651. 3,246. 3,890. 2,727. 5,000.

2021	California Statements	Page 2
Client RSFSOCCR	Rancho Santa Fe Youth Soccer	33-006727
12/13/22		10:56PI
Statement 3 (continued) Form 199, Part II, Line 17 Other Expenses		
Coaching Expenses. Tournament Expenses. Field Rental League Fees. Referees. Merchant Fees. Bad Debts. Soccer Camp Expenses. Field Painting & Setur Field Maintenance. Uniforms. Storage Unit Rental. Utilities/Telephone/Ir Workers Compensation I Spring League Expenses Miscellaneous. Website. Portasan. Photography. Field Equipment. Payroll Processing Fee Mileage Reimbursement. Loyalty Awards. Temporary Labor. Postage and Shipping. Other Admin Expenses. Opening Day. College Program. Nonprofit Registration Property Taxes. Staff Meetings.	\$ p p nternet Insurance s s n Renewal Total §	$\begin{array}{c} 1,679.\\ 325,957.\\ 183,936.\\ 67,383.\\ 22,467.\\ 21,117.\\ 18,133.\\ 13,287.\\ 13,009.\\ 12,882.\\ 10,640.\\ 9,009.\\ 7,435.\\ 6,578.\\ 5,276.\\ 4,207.\\ 2,953.\\ 2,763.\\ 2,763.\\ 2,763.\\ 2,763.\\ 2,245.\\ 1,976.\\ 1,272.\\ 1,054.\\ 910.\\ 636.\\ 397.\\ 396.\\ 316.\\ 253.\\ 99.\\ 75.\\ 70.\\ 66.\\ 45.\\ 778,535.\\ \end{array}$
Statement 4 Form 199, Schedule L, Line Bonds and Notes Payable	16	
	Total Notes and Bonds Payable \$	149,900.
Statement 5 Form 199, Schedule L, Line Other Liabilities		
Form 199, Schedule L, Line		<u>113,607.</u> 113,607.
Form 199, Schedule L, Line Other Liabilities	*****	113,607. 113,607.



Entity Status Letter

Date: 5/16/2023 ESL ID: 4962746336

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 1841015

Х

Entity Name: RANCHO SANTA FE YOUTH SOCCER

- 1. The entity is in good standing with the Franchise Tax Board.
 - 2. The entity is **not** in good standing with the Franchise Tax Board.
 - 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
 - 4. We do not have current information about the entity.
 - 5. The entity was administratively dissolved/cancelled on through the Franchise Tax Board Administrative Dissolution process.

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the
 entity did business in California at a time when it was not qualified or not registered to do business in
 California, this information does not reflect the status or voidability of contracts made by the entity in
 California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5,
 23305a, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web:	ftb.ca.gov
Phone:	800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
	916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

FTB 4263A WEB (REV 12-2019)

Solana Beach Civic & Historical Society

CITY OF SOLANA BEACH

COMMUNITY GRANT APPLICATION



The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: Solana Beach Civic & Historical Society				
Contact Person: Michele Stribling		Email address:	solanabeachhistory@gmail.	
Daytime Phone: <u>858.354.0478</u>		Evening Phone: same		
Mailing Address: P. O. Box 504				
City: Solana Beach	State:	CA	Zip: <u>92075</u>	

- 1. All the documents below are attached to this application:
 - 🔳 W-9
 - Summary of Organization's Budget
 - Proposed Program Budget
 - Financial and Tax Statements (see Application Guidelines)
 - Copy of the California Franchise Tax Board Entity Status Letter, showing exemption under Section 23701d or Internal Revenue Code section 501(c)(3)
- 2. Has your organization received financial assistance from the City before? I Yes No If yes, please state the fiscal year it was received and for the proposed program was:

2022 and prior years for digitizing historical archives and aditing video historica

- 3. Title of FY 2022-23 Proposed Program/Service: Expand Video Histories Project and Optimize Digital Assets
- 4. What is the total amount requested for the FY 2022-23 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.

\$6,000

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

As in 2022-23, grant funds will be used to pay professional fees for editing videographies gathered through our ongoing Oral Histories/"Old Timers" project to document Solana Beach history through storytelling by its long-time residents. After editing, videographies are made publicly available through the SBC&HS website/YouTube channel. In addition, funds will be used to pay professional fees related to scanning archival documents and for digital database management.

6. Anticipated Program Objectives or Accomplishments:

Objectives: Complete editing and publish videos already taped, including interviews with current and former Councilmembers, local educators and La Colonia first families. Tape more video interviews with long-time, prominent residents and with attendees to the Gonzales Family reunion scheduled in July of this year. Accomplishments: YouTube channel library; 2023 newsletters highlighting accomplishments of the SBC&HS and featuring digitally archived assets.

7. Program Dates/Location:

Fiscal 2023-24 in Solana Beach

- 8. Estimated number of Solana Beach residents to be served by proposed program: All interested
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

Acknowledgement on our website and in related promotional materials

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

Not applicable

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

Yes. Volunteers will schedule, organize, conduct and videotape interviews. Volunteers also will
sort, categorize, and prepare archival materials to be digitized before sending it to our long-time
vendor, Backstage.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

Yes. With partial funding we will hire as much professional help as we can afford to assist with videography editing. Likewise, with partial funding a portion of any historically significant material that has been collected will be digitized.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

michele Stibling

Authorized Signature of Organization

5/10/23

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.

	Revenue	Expenses
CoSB Community Grant for video history editing*	\$6,000.00	\$6,000.00
Dues income	\$3,500.00	
Holiday Boutique/Poinsettia sales	\$11,000.00	
Community outreach/member events		\$9,500.00
Donations/other income	\$2,500.00	
Scholarship awards (3 @ \$2,500 each + \$1,000 to MAEGA)		\$8,500.00
Administration (insurance, website, promotional expenses)		\$2,000.00
TOTALS	\$23,000.00	\$26,000.00
*Assuming our application is approved		

Solana Beach Civic & Historical Society Estimated Budget: Fiscal Year 2023-24

Depart	Dotober 2018) ment of the Treasury Revenue Service	Request for Taxpayer Identification Number and Certific Go to www.irs.gov/FormW9 for instructions and the lates		Give Form to the requester. Do not send to the IRS.
Print or type. See Specific Instructions on page 3.	School 2 Business name/d 3 Check appropriat following seven b Individual/sole single-member Limited liabilit Note: Check th LLC if the LLC another LLC the is disregarded Other (see Ins 5 Address (number 6 City, state, and Z	proprietor or \Box C Corporation \Box S Corporation \Box Partnership r LLC y company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership he appropriate box in the line above for the tax classification of the single-member own is classified as a single-member LLC that is disregarded from the owner unless the ow hat is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single from the owner should check the appropriate box for the tax classification of its owner tructions) > , street, and apt. or suite no.) See instructions. D. Box 564 PC code DI ama Blach, CA 92075	ck only one of the certain Trust/estate hip) > her. Do not check vner of the LLC is e-member LLC that r.	emptions (codes apply only to n entities, not individuals; see ctions on page 3): ot payee code (if any) ption from FATCA reporting (if any) to accounts maintained outside the U.S.) tress (optional)
backu reside entitie <i>TIN</i> , la Note:	your TIN in the app p withholding. For ant allen, sole prop s, it is your employ ater. If the account is in	ber(s) here (optional) /er Identification Number (TIN) propriate box. The TIN provided must match the name given on line 1 to avo individuals, this is generally your social security number (SSN). However, for ietor, or disregarded entity, see the instructions for Part I, later. For other ver identification number (EIN). If you do not have a number, see <i>How to get</i> a more than one name, see the instructions for line 1. Also see <i>What Name al</i> <i>uester</i> for guidelines on whose number to enter.	a or	-

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions for Part II, later.

Sign	Signature of		
Here	U.S. person ►	Date 🕨	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer Identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount pald to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

 Form 1099-DIV (dividends, including those from stocks or mutual funds)

 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later. Internal Revenue Service

ĒĒÝ

Date: August 3, 2002

Solana Beach Civic And Historical Society PO Box 504 Solana Beach, CA 92075-0504 Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact: Ms. E. Eckert ID 31-07436 Customer Service Specialist Toll Free Telephone Number: ^{8:00} a.m. to 6:30 p.m. EST 877-829-5500 Fax Number: 513-263-3756 Federal Identification Number:

<----

Dear Sir or Madam:

This letter is in response to your amendment of your organization's Articles of Incorporation filed with the state on January 22, 1991. We have updated our records to reflect the name change as shown above.

Our records indicate that a determination letter issued in April 1996, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Solana Beach Civic And Hustorical Society 35-1950979

four organization is not required to file federal income tax returns unless it is subject to the tax on unrelated iusiness income under section 511 of the Code. If your organization is subject to this tax, it must file an norme tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or iusiness as defined in section 513 of the Code.

he law requires you to make your organization's annual return available for public inspection without charge or three years after the due date of the return. You are also required to make available for public inspection a opy of your organization's exemption application, any supporting documents and the exemption letter to any idividual who requests such documents in person or in writing. You can charge only a reasonable fee for aproduction and actual postage costs for the copied materials. The law does not require you to provide opies of public inspection documents that are widely available, such as by posting them on the Internet Norld Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these ocuments available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

ecause this letter could help resolve any questions about your organization's exempt status and foundation atus, you should keep it with the organization's permanent records.

you have any questions, please call us at the telephone number shown in the heading of this letter.

nis letter affirms your organization's exempt status.

Sincerely,

17

John E. Ricketts, Director, TE/GE Customer Account Services

-2-

Solana Beach Community Connections

- CITY OF SOLANA BEACH - COMMUNITY GRANT APPLICATION



The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023.

Please submit completed applications via email to <u>dking@cosb.org</u> and copied to <u>pletts@cosb.org</u>. If email submission is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

All requests will be determined by the following criteria:

Name of Organization: Solana Beach Community Connections				
Contact Person: Marilyn Barnett, Treasurer Email address: see sender				
Daytime Phone: <u>310-418-9118</u> Evening Phone: <u>same</u>				
Mailing Address: P.O. Box 1732				
City: <u>Solana Beach</u>	State: <u>CA</u> Zip: <u>92075</u>			
 All the documents below are attached to the W-9 Summary of Organization's Budget Proposed Program Budget Financial and Tax Statements (se Copy of the California Franchise To Section 23701d or Internal Revents 	et ee Application Guidelines) Tax Board Entity Status Letter, showing exemption under			
, ,	assistance from the City before?			

- 3. Title of FY 2023/24 Proposed Program/Service: Rental Subsidies for At Risk Seniors
- 4. What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.

We are requesting \$6,000 and have pledges of an additional \$6,000 for a total of \$12,000 for the rental subsidy program. Of this \$9,600 (80%) will be direct assistance in the form of shallow rental subsidies to seniors, the remaining \$2,400 (20%) will be administrative support (10% direct and 10% indirect) provided by the Community Resource Center. If we receive additional targeted donations, the program can be expanded.

5. Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:

Solana Beach Community Connections has identified a need for outreach services to seniors who are isolated because of age or physical disabilities and in need of assistance. We will use the funds to begin providing rental assistance (a shallow subsidy program) to seniors who are in danger of becoming homeless because of rent increases beyond their financial means. We will contract with the Community Resource Center, a nonprofit located in Encinitas, to administer the program. 20% of the funds will be used to provide both indirect assistance and program administration (10% for each). 80% will be used for direct assistance.

6. Anticipated Program Objectives or Accomplishments:

SBCC seeks to develop a program of shallow rental subsidies for low income seniors living on fixed incomes who are struggling to meet the large rent increases being demanded by apartment owners in Solana Beach. We want to keep our seniors from being forced to move and/or to be at risk of becoming homeless. The cost to keep a senior in their home of many years is small compared to the cost, both socially and economically, of forcing them to move or become unhoused.

7. Program Dates/Location:

The program would be in effect for the City's fiscal year of 2023-24

- 8. Estimated number of Solana Beach residents to be served by proposed program: 6-20
- 9. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

Solana Beach Community Connections has a website (solanabeachcc.org) and has been successful in placing articles in the local newspaper, the Solana Beach Sun. Our publicity program will send out acknowledgments of the City's contribution to all local media outlets and will give credit to the City on the application for financial assistance and on our website.

10. Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

As indicated above, we expect to raise matching funds, dollar for dollar, and have verbal commitments of approximately \$6,000 to be used to match the City of Solana Beach funds for this program.

11. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

We are an all volunteer board but intend to use the Community Resource Center (CRC) to administer the "shallow subsidy" program. CRC has the resources and experience to provide for both indirect assistance and overall administration of the program, for a total fee of 20% of the funds granted.

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there a threshold at which it will not move forward?

The program will be curtailed if only partial funding can be awarded.

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

Authorized Signature of Organization

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.



P.O. Box 1723 Solana Beach, CA 92075

Dan King Assistant City Manager City of Solana Beach May 23, 2023

Dear Mr. King:

Solana Beach Community Connections (SBCC) seeks through this application to provide financial assistance to help seniors in Solana Beach who face acute problems with rising rental housing costs. We propose to combine funds from the City of Solana Beach Community Grant program with funds that have been pledged by Solana Beach residents to provide a backstop for people facing acute financial needs at this time. To reduce administrative costs, we will partner with the Community Resource Center to manage the administration of the program. This will allow us to continue our work for seniors in other ways. We are providing access to service information, lectures on public policy issues and on topics related to aging and developing special programs for isolated seniors in our community.

History:

SBCC started as a volunteer effort by several community residents seeking to fill a void in our city. It incorporated in December of 2021 and was certified as a 501(C)(3) in March 2022. Amongst our models were the nonprofit Del Mar Community Connections, and the Age Friendly Community Action Plan done by the City of Carlsbad. Solana Beach is the only north coastal community in San Diego County that does not have either city sponsored programs for older adults or non-profit organizations dedicated to helping senior citizens.

So far SBCC has undertaken the following programs:

1. One stop access to finding information about programs for seniors:

SBCC has developed web-based information on services for seniors. The SBCC website committee has done an extensive survey of organizations that provide transportation, home care services, legal aid, health care access, meals, and activities, etc. It has carefully vetted this information for accuracy. It provides information only on non-profit organizations. This information is available on our website at www.solanabeachcc.org. SBCC now seeks to develop

access to this information in a more "user friendly," proactive way. By providing examples, in a "how to" format, SBCC seeks to make this information more accessible to our senior population.

2. Lecture series on public affairs and aging in place:

The Program Committee of SBCC has developed a lecture series to provide stimulation and information to seniors and to promote interest in our new organization. It has done this in cooperation with the nonprofit Friends of the Solana Beach Library. Our first event, in fall of 2022, invited a UCSD professor and resident of Solana Beach to lecture on the Ukrainian-Russian war. It attracted 140 people to the Solana Beach branch of the San Diego County Library. Subsequent events have included the following topics: "Aging Well in the 21st Century," "Inflation and the United States Economy" and "Hospice Care: It's Not So Scary". We are planning future programs on "Chinese and United States Relations," "The International Dimensions of Climate Change," and "Ukraine-Russia War One Year Later." On the topic of aging, we are planning programs on "Finding Health Care" and "Finding Home Care".

3. Isolated Seniors:

SBCC's newest project is a program to help isolated seniors. This is a widely recognized problem throughout the United States. It is noted as an issue in the Age Friendly Community Action Plan recently done for the City of Solana Beach. Our goal and challenge are to find ways of identifying isolated seniors and bringing them together for an event such as a meal provided by a local restaurant.

Although it's hard to measure social isolation and loneliness precisely, there is strong evidence that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk. Recent studies found that social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity. Social isolation was associated with about a 50% increased risk of dementia.

Thank you for considering our organization for a Solana Beach Community Grant for Fiscal Year 23-24. We hope to be able to continue and expand our services to Solana Beach seniors.

Sincerely,

Peter Gourevitch

President, Board of Directors

SOLANA BEACH COMMUNITY CONNECTIONS Budgeted Inflows and Outflows Year Ended December 31, 2023

Revenues and Support	
Donations	6,000
Grants	6,000
Total Revenues and Support	12,000
Expenses	
Post Office Rental	194
Program Services - Community Resource Center	2,400
Program Services - Subsidies for senior citizens	
struggling to pay rent	9,600
Website - Google Expense	288
Website - Webmaster Expense	1,200
Total Expenses	13,682
Decrease in Net Assets	(1,682)
Beginning Cash	3,036
Estimated Ending Cash	1,354

SOLANA BEACH COMMUNITY CONNECTIONS Financial Statements Year Ended December 31, 2022

Assets	
Cash	3,036
Total Assets	3,036
Liabilities and Net Assets Liabilities Beginning Net Assets Increase in Net Assets Total Liabilities and Net Assets	3,036 3,036
Revenues and Support	
Donations	4,169
Interest Income	1
Total Revenues and Support	4,170
Expenses	
Dues and Fees	550
Rental Expense	182
Supplies	402
Total Expenses	1,134
Increase in Net Assets	3,036

.

MAGNUS BLUE LLP 100 E SAN MARCOS BLVD STE 100 SAN MARCOS, CA 92069 760-599-9900

May 10, 2023

SOLANA BEACH COMMUNITY CONNECTIONS 315 EL PEDREGAL DRIVE SOLANA BEACH, CA 92075

Dear MARILYN:

Your 2022 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service. Please sign the E-file Authorization Form 8879-EO (enclosed behind this letter) and return it to our office at your earliest convenience. No tax is payable with the filing of this return.

Your 2022 California Exempt Organization Annual Information Return will be electronically filed with the State of California. Please sign the enclosed E-file Authorization Form 8453-EO (enclosed behind this letter) and return it to our office at your earliest convenience. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

JACK M. SHIRLEY

Form 8879-TE	Form	8879-	ΓE
--------------	------	-------	----

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

2022

For calendar year 2022, or fiscal year beginning , 2022, and ending

ding____, 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

Name of filer

SOLANA BEACH COMMUNITY CONNECTIONS Name and title of officer or person subject to tax

MARILYN BARNETT CFO

Part I Type of Return and Return Information

	you are using this Form 8879-TE and enter the applicable amount, if any, from the re-	
	lars and cents. For all other forms, enter whole dollars only. If you check the ba	
	e amount on that line for the return being filed with this form was blank, then le	
	applicable, blank (do not enter -0-). But, if you entered -0- on the return, then	enter -0- on the applicable
ine below. Do not complete more	han one line in Part I.	
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	X b Total revenue, if any (Form 990-EZ, line 9)	2b 4,170
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	b Balance due (Form 8868, line 3c).	5b
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D).	
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here.	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	. 10b
Part II Declaration and Sig	nature Authorization of Officer or Person Subject to Tax	

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

Under penalties of perjury, I declare that	X I am an officer of the above entity or	I am a person subject to tax with respect to
(name of entity)		. (EIN)

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only	
X authorize MAGNUS BLUE LLP	to enter my PIN 95212 as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the tax year 2022 electronically filed return. If I have indicated w agency(ies) regulating charities as part of the IRS Fed/State program, I a return's disclosure consent screen.	
As an officer or person subject to tax with respect to the entity, I will enti- return. If I have indicated within this return that a copy of the return is be the IRS Fed/State program, I will enter my PIN on the return's disclosure	eing filed with a state agency(ies) regulating charities as part of
Signature of officer or person subject to tax	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	33274413531 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the am submitting this return in accordance with the requirements of Pub Providers for Business Returns.	
ERO's signature	Date

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

Date Acce	pted	DO NOT MAIL THIS FO	ORM TO THE FTB
TAXABLE	YEAR California e-file Retu	rn Authorization for	FORM
202	2 Exempt Organization	IS	8453-EO
Exempt Organ	nization name	Identifying	number
	BEACH COMMUNITY CONNECTIONS		
Part I	Electronic Return Information (whole dollars		
		······································	4,170.
			4,170. 1,134.
			1,134.
Part II	Settle Your Account Electronically for	Taxable Year 2022	
4 🗌 E	Electronic funds withdrawal 4a Amount	4b Withdrawal date (mm/dd/yyyy)	
Part III	Banking Information (Have you verified the	e exempt organization's banking information?)	
	ing number	— <u> </u>	
	Declaration of Officer	7 Type of account: Checking Sav	/ings
Part IV	Declaration of Officer	en desirented in Dest II. Marked, Dest II. (n. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	
	for the amount listed on line 4a.	as designated in Part II. If I check Part II, box 4, I authorize an	electronic funds
return orig correspond organizatio Tax Board for the fee statements	inator (ERO), transmitter, or intermediate service ding lines of the exempt organization's 2022 Calif n's return is true, correct, and complete. If the exemp (FTB) does not receive full and timely payment of liability and all applicable interest and penalties. be transmitted to the FTB by the ERO, transmitter, o	above exempt organization and that the information I provided to my e provider and the amounts in Part I above agree with the amounts fornia electronic return. To the best of my knowledge and belief bet organization is filing a balance due return, I understand that if the of the exempt organization's fee liability, the exempt organization . I authorize the exempt organization return and accompanying or intermediate service provider. If the processing of the exempt organization to the ERO or intermediate service provider the reason(s) for	ints on the , the exempt Franchise on will remain liable schedules and anization's
c :	•		
Sign Here	Signature of officer	Date CFO Title	
Part V		nator (ERO) and Paid Preparer. See instructions.	
the best of organizatio officer's sig forms and Authorized exempt org under pena statements	f my knowledge. (If I am only an intermediate se on's return. I declare, however, that form FTB 845 gnature on form FTB 8453-EO before transmitting information that I will file with the FTB, and I hav I e-file Providers. I will keep form FTB 8453-EO o anization return is filed, whichever is later, and I will alties of perjury, I declare that I have examined the	on's return and that the entries on form FTB 8453-EO are comp ervice provider, I understand that I am not responsible for review 53-EO accurately reflects the data on the return.) I have obtained g this return to the FTB; I have provided the organization officer ve followed all other requirements described in FTB Pub. 1345, on file for four years from the due date of the return or four year make a copy available to the FTB upon request. If I am also the pai he above exempt organization's return and accompanying sche ey are true, correct, and complete. I make this declaration base	wing the exempt ed the organization r with a copy of all 2022 Handbook for rs from the date the d preparer, dules and
		Date Check if Check if E	RO's PTIN
	ERO's signature	also paid v self.	200492680
ERO Must	Firm's name (or yours MAGNUS BLUE LLP	Firm's FEIN	
Sign	and address		32-0076871
Under penaltie	SAN MARCOS es of periury, I declare that I have examined the above organizati	CA ^{ZIP code g}	02069 owledge and belief, they
	ect, and complete. I make this declaration based on all informa		evilouge und bener, mey
	Paid		aid preparer's PTIN
Paid	preparer's signature	Check if self-employed	
Preparer Must		Firm's FEIN	
Sign	Firm's name (or yours if self- employed) and		570
	address	ZIP code	
			FTB 8453-EO 2022

2022 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ) PAGE 1

CLIENT SOLABE60	SOLANA BEACH COMMUNITY CONNECTIONS	88-0651750
5/10/23		10:45 AM
FORM 990-EZ REVENUE CONTRIBUTIONS, GIFTS,	AND GRANTS	4,170
TOTAL REVENUE		4,170
EXPENSES OTHER EXPENSES		1,134
TOTAL EXPENSES		1,134
NET ASSETS/FUND BAL. A	NCES R THE YEAR T BEG. OF YEAR T END OF YEAR	3,036 0 3,036

2022

CALIFORNIA 199 TAX SUMMARY

PAGE 1

CLIENT SOLABE60

SOLANA BEACH COMMUNITY CONNECTIONS

88-0651750

5/10/23

RECEIPTS AND REVENUES GROSS CONTRIBUTIONS, GIFTS, & GRANTS...... TOTAL GROSS RECEIPTS..... 4,170 4,170 TOTAL COSTS..... 0 TOTAL GROSS INCOME 4,170 **EXPENSES** TOTAL EXPENSES..... TOTAL EXPENSES. EXCESS RECEIPTS OVER EXPENSES. 1,134 3,036 **FILING FEE** FILING FEE..... 0 BALANCE DUE 0

2022

GENERAL INFORMATION

PAGE 1

CLIENT SOLABE60

SOLANA BEACH COMMUNITY CONNECTIONS

88-0651750

10:45AM

5/10/23

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH O CALIFORNIA: 199, 8453-EO, E-FILE INSTRUCTIONS

CARRYOVERS TO 2023

NONE

			Do not enter social security numbers on this form, as it may be r	nade public.		
Dep	artment	t of the Treasury venue Service	Go to www.irs.gov/Form990EZ for instructions and the latest in	formation.		Open to Public Inspection
			ar year, or tax year beginning , 2022, and ending		I	
B		if applicable: C	an year, or tax year beginning , 2022, and entang	D F	moloveri	dentification number
Ē		ss change			mproyers	dentification number
	Name	uange	LANA BEACH COMMUNITY CONNECTIONS			
Ē	Initial		5 EL PEDREGAL DRIVE	ET	elephone	number
	Final ret	iurn/terminated	LANA BEACH, CA 92075			
Ļ	-	ded return				xemption
	<u> </u>	ation pending			lumber	
G		unting Method				organization is not
1	Web	-		(C) 000		Schedule B
J 		xempt status (check		(10111 550)	,,	
к		of organization				
L	Add	lines 5b, 6c, aa	nd 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	more, or if tota	al A	
						4,170.
観蔵	art i		Expenses, and Changes in Net Assets or Fund Balances (se organization used Schedule O to respond to any question in this Part I			
	1		gifts, grants, and similar amounts received			tonor
	2		ice revenue including government fees and contracts.			4,170.
	3	-	lues and assessments.			
	4		come.		4	
	1 .		t from sale of assets other than inventory		002983	MILITAL
	1 **		other basis and sales expenses			
	1		m sale of assets other than inventory (subtract line 5b from line 5a).			
	6		undraising events:		2020	12 -
e e	a	Gross income	from gaming (attach Schedule G if greater than \$15,000) 6a			
eui	ь	Gross income	from fundraising events (not including \$ of contrib	utions	-	
Revenue		from fundrais	ng events reported on line 1) (attach Schedule G if the sum			
n:		+	income and contributions exceeds \$15,000)			
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and ct line 6c)		6.4	
			f inventory, less returns and allowances		6d	
			goods sold		-	
			r (loss) from sales of inventory (subtract line 7b from line 7a)		- 7c	
	8		e (describe in Schedule O).		8	A
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	4,170.
	10		milar amounts paid (list in Schedule O)		10	
	11		to or for members			
ទទ	12		r compensation, and employee benefits		-	
nse	13	Professional	ees and other payments to independent contractors			
Expenses	14	Occupancy, r	ent, utilities, and maintenance		14	
Ш	15	Printing, publ	cations, postage, and shipping es (describe in Schedule O)		15	
	16				16	1,134.
	17	Total expens	es. Add lines 10 through 16	· • • • • • • • • • • • • • • • • • • •	17	1,134.
ŝ	18	Excess or (de	ficit) for the year (subtract line 17 from line 9)		18	3,036.
Net Assets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree	with end-of-yea	r	
As			d on prior year's return).			0.
Net	20	-	s in net assets or fund balances (explain in Schedule O)			
	21	Net assets or	fund balances at end of year. Combine lines 18 through 20		21	3,036.

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)

Form **990-E**

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

Form 990-EZ (2022)

OMB No. 1545-0047

2022

Form	990-EZ (2022) SOLANA BEACH CO	MMUNITY CONNECTION	S			Page 2
Par	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	option in this Dari II			
	Check in the organization used Sche	dule O to respond to any du	estion in this mart if	(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			(A) Deganning of ye	22	3,036.
23	Land and buildings				23	0,000.
24	Other assets (describe in Schedule O)		• • • • • • • • • • • • • • • • • • • •		24	
25	Total assets			0		3,036.
26	Total liabilities (describe in Schedule O)			0		0.
	Net assets or fund balances (line 27 of o			0	27	3,036.
Par	Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst bedule O to respond to any o	ructions for Part III)	111 X		Expenses
What i	s the organization's primary exempt purpose? SEE		uconon in this ran		. (Regi . (c)(3)	uired for section 501) and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of i	ts three largest prog	ram services, as	organ	nizations; optional
bene	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 servic each program title.	ces provided, the nu	mber of persons	Tor of	thers.)
28	SOLANA BEACH COMMUNITY CO					
	THE LOCAL LIBRARY TO PROV]	
	SENIORS.					
	(Grants \$) If th	is amount includes foreign gi	rants, check here		28a	
2 9					-	
					-	
	(Grants \$) If thi	is amount includes foreign gr	rants, check here		29a	
30						
					1	
]	
		is amount includes foreign gr			30a	
31	Other program services (describe in Sch					
20	(Grants \$) If the Total program service expenses (add lin	is amount includes foreign gr			31a 32	
32	List of Officers, Directors,					instructions for Dart NA
16 a GU	Check if the organization used Sci					
		(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS	ion (d) Health benefi	ts.	(e) Estimated amount of
	(a) Name and title	week devoted to position	(if not paid, enter -0-)	benefit plans, and de compensation	ferred	other compensation
PET	ER GOUREVITCH		(in not paid, enter -0-)	compensation		
	SIDENT	2		o.	Ο.	0.
	HRYN BRATCHER					
	RETARY	2		0.	0.	0.
	ILYN BARNETT					_
	ASURER	2		0.	0.	0.
	Y COURS ECTOR	1		o.	Ο.	0
	CRAIG	1		<u>v.</u>	<u> </u>	0.
	ECTOR	1		o.	0.	0.
	ILYN KOGEN					
	ECTOR	1		0.	0.	0.
	L WEITZEN MCDONALD					
	ECTOR	<u></u>		0.	0.	0.
	LIAM MILLER	1		<u>_</u>	0	0
DIF	ECTOR	1		0.	0.	0.
						
		TEE A0210L 0				

Form	990-EZ (2022) SOLANA BEACH COMMUNITY CONNECTIONS		P	age 3
Par	tive Other Information (Note the Schedule A and personal benefit contract statement requirements in Sthe instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	EE S		. 🗌
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		Yes	No
		33		X
34		20222	SAS2720	
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	00409886	1227/933	
	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	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		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	\$\$\$7.437	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant			
	disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a 0.			
	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			Negari.
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
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 during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		x
С	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.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41				L
42a	The organization's books are in care of: MARILYN BARNETT Located at: 315 EL PEDREGAL DRIVE SOLANA BEACH CA ZIP + 4 92075	418	<u>-911</u>	. <u>8</u>

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

	Yes	No
42b		X

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?..... If "Yes," enter the name of the foreign country:

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		X
ł) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	: Did the organization receive any payments for indoor tanning services during the year?	44c		X
C	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," <i>provide an explanation in Schedule Q</i>	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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		X

Forn	990-EZ (2022) SOLANA BEACH COMMUNITY CONNECTIONS		P	age 4
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
Pai	<u>t</u> VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the for lines 50 and 51.	table	s	
	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes,"	1146.020	*************	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		Yes	No
47 48	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes,"	1146.020	Yes	No
48	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	Yes	No X

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor			(b) Type of service			(c) Compensa	ation
NONE							
		חדר שתר דעי בוער חות אתע עוד עעד אות חידו					
d Total	I number of other independent contractors	each receiving over \$1	00,000				
52 Did t comp	he organization complete Schedule A? No oleted Schedule A	te: All section 501(c)(3) organizatio	ns must attach	a	X Yes	No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, in and complete. Declaration of preparer (other than officer)	cluding accompanying schedulis based on all information of	iles and stateme which preparer h	nts, and to the best on as any knowledge.	f my knowledge and	belief, it is	
	Signature of officer				ate		
Sign	-			-			
Here	MARILYN BARNETT			CFO			
		^o reparer's signature	10	Date		PTIN	
	JACK M. SHIRLEY	, .		5/10/23	Check if self-employed	P00492680	
Paid	Firm's name MAGNUS BLUE LLP			5/10/25	Self-Ellipioyeu	1500492080	
Preparer Use Only	Firm's address 100 E SAN MARCOS	BLVD STE 100	Fum's EIN			32-007687	1
obe only	SAN MARCOS, CA 9					50-599-9900	
May the IF	RS discuss this return with the preparer sho		ctions				No

	Public Charity Status and Public Support						OMB No. 1545-0047		
SCHEDULE A (Form 990)	Con	mplete 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.				2022			
Department of the Treasury			m990 for instructions a			ormation	Open to Public Inspection		
Internal Revenue Service	G	0 to www.irs.gov/Fori	m990 for instructions a	na me i	atest m				
Name of the organization SOLANA BEACH	COMMUNITIV	CONNECTONC				Employer identifica	tion number		
			rganizations must	comple	te this	nart.) See instruc	tions		
			For lines 1 through 12,						
			nurches described in sect						
2 A school d	escribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedule E. (Form	990).)					
		-	ization described in sec			••••			
4 A medical name, city	-	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's		
5 An organiz section 17	ation operated for 0(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by a	a governmental unit de	scribed in		
	state, or local gov	ernment or governme	intal unit described in s	ection 1	70(b)(1)	(A)(v).			
in section	170(b)(1)(A)(vi). (Complete Part II.)	eart of its support from a	-	ental uni	t or from the general pub	lic described		
	-		A)(vi). (Complete Part I						
	or a non-land-gra	nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter						
<u> </u>		v receives (1) more fi	nan 33-1/3% of its supp			utions membership fee			
from activi	ies related to its income and unre	exempt functions, sub	ject to certain exceptio e income (less section	ns; and	(2) no n	nore than 33-1/3% of it	s support from gross		
11 An organiz	ation organized a	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).			
or more pu	blicly supported a	reanizations describe	ely for the benefit of, to d in section 509(a)(1) of upporting organization	or sectio	n 509(a)	(2). See section 509(a)	It the purposes of one ((3). Check the box on		
organization	pporting organizati n(s) the power to re Part IV, Sections /	quiarly appoint or elect	d, or controlled by its sup a majority of the directo	ported o rs or trus	rganizati tees of t	on(s), typically by giving he supporting organization	the supported on. You must		
managemer	supporting organized to of the supporting plete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizati	having control or on(s). You		
🧮 organizatio	n(s) (see instructi	ions). You must comp	ion operated in connection plete Part IV, Sections	A, D, an	dE.				
functionally	/ integrated. The c	proanization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion req	with its s uirement	upported organization(s) t and an attentiveness	that is not requirement (see		
e Check this	box if the organiz	ation received a writte	en determination from t	the IRS	that it is	а Туре I, Туре II, Туре	e III functionally		
			supporting organization						
		n about the supported							
(i) Name of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
·				Yes	No				
(A)									
<u>(B)</u>									
(C)									
<u>(D)</u>									
<u>(E)</u>				Aliganise			Mar 10		
Total									

SOLANA BEACH COMMUNITY CONNECTIONS

Page 2

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.)

Section A. Public Support

	uon Ai i ubne Support								
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					4,169.	4,169.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	0.	0.	0.	0.	4,169.	4,169.		
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)						0.		
6	Public support. Subtract line 5 from line 4						4,169.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	0.	0.	0.	0.	4,169.	4,169.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						4,169.		
12	Gross receipts from related activ	ities, etc. (see ins	structions)	· · · · · <i>· · ·</i> · · · · · · · · · · ·	· · · <i>· · · · · · · · · · · · · · ·</i> ·	12	0.		
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	X		
	tion C. Computation of Pul								
14	Public support percentage for 20						%		
15	Public support percentage from:	2021 Schedule A,	Part II, line 14	••••••	· · · · · · · · · · · · · · · · · · ·	15	%		
16a	6a 33-1/3% support test2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b	33-1/3% support test-2021. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, o	theck this box		
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this t	box and stop here	. Explain in Part	Vihow		
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a f-circumstances to	nd-circumstances est. The organizat	i test, check this t ion qualifies as a	pox and stop here publicly supporte	. Explain in Part d organization	VI how the		
18	Private foundation. If the organized	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check th	s box and see ins	structions		

SOLANA BEACH COMMUNITY CONNECTIONS

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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						www.uccenclatar		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities								
-	that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons								
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								
С	Add lines 7a and 7b						,		
8	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royaities, and income from similar sources								
_	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·	third, fourth, or f	ifth tax year as a	section 501(c)(3)			
	tion C. Computation of Pul		· · · · · · · · · · · · · · · · · · ·						
15	Public support percentage for 20				•	1	8		
	Public support percentage from a					16	0 ⁰		
Sec	tion D. Computation of Inv								
17	Investment income percentage f	or 2022 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	010		
18	Investment income percentage f	rom 2021 Schedul	le A, Part III, line	17			20		
19a	33-1/3% support tests-2022. If is not more than 33-1/3%, check	the organization d this box and sto p	lid not check the l p here. The organ	box on line 14, ar hization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, an orted organization	d line 17		
	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 Part VI 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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI 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 Part VI how the organization had such control and discretion despite being controlled or supported 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 Part VI 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.	<u>4c</u>		
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 Part VI , 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		
С	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>	9		
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 Part VI .	9a		
þ	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 Part VI.</i>	9b		
с	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? <i>If "Yes," provide detail in Part VI.</i>	9c		
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)? If "Yes," 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	i an the second s	

BAA

Sche	edule A (Form 990) 2022 SOLANA BEACH COMMUNITY CONNECTIONS		P	age 5
Pa	NIV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	Manag	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
t	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant			

voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). c
- 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3

b

Schedule A (Form 990) 2022

1

SOLANA BEACH COMMUNITY CONNECTIONS

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(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		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		*******
e 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		
Section C – Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	٦		
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 Distributable Amount. 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 interference (see instructions).	egrate	d Type III supporting orga	anization

BAA

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 SOLANA BEACH COMMUN	ITY CONNECTIONS			Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued	d)	
Section D – Distributions				Current Year
1 Amounts paid to supported organizations to accomplish exempt pa	urposes		1	
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s,	2		
3 Administrative expenses paid to accomplish exempt purposes of s	upported organizations		3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - provid	e 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 in Part VI). See instructions.	ion is responsive (provide	details	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			a niño e a ange (21).	
3 Excess distributions carryover, if any, to 2022				
a From 2017				
b From 2018				
¢ From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years			ta march	
h Applied to 2022 distributable amount			200	
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D,				
line 7: \$				
a Applied to underdistributions of prior years			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
b Applied to 2022 distributable amount c Remainder, Subtract lines 4a and 4b from line 4.				States and the second second
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i>. See instructions. 				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

BAA

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	SOLANA BI	EACH COMMUNITY	CONNECTIONS		Page 8
B, lines 1 and 2; Pa 3a, and 3b; Part V,	art IV, Section C, lin line 1; Part V, Secti	ne 1; Part IV, Section D, ion B, line 1e; Part V, S	required by Part II, line 10; Pa , 9a, 9b, 9c, 11a, 11b, and 11c , lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; an Iformation. (See instructions.)	n E, lines 1c, 2a, 2b, d Part V, Section E,	

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOLANA BEACH COMMUNITY CONNECTIONS

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

DUES/FEES	\$ 550.
RENTALSSUPPLIES	182. 402.
TOTAL	\$ 1,134.

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

SOLANA BEACH COMMUNITY CONNECTIONS IS A VOLUNTEER-DRIVEN, NONPROFIT ORGANIZATION PROVIDING PROGRAMS, SERVICES AND RESOURCES TO SOLANA BEACH SENIORS ASSISTING THEM TO AGE IN PLACE.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A)	DID THE ORGANIZATION,	DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDI	RECTLY, TO PAY PREMIUM	S ON A PERSONAL BENEFIT CONTRACT?	NO
(B)	DID THE ORGANIZATION,	DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDI	RECTLY, ON A PERSONAL	BENEFIT CONTRACT?	NO

TAXABLE YEARCalifornia Exempt Organization2022Annual Information Return

Calendar Y	ear 2022 or fiscal year begin	ning (mm/dd/yyyy)	,	and ending (r	nm/dd/yyyy)	•		
Corporation/O	ganization name					California d	corporation number	
SOLANA	BEACH COMMUNITY	CONNECTIONS				48267	26	
Additional info	rmation. See instructions.					FEIN		
Street address	(suite or room)					PMB no.		
	PEDREGAL DRIVE							
City					State	Zip code		
SOLANA Foreign countr					CA	92075 Foreign por		
Foreign counts	y name				Foreign province/state/county	Poteign pos	star code	
 B Amended C IRC Section D Final info ● □ D Enter dat E Check act 1 X 0 F Federal P 4 □ Otion G Is this and H Is this or 	Irn	• Yes Yes (Withdrawn) Merged/Reo Other • 990-PF 3 • Sch Yes	X No X No J rganized H (990) L X No No N	not reported to the f exempt under P organization enga See instructions , s the organizatio f "Yes," enter the nonmember sour s the organizatio Did the organizatio axable income? . s the organizatio audited in a prior	ion have any changes to its (ie FTB? See instructions	e on 23701g? \$ 9 to report has the IRS	Yes X No Yes X No Yes X No Yes X No Yes X No	
Part I	1 Gross sales or recei	ot required to file this form. pts from other sources. Fror	See Genera n Side 2, Pa	rt II, line 8	B and C.			
n		2 Gross dues and assessments from members and affiliates						
Receipts and	3 Gross contributions,	gifts, grants, and similar an	nounts receiv	/ed	•	3	4,170.	
Revenues		al gross receipts for filing requirement test. Add line 1 through line 3.						
	1	ompleted. If the result is less			ral Information B •	4	4,170.	
		and sales expenses of asse						
	1	and sales expenses of asse 5 and line 6				7		
		Subtract line 7 from line 4.					4,170.	
		disbursements. From Side 2				9	1,134.	
Expenses		over expenses and disbursen				10	3,036.	
.	11 Total payments					11		
	1	al Information K			-	12		
	,	If line 11 is more than line 1				13		
Filing	14 Use tax balance. If I	ine 12 is more than line 11,	subtract line	11 from line	12 •	14		
Fee	15 Penalties and intere	st. See General Information	J	• • • • • • • • • • • • • • •		15		
	16 Balance due. Add line 12	and line 15. Then subtract line 11 I	from the result	<u></u> .	<u> </u>	16	0.	
Sign Here	Under penalties of perjury, I decla correct, and complete. Declaration Signature of officer	re that I have examined this return, in of preparer (other than taxpayer) is t Tri		nying schedules a mation of which p	and statements, and to the be preparer has any knowledge. Date	st of my knowledg		
	Drangersela N		V	Date	Check if			
Paid	Preparer's signature			5/10/2	23 self- employed	P0049		
Preparer's Use Only		IS BLUE LLP				 Firm's 	FEIN	
USE ONLY	(or yours, if self-employed)	SAN MARCOS BLVD	STE 100				76871	
	and address SAN M	MARCOS, CA 92069				Telep		
	May the FTB discuss this return with the preparer shown above? See instructions						99-9900 Yes No	

059

l

SOLA Part I								
		1	Gross sales or receipts from all	•	1			
Receipts from Other Sources		2	Interest			• • • • • • • • • • • • • •	2	
	.	3	Dividends			• • • • • • • • • • • • • •	3	
	ots	4	Gross rents.			•	4	
		5	Gross royalties	5				
	es	6	Gross amount received from sal	•	6			
		7	Other income. Attach schedule.		•••••••	•	7	
		8	Total gross sales or receipts from other	sources. Add line 1 through lin	e 7. Enter here and on Side 1	, Part I, line 1	8	
		9	Contributions, gifts, grants, and similar a	mounts paid. Attach schedule.			9	
		10	Disbursements to or for member				10	
		11	Compensation of officers, direct	ors, and trustees. Attac	h schedule	EE STMT 1 🖕	11	0.
_		12	Other salaries and wages			•	12	
Expen	ses	13	Interest	• • • • • • • • • • • • • •	13	1 11 - 11		
Disbu		14	Taxes	• • • • • • • • • • • • • •	14			
ments		15	Rents	•	15			
		16	Depreciation and depletion (See	• • • • • • • • • • • • • • •	16			
		17	Other expenses and disburseme	ATEMENT 2 🖕	17	1,134.		
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9						18	1,134.
Sche	dule	L	Balance Sheet	End	d of taxable year			
Assets	;			(a)	(b)	(c)		(d)
1 0	ash						•	3,036.
2 1	let acci	ounts	receivable				•	
			eivable				•	
4 h	iventor	ries .	state government obligations					
5 F	ederal	and s	tate government obligations				•	• ·
			n other bonds		· ·			
7 1	ivestm	ients i	n stock			and and a second se	•	
8 Mortg		je loai	ns				392222 T	
 8 Mortgage loans			nents. Attach schedule					
	-		ssets				336663	
			lated depreciation				s (15.22 	
11 L	and	••••						
13 T	Total assets			New York and the second second			saens	3,036.

13	Total assets		3,036.
Liab	lities and net worth		
14	Accounts payable		•
	Contributions, gifts, or grants payable		•
	Bonds and notes payable		•
17	Mortgages payable.		•
18	Other liabilities. Attach schedule		
19	Capital stock or principal fund		• 3,036.
20	Paid-in or capital surplus. Attach reconciliation		•
21	Retained earnings or income fund		•
22	Total liabilities and net worth		3,036.

Schedule M-1

Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

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

2022

CALIFORNIA STATEMENTS

PAGE 1

CLIENT SOLABE60

SOLANA BEACH COMMUNITY CONNECTIONS

88-0651750

10:45AM

5/10/23

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

CURRENT OFFICERS:	TITLE A	ND	TOTAL COMPEN-		CONTRI-	EXPENSE
NAME AND ADDRESS	PER WEEK D	EVOTED	SATIO	<u>N</u>	EBP & DC	OTHER
PETER GOUREVITCH P.O. BOX 1723 SOLANA BEACH, CA 92075	PRESIDENT 2.00		\$	0.	\$0.	\$0.
KATHRYN BRATCHER P.O. BOX 1723 SOLANA BEACH, CA 92075	SECRETARY 2.00			0.	0.	0.
MARILYN BARNETT P.O. BOX 1723 SOLANA BEACH, CA 92075	TREASURER 2.00			0.	0.	0.
JUDY COURS P.O. BOX 1723 SOLANA BEACH, CA 92075	DIRECTOR 1.00			0.	0.	0.
ANN CRAIG P.O. BOX 1723 SOLANA BEACH, CA 92075	DIRECTOR 1.00			0.	0.	0.
MARILYN KOGEN P.O. BOX 1723 SOLANA BEACH, CA 92075	DIRECTOR 1.00			0.	0.	0.
JILL WEITZEN MCDONALD P.O. BOX 1723 SOLANA BEACH, CA 92075	DIRECTOR 1.00			0.	0.	0.
WILLIAM MILLER P.O. BOX 1723 SOLANA BEACH, CA 92075	DIRECTOR 1.00			0.	0.	0.
		TOTAL	\$	0.	<u>\$0.</u>	<u>\$0.</u>
STATEMENT 2						;
FORM 199, PART II, LINE 17 OTHER EXPENSES						
DUES/FEES RENTALS SUPPLIES						550. 182. 402. 1,134.

Secretary of State Statement of Information	SI	-100					
(California Nonprofit, Credit Union General Cooperative Corporations			AND AND A 19 YO WHAT I AND AND AND A VALUE				
IMPORTANT - before completing th							
Filing Fee – \$20.00;							
Copy Fees – First page \$1.00, each attachment page \$0 Certification Fee - \$5.00 plus copy fees	50-						
1. Corporation Name (Creating exact name of the corporation as this re- Secretary of State)	econded with the	Californies	n o announce a second	ĩħ	⊯≲ Space For	Office Use	Only
SOLANA BEACH COMMUNITY CONNE	CTIONS		2. 7.	Digit Secre	tary of State E	ntity Numb	85
			·		4826	726	dan
3. Business Addresses			P.A			State	Ze Geor
3 Street Address of California Process Office if any Do not order a PO Use 315 El Pedregal Dr.			1	lana B	•	CA	92075
n Malleg Address of Corporation of different Shan Hern 2a	9999-1990-1999-1994 (Antoine Containe Anno 1997)		City (m	o abierovarstione		Slate	Ze Code
4. Officers The Corporation is required to enter the names and Caref Financial Officer may be added, however, the	presented litter-	l three of th on thes for	e olficen manes n	of he stored	ow: An additional	tišo for Chiel	
a Chief Executive Officer? 2 ret Manu Jill	Weitze	n		1	Donald		50ms
315 El Pedregal Dr.				lana B		CA	2e Code 92075
E Secretary First Name Kathryn	Malde Name M.			Brate		t	Same
315 El Pedregal Dr.				lana B			20 92075
C Chief Financial Officer First Rinese Marilyn	Middle Natie R.		Barnett				hid ¹⁸ a
315 El Pedregal Dr.				lana B	-	CA	2000 92075
5. Service of Process (Must provide other Individual OR Corporation		67 - 14		·*·			
NDIVIDUAL - Complete Items 5a and 5b only Must include separat a Conterns Agent's 1 of Neme II agent is not a corporation JIII	s tai name ang	Maide N			MacDo	Satta	
E Street Assness (Fager Is not a constration) - Do not enter a P.O. Box 315 El Pedregal Dr.			ana	Beach	`	State CA	20 Code 92075
CORPORATION - Consists from 56 only. Only include the same of Columns Registered Corporate Agent's Name (Lagent's a variability) - D	The second second second second second			••••••••••••••••••••••••••••••••••••••			
6. Common Interest Developments					æ		
Check here if the corporation is an association f Common Interest Development Act (California Civil Interest Development Act (California Civil Code sec Development Association (Form SI-CiD) as require	l Code sectio tion 6500, e	on 4000. 1 seq)	, st seq The co) or unde rporation r	r the Commer nust file a Sta	rcial and Ir tement by	idustrial Commor
7. The Information contained herein, including in any attac				resid	ant		
Jill Weitzen Mac			-	resiu		fag/ature	· •.
SI-100 (REV 12/2020)							neu Secretary of State

.

Sec. ant	WF-9 Detective 2018) Herverses Service	identifica > Go to www.ivi.go	v/FormW3 for Instr	r and Certifi uctions and the late		programa di vidare ner occasa di si di se vidare Addeema	Give Form to the requester. Do not send to the IRS.
•	1 Name (as shown on your SOLANA BEACH COI 2 Business name/damgard	MMUNITY CONNECTI	DNS	nor haqeva tinis lina bisaria.			
Print er type. Ses Specific Instructions on page 3.	Single-member LLC Limited lability compa Note: Check She appro- LC if the LLC is class smather LLC has is no b damagarded from the Coher (see instructions	er or E C Corporation by: Enter the tax classificators prips tox in the tax classificators prips tox in the tax shown in or a second state of the corporation of the second state of the corporation of the second state of the corporation of the second state of the second the second state of the second the second state of the second state of the second state of the second state second	Tastiesta Tastiesta whig) > whig > whig > Tastiesta whig > Tast	certain enti- testauctione Essence pay Exemption Optic (d arr	ng mig-ngunganad gespoint (ba (13)		
		mification Number		= =			
bæcka reskda	your TIN in the appropriat up withholding. For indMid ant alian, sole propriator, o as, it is your employer iden	als, this is generally your r disnegarded antity, see t	social security rumb he instructions for P	er (SSN), However, f art I, later, For other	or a	- Units interest	er

entities, it is your employer identification number (Firly). If you do not have a number, see How to get a TEN, igtor Note: If the acco

1 the approx.	V?
Note: If the account is in more than one name, use the instructions for line 1. Also see Whizt Name and Number To Give the Requester for guidelines on whose number to onlyr.	Employer identification number

Certification

Under penalities of perjury, i certify that:

- 1. The number shown on this form is my correct texpayer Identification number (or I am waiting for a number to be issued to me); and
- 2.1 am not subject to backup witholding because: (a) I am exempt from backup withholding, cr (b) I have not been notified by the internal Revenue Sensce (RS) that I am subject to backup withholding as a result of a feature to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. Lem & U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For monoapple interest Dad, acquisition of abandionment of ascured property, candelation of debt, contributions to an individual retirement arrangement (RA), and generally, payments other than interest and dividence, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions for Part II, atter

Sign Here	Signature of U.S. person >	Manihin	buind	BASS 5/22/23
			1	- Devet 1000_D01 (@widends_ton)using tions from stocks or mutual

General Instructions

Section references are to the Internal Revenue Code unless otherwise notea.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.iri.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to the an information rature with the IRS must obtain your correct texpayor identification number (TIN) which may be your social security number (SSN), individual bappayer identification number (TNN), adoption texpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not imited to, the following.

Form 1099-INT finiterest earned or partly

 Form 1099–DIV (dividends, including those from stocks or mutual) (unds)

- Form 1099-MSSC (various types of income, proces, awards, or gross proceeds}
- Form 1099-B (stock or mutual fund cales and certain other transactions by brakers)
- Form 1068-6 (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions) Form 1058 (nome montgage interest), 1038-E. (student lots) Interest).
- 1098-7 (tustion)
- Form 1099-C (canceled debt)
- Form 1098-A (acquisition or abandonment of secured property) Use Form W-9 only if you are £ U.S. person (including a resident
- alien), to provide your correct TiN. If you do not return Form W-9 to the requester with a TIN, you might

be subject to beckup withholding. See What is backup withholding. inter.

Cat. No. 10201X

Form W-9 (New, 10-2018)