STAFF REPORT
CITY OF SOLANA BEACH

TO: Honorable Mayor and City Councilmembers
FROM: Gregory Wade, City Manager
MEETING DATE: June 14, 2023
ORIGINATING DEPT: City Manager's Office
SUBJECT: **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: _____
_____

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 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 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 required 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:

April 27, 2023	Distribute Grant Program Application, have it available and solicit for 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: 1) Completed application; 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.
June 14, 2023	First Council Review: All eligible grant applications for Fiscal Year 2023-24 will be considered by City Council. Review and public comment/presentations will be accepted.
June 28, 2023	Final Council Review: City Council makes decision and approves grant 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	**$80,630.00**

ATTACHMENT 2

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 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.

All requests will be determined by the following criteria:

Name of Organization: Assistance League of Rancho San Dieguito

Contact Person: Kathy O'Leary Email address: alrsd100@gmail.com

Daytime Phone: 760-753-1319 Evening Phone: 760-703-5216

Mailing Address: 270 F North El Camino Real, Box 368

City: Encinitas State: CA Zip: 92024

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:

   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 famiiies 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.

Kathy O'Leary — May 23, 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.

Assistance League of Rancho San Dieguito
Profit & Loss

04/04/2023

	2021-22	Budget 22-23 Budget	Forecast 22-23 Forecast	Draft Budget 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**

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 6/01 , 2021, and ending 5/31 , 20 2022

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C
Assistance League of Rancho San Dieguito
270-F North El Camino Real #368
Encinitas, CA 92024

D Employer identification number

E Telephone number
858.232.0678

G Gross receipts $ 677,381.

F Name and address of principal officer: Kathy O'Leary
Same As C Above

H(a) Is this a group return for subordinates? [ ] Yes [X] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.assistanceleague.org/rancho-san-dieguito

H(c) Group exemption number ► 4176

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1993

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Assistance League volunteers transforming the lives of children and adults through community programs.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	156
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	272,097.	429,265.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,239.	249.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,001.	22,528.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275,337.	452,042.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,795.	112,357.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 135,089.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	155,899.	175,406.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	246,694.	287,763.
	19	Revenue less expenses. Subtract line 18 from line 12	28,643.	164,279.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	525,222.	693,100.
	21	Total liabilities (Part X, line 26)	35,729.	39,328.
	22	Net assets or fund balances. Subtract line 21 from line 20	489,493.	653,772.

Part II Signature Block

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

Sign Here

► Signature of officer — Date

► Marilyn Scheininger — Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Katherine Gluck	Katherine Gluck			P00858780

Firm's name ► Katherine Gluck, CPA
Firm's address ► 703 Pier Ave B621
Hermosa Beach, CA 90254
Firm's EIN ►
Phone no. 3104066256

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part 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:

Assistance League of Rancho San Dieguito is an all-volunteer, nonprofit organization whose members are dedicated to making a positive difference in our community.

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] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .... [ ] Yes [X] No

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 87,632. including grants of $ 86,757.) (Revenue $ _____)

Operation School Bell provides new school clothing for preschool and elementary school students from families who are identified by their school personnel. This fiscal year the program provided clothing to 1,526 school children in local school districts. We clothed 20,832 school children since the program's inception in 1998. We also collaborate with other Assistance League chapters to provide new school clothing to the children of enlisted families in the Camp Pendleton Marine Base. Since the program's inception in 2005, we clothed 9,180 students, including 506 in fiscal year 2021-2022.

4b (Code: _____) (Expenses $ 26,575. including grants of $ 25,600.) (Revenue $ _____)

The Scholarship Program provides scholarships to graduating seniors and prior-year recipients. The past year we provided a total of $29,000 to twelve graduating seniors and eight prior-year recipients.

4c (Code: _____) (Expenses $ 12,590. including grants of $ _____) (Revenue $ _____)

Assault Survivor Kits (ASK) provides clothing and hygiene kits for children, women and men who have experienced abuse along with mental health issues. It also provides therapeutic and safety items for this population. These are distributed to local hospitals.

4d Other program services (Describe on Schedule O.) See Schedule O

(Expenses $ 11,017. including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ► 137,814.

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	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 public office? *If '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 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 Revenue Procedure 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		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? *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,' complete Schedule D, Part III*	8		X
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		X
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		X
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.			
a	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	X	
b	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		X
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		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*	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e		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*	11 f	X	
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		X
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*	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14 a	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		X
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	
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		X
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20a		X
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	

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	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
24a	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
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		
25a	**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 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		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):			
a	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 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 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? *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	

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		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			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 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
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		X
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		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
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		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
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?		7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b	X	
c 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 year	7d			
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?		7f		X
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		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
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.)	11b			
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 year	12b			
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b 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? If 'Yes,' see the instructions and file Form 4720, Schedule N.		15		X
16 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		X
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? If 'Yes,' complete Form 6069.		17		

Part VI Governance, Management, and Disclosure. *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section 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.	1a	12		
b Enter the number of voting members included on line 1a, above, who are independent	1b	12		
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			X
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			X
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 assets?	5			X
6 Did the organization have members or stockholders?	6		X	
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		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? See Sch O	7b		X	
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?	8a		X	
b Each committee with authority to act on behalf of the governing body?	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? *If 'Yes,' provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b 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?	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	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
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* ... See Schedule O	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 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 ► 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.

[X] Own website [X] 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. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

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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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other 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		X				0.	0.	0.
(3) Carol Tuggey	9									
Vice President	0	X		X				0.	0.	0.
(4) Kathleen Aubin	11									
Vice President	0	X		X				0.	0.	0.
(5) Wendy Morris	23									
Vice President	0	X		X				0.	0.	0.
(6) Stella Ramos	3									
Secretary	0	X		X				0.	0.	0.
(7) Maureen Whitmore	5									
Secretary	0	X		X				0.	0.	0.
(8) Marilyn Scheininger	7									
Treasurer	0	X		X				0.	0.	0.
(9) Jill Ahern	6									
Director	0	X						0.	0.	0.
(10) Marie Arlt	5									
Director	0	X						0.	0.	0.
(11) Nancy Piretti	4									
Director	0	X						0.	0.	0.
(12) Liana Neyer	2									
Director	0	X						0.	0.	0.
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal ►								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes,' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	11,496.			
	c Fundraising events	1c	48,132.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	27,396.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	342,241.			
	g Noncash contributions included in lines 1a-1f	1g	190,875.			
	h **Total.** Add lines 1a-1f ►		429,265.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ►					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►		249.			249.
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►					
		(i) Real / (ii) Personal				
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) ►					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) ►					
	8a Gross income from fundraising events (not including $ 48,132. of contributions reported on line 1c). See Part IV, line 18	8a	44,482.			
	b Less: direct expenses	8b	21,954.			
	c Net income or (loss) from fundraising events ►		22,528.			22,528.
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances	10a	203,385.			
	b Less: cost of goods sold	10b	203,385.			
	c Net income or (loss) from sales of inventory ►					
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ►					
	12 **Total revenue.** See instructions ►		452,042.	0.	0.	22,777.

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 response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 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	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 foreign 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.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	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				
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.		
b Storage rental	6,912.	4,152.	1,380.	1,380.
c Repairs & maintenance	5,700.			5,700.
d Bank fees	3,606.		139.	3,467.
e All other expenses	11,357.	834.	2,277.	8,246.
25 Total functional expenses. Add lines 1 through 24e	287,763.	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)				

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
Assets	1	Cash – non-interest-bearing	143,289.	1	238,270.
	2	Savings and temporary cash investments	306,258.	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 disqualified 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	
	8	Inventories for sale or use	62,486.	8	42,488.
	9	Prepaid expenses and deferred charges	7,232.	9	12,028.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 11,398.			
	b	Less: accumulated depreciation — 10b: 9,623.	454.	10c	1,775.
	11	Investments – publicly traded securities		11	
	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.
Liabilities	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	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ► ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	489,093.	27	628,312.
	28	Net assets with donor restrictions	400.	28	25,460.
		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	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	489,493.	32	653,772.
	33	Total liabilities and net assets/fund balances	525,222.	33	693,100.

Part XI 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	452,042.
2	Total expenses (must equal Part IX, column (A), line 25)	2	287,763.
3	Revenue less expenses. Subtract line 2 from line 1	3	164,279.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	489,493.
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	653,772.

Part 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 ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	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			
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 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.			
3a	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
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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Assistance League of Rancho San Dieguito

Employer identification number: [redacted]

Part I **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 [X] An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ..... [ ]

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Calendar 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.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar 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, etc. (see instructions) ..... 12 _____

13 **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) 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 ► ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 ► ☐

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 ► ☐

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

Calendar 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	63,101.	77,951.	7,886.	8,752.	44,482.	202,172.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	304,052.	325,109.	308,012.	280,849.	458,747.	1,676,769.
7a Amounts included on lines 1, 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 disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	3,025.	1,750.	2,100.	15,900.	7,025.	29,800.
8 **Public support.** (Subtract line 7c from line 6.)						1,646,969.

Section B. Total Support

Calendar 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.
c 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 capital assets (Explain in Part VI.)						0.
13 **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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	97.93 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	98.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	0.30 %
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	0.31 %

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 publicly supported organization ► ☒

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 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 ► ☐

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		
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		
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		
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(c)(2)(B) purposes.*	4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in **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		
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 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		

Part IV Supporting Organizations *(continued)*

		Yes	No
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?	11a		
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		

Section 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		
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		

Section 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		

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 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		

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.*

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 instructions).*

		Yes	No
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.*	2a		
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.*	2b		
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.**	3a		
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.*	3b		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D — Distributions

			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — *provide details in* ***Part VI***)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **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	

Section E — Distribution Allocations (see instructions)

		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(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, *explain in* ***Part VI***. 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			

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

Schedule B
(Form 990)

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

Name of the organization

Assistance League of Rancho San Dieguito

Employer identification number

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

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).

Name of organization: Assistance League of Rancho San Dieguito

Employer identification number: [redacted]

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		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 11,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 57,178.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Assistance League of Rancho San Dieguito	[redacted]

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
	N/A	$	
		$	
		$	
		$	
		$	
		$	

Name of organization
Assistance League of Rancho San Dieguito

Employer identification number
[redacted]

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . ►$ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Assistance League of Rancho San Dieguito

Employer identification number: [redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ►$

(ii) Assets included in Form 990, Part X ►$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ►$

b Assets included in Form 990, Part X ►$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1 c	
d Additions during the year	1 d	
e Distributions during the year	1 e	
f Ending balance	1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years 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					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		3,188.	2,945.	243.
d Equipment		2,515.	1,063.	1,452.
e Other		5,695.	5,615.	80.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				1,775.

Part VII Investments – Other Securities. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(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 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 15.)* ►	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(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. See Part XIII. [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
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**		4c	
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 Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
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.)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*		5	

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 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.

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 G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Assistance League of Rancho San Dieguito

Employer identification number: [redacted]

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ►						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **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.

		(a) Event #1 Annual Fundrai (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	18,930.			18,930.
	8 Entertainment	1,150.			1,150.
	9 Other direct expenses	584.			584.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				20,664.
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				22,116.

Part III **Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

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	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Assistance League of Rancho San Dieguito

Employer identification number: [redacted]

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? ..... [X] Yes [ ] No

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

Part II 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.

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)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 0

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 1

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					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other 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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Assistance League of Rancho San Dieguito

Employer identification number: [redacted]

Part 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 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 Food inventory				
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 during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If 'Yes,' describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization: Assistance League of Rancho San Dieguito

Employer identification number: [redacted]

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 for major fundraising activites, all new fundraising events and activities, and all

Name of the organization: Assistance League of Rancho San Dieguito

Employer identification number: [redacted]

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.

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

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

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
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.:	33-0556542
CA Corporate ID No:	D-1877561
CA Resale Permit No:	SR FHB 99-481040
State Charity Registration Number:	CT92512

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ 501(c)(3)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
270F N El Camino Real, #368

Requester's name and address (optional)

6 City, state, and ZIP code
Encinitas, CA 92024

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
[redacted]

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 Here Signature of U.S. person ▶ [signature] Date ▶ 1/25/2023

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 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.

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: 858-481-7910 Evening Phone: _____

Mailing Address: 1019 San Patricio Drive, Solana Beach CA 92075

City: Solana Beach State: CA Zip: 92075

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:
   See attached document

3. Title of FY 2023/24 Proposed Program/Service: BikeWalkSolana: Think Outside The Car

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:

   See attached document

6. 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: 280

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.

Kristin Ann

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.

Kristin Brin

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.

Bike Walk Solana
Think Outside the Car

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
$750: 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
$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 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.

https://digitalservices.missionfed.com/apps/MFCUOLB/#_frmAccountsDetails

Ride with GPS | Groups | BikeWalkSolana | Messages | Box | RWGPS | Yamaha | YouTube TV | Responsive Test | phpMyAdmin | MalwareScan | » | Othe

Bus Standard Checking 8253

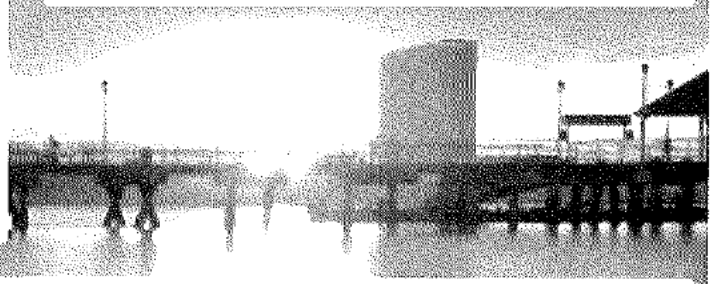
Balance Details | Account Details

Description	Bus Standard Checking 8253	Account Number	[redacted]
Dividend Paid YTD	$0.00	Dividend Paid Last Year	$0.00
Routing and Transit Number	322281507		

Transfer From Checking

Account Statements

Send Us A Message



Transactions

All | Deposits | Withdrawals | Checks | Transfers | ACH | Cards | Dividends

Date	Description	Category	Amount	Balance
Posted Transactions				
05/10/2023	Check #1024	Uncategorized	-$374.14	$232.86
05/10/2023	Check #1022	Uncategorized	-$100.00	$607.00
05/10/2023	Check #1020	Uncategorized	-$800.00	$707.00
05/10/2023	Check #1019	Uncategorized	-$493.00	$1,507.00
04/05/2023	Check #1014	Uncategorized	-$2,401.89	$2,000.00
09/27/2022	Deposit Check	Income	$2,000.00	$4,401.89
06/14/2022	Check #1018	Uncategorized	-$100.00	$2,401.89

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

Date of this notice: 12-18-2013

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 E

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

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.

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.

(IRS USE ONLY) 575E 12-18-2013 SOLA O 9999999999 SS-4

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

9999999999

Your Telephone Number
( ) -

Best Time to Call

DATE OF THIS NOTICE: 12-18-2013
EMPLOYER IDENTIFICATION NUMBER:
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

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

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
BikeWalkSolana

2 Business name/disregarded entity name, if different from above
BikeWalkSolana

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☑ Other (see instructions) ▶ **Community or Volunteer Group**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1019 San Patricio Dr

Requester's name and address (optional)

6 City, state, and ZIP code
Solana Beach, CA 92075

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a 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 TIN* on page 3.

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification 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 on page 3.

Sign Here Signature of U.S. person ▶ Karl Rudnick Date ▶ 2/23/2017

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/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)

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.

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 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.

All requests will be determined by the following criteria:

Name of Organization: Boys & Girls Clubs of San Dieguito

Contact Person: Annalyse Ortega Email address: grants@bgcsandieguito.org

Daytime Phone: (858) 755-9371 Evening Phone: (858) 755-9371

Mailing Address: 533 Lomas Santa Fe Drive

City: Solana Beach State: CA Zip: 92075

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:
   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).

8. Estimated number of Solana Beach residents to be served by proposed program 70

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.

Authorized Signature of Organization

5/24/23

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

Boys & Girls Clubs of San Dieguito FY23 Operating Budget

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 Revenue	243,210	
	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**	

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 Restrictions		**842**

La Colonia Clubhouse and Harper Teen Center After-School Programs: Projected Financial Aid Given FY 24	
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

	March 31, 2023	February 28, 2023	% Variance Month to Month	June 30, 2022	
ASSETS					
Operating Cash	85,575	49,635	72%	50,479	-19%
Savings Account	2,052,926	1,975,024		2,584,181	
Accounts Receivable	15,058	51,567		13,528	
Other Current Assets	61,425	39,594		53,192	
Total Current Assets	2,214,984	2,115,820	5%	2,701,380	-18%
Property and Equipment:					
Land, Buildings and Building Improvements	14,858,317	14,858,317		14,858,317	
Autos, Equipment and Furniture	1,570,946	1,570,946	-	1,527,001	
Accumulated Depreciation	(8,285,565)	(8,165,825)		(7,926,345)	
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	10,000	35,000		24,067	
Restricted Net Assets	(40,082)	(40,082)		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 AND CAPITAL					
Current Liabilities:					
Accounts Payable	134,070	201,799		167,617	
Payroll and Taxes Payable	179,090	143,072		187,231	
Deferred Social Security Taxes and ERC Credits	-	-		59,223	
Accrued Expenses	13,152	14,957		4,744	
Deferred Income	206,673	124,022		312,393	
Total Current Liabilities	532,984	483,850	10%	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	$ 10,661,852	0%	$ 11,755,452	-10%

BGCSD
FY23
9 Month YTD - June 30

	9 Month FY 2023		YTD Results FY 23 9 Month Budget		Variance
Contributions					
General Contributions	$ 169,273		$ 477,165		
Board Commitment	$ 23,100		$ 45,000		
Corp Sponsorships	$ 35,000		$ 50,000		
Direct Mail/Other	$ 11,365		$ 30,234		
Total Contributions (General Operating)		$ 238,738		$ 602,399	$ (363,661)
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		$ 13,745		$ 410	$ 13,335
Programs/Branches Revenue					
Total Programs/Branches		$ 4,183,999		$ 4,348,419	$ (164,420)
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	$ 112,609
Non Program/Branch Expenses					
Development/Admin Payroll	$ (820,206)		$ (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	$ (224,639)
Designated Gifts and Expenses					
Aquatics Campaign Donations	$ 58,448				
Raise the Roof Campaign Donations	$ 497,711				
Net designated gifts and expenses		$ 556,159		$ -	$ 556,159
Net Income/(loss) before depreciation		$ 418,315		$ 86,795	$ 331,520
Capital Purchases/Deferred Maintenance				$ -	$ -
Aquatics Campaign Expenses		$ (73,415)			
Raise the Roof Campaign Expenses		$ (603,195)			
Non Cash Donations		$ -			
Depreciation		$ (359,220)		$ (361,500)	$ 2,280
Net Income/(Loss)		$ (617,515)		$ (274,705)	$ (342,810)

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	$ 117,978	$ 103,250
Rentals/Other	$ 286,783	$ 221,039
Program Payroll and Related	$ (2,639,211)	$ (2,870,142)
Admin Payroll	$ (820,206)	$ (800,023)

2021

990

PUBLIC

DISCLOSURE

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 230520 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: ENCINITAS, CA 92023

D Employer identification number: [redacted]

E Telephone number: (858) 755-9371

G Gross receipts $ 8,875,473.

F Name and address of principal officer: MARINEKE VANDERVORT
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No

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

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.BGCSANDIEGUITO.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 1966 M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO IMPACT THE LIVES OF THE YOUTH WHO NEED US MOST THROUGH POSITIVE PROGRAMS AND ACTIVITIES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	245
6	Total number of volunteers (estimate if necessary)	6	86
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,278,806.	3,538,209.
	9	Program service revenue (Part VIII, line 2g)	2,814,579.	4,370,082.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,132.	1,999.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,209.	883,346.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,379,726.	8,793,636.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,290,835.	4,035,927.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 351,761.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,752,920.	2,413,508.
	18	Total expenses. 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	335,971.	2,344,201.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,604,085.	11,472,095.
	21	Total liabilities (Part X, line 26)	2,368,081.	894,652.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,236,004.	10,577,443.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARINEKE VANDERVORT, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
		03/16/23		

Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP — Firm's EIN ▶

Firm's address ▶ 1903 WRIGHT PLACE, #180
CARLSBAD, CA 92008 — Phone no. (760) 431-8440

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

Part 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:
THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO PROVIDES POSITIVE ACTIVITIES TO DEVELOP THE EDUCATION, HEALTH, SELF-ESTEEM, AND CHARACTER OF YOUTH. SINCE OUR DOORS OPENED IN 1966, OUR PROGRAMS HAVE BEEN ACCESSIBLE TO YOUTH FROM DISADVANTAGED ECONOMIC, SOCIAL, AND FAMILY CIRCUMSTANCES.

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] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,599,720. including grants of $) (Revenue $ 1,465,093.)
BGC AQUATICS PROGRAM 456 CHILDREN SERVED - THE AQUATICS PROGRAM OFFERS YEAR-ROUND COMPETITIVE SWIMMING THROUGH THE AWARD-WINNING RANCHO SAN DIEGUITO (RSD) SWIM TEAM, SWIM LESSONS, RECREATIONAL AND LAP SWIM TIME. WE CHAMPION WATER SAFETY IN SAN DIEGO COUNTY, PROVIDING THOUSANDS OF SWIMMING LESSONS EACH YEAR. RSD IS RANKED AS ONE OF THE TOP 200 SWIM CLUBS IN THE NATION BY USA SWIMMING. ALUMNI HAVE RECEIVED $3,140,000+ IN SCHOLARSHIPS TO OVER 50 UNIVERSITIES.

4b (Code:) (Expenses $ 1,659,443. including grants of $) (Revenue $ 733,449.)
OUR SEVEN BRANCHES PROVIDE DIVERSE ACTIVITIES IN OUR AFTER SCHOOL PROGRAMS THAT MEET THE INTERESTS OF ALL YOUNG PEOPLE. CORE PROGRAMS ENCOURAGE ACTIVITIES WITH ADULTS, PEERS, AND FAMILY MEMBERS THAT ENABLE KIDS TO ENHANCE SELF-ESTEEM AND FULFILL THEIR POTENTIAL. THE AFTER SCHOOL PROGRAM PROVIDES MEMBERS WITH A SAFE AND FUN ENVIRONMENT TO EXPLORE THEIR OWN CREATIVITY AND CONFIDENCE THROUGH STRUCTURED, SUPERVISED ACTIVITIES RANGING FROM COMPUTER LAB GAMES AND PHYSICAL RECREATION TO ARTS & CRAFTS AND HOMEWORK TIME. EACH STAFF MEMBER PASSIONATELY SUPPORTS EACH CHILD'S DEVELOPMENT INTO AN INFLUENTIAL 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 DEPARTMENT OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDLE SCHOOL SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE IN TEN DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENTARY HOOPS, SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBALL PROGRAMS. THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND EDUCATIONAL OUTCOMES IN CHILDREN AND TEENS.

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,170,223. including grants of $) (Revenue $ 1,475,538.)

4e Total program service expenses ▶ 5,328,896.

SEE SCHEDULE O FOR CONTINUATION(S)

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	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 public office? *If "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 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		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? *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," complete Schedule D, Part III*	8		X
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		X
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		X
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.			
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 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 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*	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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		X
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		X
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	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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

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		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
24a	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
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		
25a	**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 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		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):			
a	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 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 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? *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	

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	28		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			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			
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		X
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		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
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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?	7a		X
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 which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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?	7f		X
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		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 ..... 10a			
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:			
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.) 11b			
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 year 12b			
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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	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		X
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? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section 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		
	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	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 employee?	2			X
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			X
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 assets?	5			X
6	Did the organization have members or stockholders?	6			X
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			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	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? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	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
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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 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 ▶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 ▶

DEBI COX - 858-755-9371
533 LOMAS SANTA FE DRIVE, SOLANA BEACH, CA 92075

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

1a 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARINEKE VANDERVORT CHIEF EXECUTIVE OFFICER	40.00			X				142,800.	0.	6,445.
(2) JOE BENJAMIN AQUATICS DIRECTOR	40.00					X		125,956.	0.	16,179.
(3) DOUG REGNIER CHAIR, TREASURER	1.00	X		X				0.	0.	0.
(4) BEN HAMSON VICE-CHAIR	1.00	X		X				0.	0.	0.
(5) P. MARTIN PETERS SECRETARY	1.00	X		X				0.	0.	0.
(6) DAVID THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOHN GRAPPERHAUS BOARD MEMBER	1.00	X						0.	0.	0.
(8) LARRY MCDONALD BOARD MEMBER	1.00	X						0.	0.	0.
(9) BARBARA HARPER BOARD MEMBER	1.00	X						0.	0.	0.
(10) PATTY MAYSENT BOARD MEMBER	1.00	X						0.	0.	0.
(11) CRAIG M. GARNER BOARD MEMBER	1.00	X						0.	0.	0.
(12) MATTHEW HOLDER BOARD MEMBER	1.00	X						0.	0.	0.
(13) CAROL MORE BOARD MEMBER	1.00	X						0.	0.	0.
(14) IAN PYKA BOARD MEMBER	1.00	X						0.	0.	0.
(15) SCOTT SAHADI BOARD MEMBER	1.00	X						0.	0.	0.
(16) BRIAN SOLOMON BOARD MEMBER	1.00	X						0.	0.	0.
(17) ERIC IANTORNO BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) HUGH LESLIE BOARD MEMBER	1.00	X						0.	0.	0.
(19) TODD TRUSSO BOARD MEMBER	1.00	X						0.	0.	0.
(20) ED JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(21) SHALEN NIENOW BOARD MEMBER	1.00	X						0.	0.	0.
(22) JENNIFER MACDOUGALL BOARD MEMBER	1.00	X						0.	0.	0.
(23) SUMEER CHANDRA BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal ▶								268,756.	0.	22,624.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								268,756.	0.	22,624.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	12,600.				
	d Related organizations	1d	6,000.				
	e Government grants (contributions)	1e	2,033,179.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,486,430.				
	g Noncash contributions included in lines 1a-1f	1g	$ 73,945.				
	h Total. Add lines 1a-1f ▶			3,538,209.			
Program Service Revenue			Business Code				
	2 a AQUATICS		900099	1,465,093.	1,465,093.		
	b MONTESSORI		900099	1,184,222.	1,184,222.		
	c REGISTRATION FEES		900099	733,449.	733,449.		
	d ATHLETIC PROGRAMS		900099	696,002.	696,002.		
	e CAMPS		900099	291,316.	291,316.		
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			4,370,082.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			999.			999.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real / (ii) Personal				
	6 a Gross rents	6a	426,785.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	426,785.				
	d Net rental income or (loss) ▶			426,785.			426,785.
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	1,000.				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	1,000.				
	d Net gain or (loss) ▶			1,000.			1,000.
	8 a Gross income from fundraising events (not including $ 12,600. of contributions reported on line 1c). See Part IV, line 18	8a	530,522.				
	b Less: direct expenses	8b	81,837.				
	c Net income or (loss) from fundraising events ▶			448,685.			448,685.
	9 a Gross income from gaming activities. See Part IV, line 19	9a	4,370.				
	b Less: direct expenses	9b	0.				
	c Net income or (loss) from gaming activities ▶			4,370.			4,370.
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS REVENUE		900099	3,506.			3,506.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶			3,506.			
	12 Total revenue. See instructions ▶			8,793,636.	4,370,082.	0.	885,345.

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 response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign 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	186,445.	55,934.	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)				
7 Other salaries and wages	3,199,763.	2,748,310.	268,769.	182,684.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,856.	38,153.	15,174.	3,529.
9 Other employee benefits	324,282.	224,633.	79,383.	20,266.
10 Payroll taxes	268,581.	199,815.	55,545.	13,221.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	40,775.		40,775.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	13,527.	13,527.		
12 Advertising and promotion	74,655.	8,021.	122.	66,512.
13 Office expenses	344,627.	259,687.	69,151.	15,789.
14 Information technology	90,427.	27,570.	62,852.	5.
15 Royalties				
16 Occupancy	720,878.	689,740.	31,070.	68.
17 Travel	31,785.	20,960.	10,579.	246.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	117.		117.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	472,526.	472,526.		
23 Insurance	93,740.	59,413.	32,849.	1,478.
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 ACTIVITIES	469,779.	469,779.	0.	0.
b MISCELLANEOUS	60,672.	40,828.	18,492.	1,352.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	6,449,435.	5,328,896.	768,778.	351,761.
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)				

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
Assets	1	Cash - non-interest-bearing		224,779.	1	50,479.
	2	Savings and temporary cash investments		1,033,182.	2	2,584,181.
	3	Pledges and grants receivable, net		29,067.	3	24,067.
	4	Accounts receivable, net		239,961.	4	13,528.
	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 disqualified 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	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		28,586.	9	53,192.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,385,318.			
	b	Less: accumulated depreciation	10b 7,926,345.	8,758,073.	10c	8,458,973.
	11	Investments - publicly traded securities			11	
	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		290,437.	15	287,675.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		10,604,085.	16	11,472,095.
Liabilities	17	Accounts payable and accrued expenses		538,187.	17	582,258.
	18	Grants payable			18	
	19	Deferred revenue		258,269.	19	312,394.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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		1,571,625.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		2,368,081.	26	894,652.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,828,820.	27	10,168,624.
	28	Net assets with donor restrictions		407,184.	28	408,819.
		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	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		8,236,004.	32	10,577,443.
	33	Total liabilities and net assets/fund balances		10,604,085.	33	11,472,095.

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	8,793,636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,449,435.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,344,201.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,236,004.
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	-2,762.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,577,443.

Part 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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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			
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 basis, consolidated basis, or both: [ ] Separate basis [X] 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.			
3a	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
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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

Part I **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Calendar 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar 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, etc. (see instructions) 12

13 **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) 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 ▶ ☐

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 ▶ ☐

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

Calendar 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 performed, 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 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						
6 **Total.** Add lines 1 through 5	5913542.	5772355.	5299908.	5093385.	7908291.	29987481.
7a Amounts included on lines 1, 2, and 3 received from disqualified 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.
c Add lines 7a and 7b	140,150.	126,810.	259,329.	70,850.	487,857.	1084996.
8 **Public support.** (Subtract line 7c from line 6.)						28902485.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 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.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	87.41 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	88.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	5.13 %
18 Investment income percentage from **2020** Schedule A, Part III, line 17	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 publicly supported organization ▶ ☒

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 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 ▶ ☐

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		
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		
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		
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(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **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		
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 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		

Part IV Supporting Organizations *(continued)*

		Yes	No
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?	11a		
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		

Section 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		
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		

Section 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		

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 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		

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.*

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 instructions).*

		Yes	No
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.*	2a		
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.*	2b		
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.**	3a		
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.*	3b		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (*describe in* **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **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	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(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, *explain in* **Part VI**. 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			

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number

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

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

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and 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 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).

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

Name of organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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.)
8		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 10,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 5,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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		$ 5,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 5,442.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 6,345.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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
19		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 8,240.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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
25		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 10,941.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 76,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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
31		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 35,875.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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
37		$ 38,148.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 245,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 73,945.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
42		$ 1,563,183.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BOYS AND GIRLS CLUBS OF SAN DIEGUITO	[redacted]

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		$ 469,996.	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 ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BOYS AND GIRLS CLUBS OF SAN DIEGUITO	[redacted]

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
41	AIR PURIFIERS	$ 73,945.	02/15/22
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
BOYS AND GIRLS CLUBS OF SAN DIEGUITO	[redacted]

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(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, address, and ZIP + 4	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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,872.		26,872.
b Buildings		14,831,445.	6,786,874.	8,044,571.
c Leasehold improvements				
d Equipment		1,019,670.	719,947.	299,723.
e Other		507,331.	419,524.	87,807.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				8,458,973.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (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 ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	9,056,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	262,853.		
e	Add lines 2a through 2d			2e	262,853.
3	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:				
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			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	8,793,636.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	104,887.		
e	Add lines 2a through 2d			2e	104,887.
3	Subtract line 2e from line 1			3	6,449,435.
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			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	6,449,435.

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 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.

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 GAAP STATEMENTS	271,615.
CHANGE IN CHARITABLE REMAINDER TRUSTS	-2,762.

Part XIII Supplemental Information *(continued)*

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 G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

132081 10-21-21

Part II **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.

		(a) Event #1 YOUTH OF THE YEAR (event type)	(b) Event #2 CHIP-IN FOR KIDS GOLF (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	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.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				81,837.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				448,685.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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 %

b An outside facility ..... 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

Part 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 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				
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	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AIR PURIFIERS)	X	11	73,945.	FAIR MARKET VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 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

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.

SCHEDULE M, PART I, COLUMN (B):

1 CONTRIBUTION OF 11 UNITS

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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.

Name of the organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BGC CAMP PROGRAM 625 CHILDREN SERVED SUMMER ADVENTURE CAMPS PROVIDE A VARIETY OF FUN-FILLED, ACTIVE SUMMER ACTIVITIES TO CAMPERS IN OUR 4 CORE AREAS: ARTS & CRAFTS, SPORTS, GAMES, AND COMPUTERS. WE OFFER 100+ CAMP OPTIONS WITH THEMES LIKE SCI-FI & COMICS, THEATER & DANCE, AND MORE. 14 AND 15-YEAR-OLDS GAIN CAREER SKILLS AND COMPLETE COMMUNITY SERVICE HOURS THROUGH OUR LEADERS IN TRAINING (L.I.T.) PROGRAM.

OUR CARMEL VALLEY MONTESSORI SCHOOL (CVMS) PROVIDES A NURTURING, CHILD-CENTERED ENVIRONMENT WHERE INDIVIDUAL NEEDS ARE MET AT EACH STAGE OF DEVELOPMENT. THE MONTESSORI MANIPULABLE MATERIALS ARE SPECIFICALLY DESIGNED TO ENHANCE THE CHILD'S NATURAL LOVE OF LEARNING ALONG WITH A PROGRAM LED BY WELL TRAINED, DEVOTED TEACHERS FACILITATING GROWTH ON EVERY LEVEL. A BALANCED CURRICULUM OF ACADEMICS AS WELL AS MUSIC, ART, GYMNASTICS, CULTURAL STUDIES AND CHARACTER DEVELOPMENT HELP PROMOTE A WELL-ROUNDED INDIVIDUAL WHO HAS THE HIGHEST POTENTIAL TO EXCEL IN EVERY AREA OF LIFE. CVMS HAS PROVIDED UNPARALLELED EDUCATIONAL OPPORTUNITIES FOR THE NORTH COASTAL SAN DIEGO COUNTY'S YOUNGEST CITIZENS SINCE 2000. CVMS EXTENDS ITS TRADITION OF "LEARNING BY DOING" TO THE YOUNG CHILDREN WITH A MODEL PRESCHOOL DESIGNED IN EVERY DETAIL FOR THEIR NEEDS. THE PROGRAM IS OFFERED FOR AGES 2 TO 6 YEARS OLD AND IS COMMITTED TO PREPARING CHILDREN FOR LIFELONG LEARNING BY TEACHING COOPERATION, CHALLENGING INTELLECTS, NURTURING THE DESIRE TO LEARN AND ENGENDERING SELF-CONFIDENCE. THIS HAPPENS IN AN ENVIRONMENT THAT IS FUN, REWARDS CURIOSITY AND WHERE THE TEACHERS CARE DEEPLY ABOUT THE DEVELOPMENT OF THE WHOLE CHILD.

EXPENSES $ 1,170,223. INCLUDING GRANTS OF $ 0. REVENUE $ 1,475,538.

Name of the organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

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

THE 990 IS REVIEWED BY BOARD CHAIR PRIOR TO FILING.

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

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

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

THE PERFORMANCE REVIEW IS DONE BY THE BOARD GOVERNANCE COMMITTEE. THE BOARD CHAIR DISCUSSES THE PERFORMANCE REVIEW WITH THE CEO AND ESTABLISHES THE COMPENSATION FOR THE YEAR.

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

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

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

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

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

CHANGE IN CHARITABLE REMAINDER TRUSTS	-2,762.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number: [redacted]

Part I **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

Part II **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 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
BOYS AND GIRLS CLUBS OF SAN DIEGUITO FOUNDATION - 95-3201906, P.O. BOX 871, SOLANA BEACH, CA 92075	TO PROVIDE SUPPORT TO THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO	CALIFORNIA	501(C)(3)	LINE 12D, III-O	N/A		X

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

Schedule R (Form 990) 2021

132161 11-17-21 LHA

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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 schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(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)				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8868** (Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.

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

OMB No. 1545-0047

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.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	BOYS AND GIRLS CLUBS OF SAN DIEGUITO	
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 230520	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENCINITAS, CA 92023	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ DEBI COX 533 LOMAS SANTA FE DRIVE - SOLANA BEACH, CA 92075

Telephone No. ▶ 858-755-9371 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or

▶ ☒ tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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	$ 0.
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	$ 0.
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 Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

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

- [x] 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.
- [x] 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)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
The Boys & Girls Clubs of San Dieguito

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
533 Lomas Santa Fe Drive

Requester's name and address (optional)

6 City, state, and ZIP code
Solana Beach CA 92075

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification 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 Here Signature of U.S. person ▶ [signature] Date ▶ 5/17/23

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)
- 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 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.

All requests will be determined by the following criteria:

Name of Organization: Disconnect Collective

Contact Person: Monica Stapleton Email address: stapletonmonica@yahoo.co

Daytime Phone: 858-525-3152 Evening Phone: _____

Mailing Address: 271 La Barranca Dr

City: Solana Beach State: CA Zip: 92075

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:

   2018/19. 2020/2021. 2022/2023.

3. Title of FY 2023/24 Proposed Program/Service: Mental Health Support Services to Solana Beach Immigrant Residents and Community Building Opportunities

4. 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 assoiciated 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 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	$	460
Pledges Receivable- Short Term	$	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

Business Ad

Customer serv

1.888.BUSINES

bankofamerica.

Bank of Americ
P.O. Box 25118
Tampa, FL 336

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

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

Account number: 3

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 cycle[1]

# of days in cycle: 31

Average ledger balance: $

[1] *Includes checks paid, deposite*

IRS

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

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

3500A

Enclose a copy of the Federal Determination Letter.

Organization Information

California corporation number/California Secretary of State file number: C4142642	FEIN: 8 2 5 4 6 4 9 9 6
Name of organization as shown in the organization's creating document: Disconnect Collective, Inc.	Web address: www.disconnectcollective.com

Street address (suite, room, or PMB no.): 514 Via De La Valle, Ste. 210

City	State	ZIP code
Solana Beach	CA	92075

Telephone	Second telephone	Fax
(213) 235-0601		(213) 235-0620

Representative Information

Name of representative	Email address
David Stapleton	david@stapletoninc.com

Representative's mailing address (suite, room, or PMB no.): 514 Via De La Valle, Ste. 210

City	State	ZIP code
Solana Beach	CA	92075

Telephone	Second telephone	Fax
(213) 235-0601		

Part I — Entity Information. See instructions.

1 Has the Franchise Tax Board (FTB) previously revoked the entity's tax-exempt status? . . . . . 1 ☐ Yes ☑ No

If "Yes," **STOP.** File form FTB 3500.

2 Is the entity a trust? . . . . . 2 ☐ Yes ☑ No

3 When did the organization establish, incorporate, organize, or conduct business in California? . . . . . 3 04 / 16 / 2018

4 Provide gross receipts for the current year and the three immediately preceding taxable years in existence. Gross receipts are defined as the total amounts the organization received from all sources during its annual account period without subtracting any costs or expenses. If the organization has been in existence for less than one year, provide the projected amount of gross receipts for the entire year. List the account period beginning to the account period ending. Example: mm/dd/yyyy

Current Year or Projected Gross Receipts	Gross Receipts for the three immediately preceding taxable years:		
From: 4/16/18	From:	From:	From:
To: 12/31/18	To:	To:	To:
6,000			

Part II — Group Exemption. See instructions.

5 Is the parent organization applying for a group exemption? . . . . . 5 ☐ Yes ☑ No

If "Yes," attach the federal group determination letter and a list of all California subordinates. Include each subordinate's name, corporation number, Federal employer identification number (FEIN), address, and affiliation date.

6 Is a subordinate unit applying for tax-exempt status using a parent's IRS group determination letter?
If "Yes," see instructions . . . . . 6 ☐ Yes ☑ No

Mail form FTB 3500A and a copy of the federal determination letter to:
EXEMPT ORGANIZATIONS UNIT, MS F120, FRANCHISE TAX BOARD, PO BOX 1286, RANCHO CORDOVA CA 95741-1286.

Under penalties of perjury, I declare I have examined this submission for exemption based on the IRC Sections 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(6), 501(c)(7), or 501(c)(19), federal determination letter, and to the best of my knowledge and belief, it is true, correct, and complete.

DATE	SIGNATURE OF OFFICER OR REPRESENTATIVE	TITLE
5/14/19		Secretary

Part III — Purpose and Activity

1 Exemption based on IRC 501(c)(3) Federal Determination Letter

Check the organization's primary purpose and activity:

- ☑ Charitable
- ☐ Educational
- ☐ Literary
- ☐ Prevent cruelty to animals
- ☐ Prevent cruelty to children
- ☐ Testing for public safety
- ☐ Religious
- ☐ Scientific
- ☐ Church
- ☐ School
- ☐ Hospital
- ☐ Health care center
- ☐ Qualified sports organization

2 Exemption based on IRC 501(c)(4) Federal Determination Letter

Check the organization's primary purpose and activity:

- ☐ Civic league
- ☐ Local association of employees
- ☐ Social welfare
- ☐ Service clubs
- ☐ Veterans' organization
- ☐ Legislative activities
- ☐ Festival organizations
- ☐ Municipal building corporation
- ☐ Police, sheriff, volunteer firemen 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
- ☐ Agriculture or horticulture county fair
- ☐ Public employees union
- ☐ AFL-CIO
- ☐ Independent
- ☐ Transportation workers
- ☐ Teamsters

4 Exemption based on IRC 501(c)(6) Federal Determination Letter

Check the organization's primary purpose and activity:

- ☐ Board of trade
- ☐ Business league
- ☐ Chamber of commerce
- ☐ Real estate board
- ☐ Professional 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
- ☐ Golf club
- ☐ Camps
- ☐ Fraternity or sorority
- ☐ Dog or horse club
- ☐ Car, motorcycle, trailer club
- ☐ Hunting or fishing club
- ☐ Common recreational area
- ☐ Flying or airplane club

6 Exemption based on IRC 501(c)(19) Federal Determination Letter

Check the organization's primary purpose and activity:

- ☐ Veterans' organization

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

DEPARTMENT OF THE TREASURY

Date: MAR 15 2019

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

Employer Identification Number:
[redacted]
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,

Director, Exempt Organizations
Rulings and Agreements

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Disconnect Collective, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☑ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
514 Via de la Valle, Suite 210

Requester's name and address (optional)

6 City, state, and ZIP code
Solana Beach, CA 92075

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a 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 TIN* on page 3.

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
[redacted]

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 on page 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 1/17/19

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)

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

— 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 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.

All requests will be determined by the following criteria:

Name of Organization: Jaliscience Folkloric Academy

Contact Person: Elba Montes Email address: elbaadriana1230@gmail.co

Daytime Phone: 760-613-2059 Evening Phone: 760-613-2059

Mailing Address: 3629 9th st.

City: San Marcos State: Ca Zip: 92078

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

4. What is the total amount requested for the FY 2023/24 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.
   $5,000.00

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.

Authorized Signature of Organization

5/9/2023

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.

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.

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

TAX990

Keep Doing Good

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

RETURN ID: 4B0012623112989-1

IRS SUBMISSION ID: 32133920231272000001

E-FILE TIME STAMP: 5/6/2023 9:51:26 PM

TAXPAYER INFORMATION

NAME: JALISCIENCE FOLKLORIC ACADEMY

TIN: [redacted]

DBA NAME:

ADDRESS: 3629 9TH ST

CITY: SAN MARCOS

STATE/COUNTRY: California

ZIP: 92078-2317

PHONE:

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

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
JALISCIENCE FOLKLORIC ACADEMY

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3629 9TH ST

Requester's name and address (optional)

6 City, state, and ZIP code
SAN MARCOS, CA. 92078

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
[redacted]

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 Here Signature of 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 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.*

La Colonia Community Foundation

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 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.

All requests will be determined by the following criteria:

Name of Organization: La Colonia Community Foundation

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: Solana Beach State: CA Zip: 92075

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:

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.

Brittany Canales

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 (Ways and Means)		
RESTRICTED FUNDS	$200.00	
Programs		
DIA DE LOS MUERTOS	$16,388.72	
YOUTH CONFERENCE	$6,000.00	
Total Income		$24,588.72
Expenditures		
Administrative 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 (Ways 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 Expenditures		$29,783.74
		($5,195.02)
Opening balance as of May 1st, 2022:		$30,710.76
Balance on hand as of May 30th, 2023:		$25,515.74
LA COLONIA COMMUNITY FOUNDATION		$25,515.74

_____ *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.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
La Colonia Community Foundation

2 Business name/disregarded entity name, if different from above
153 S. Sierra Ave. Space 1572

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
153 S. Sierra Ave. Space 1572

Requester's name and address (optional)
City of Solana Beach

6 City, state, and ZIP code
Solana Beach, CA

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification 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 Here Signature of U.S. person ▶ Brittany Canales Date ▶ 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)
- 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

— 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 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.

All requests will be determined by the following criteria:

Name of Organization: North Coast Repertory Theatre

Contact Person: Geoffrey Geissinger Email address: geoffrey@northcoastrep.org

Daytime Phone: 858-481-2155 x211 Evening Phone: 858-481-2155 x211

Mailing Address: 987 Lomas Santa Fe Drive, Suite D

City: Solana Beach State: CA Zip: 92075

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:

   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

5-22-23

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.

See Attached from Question 3

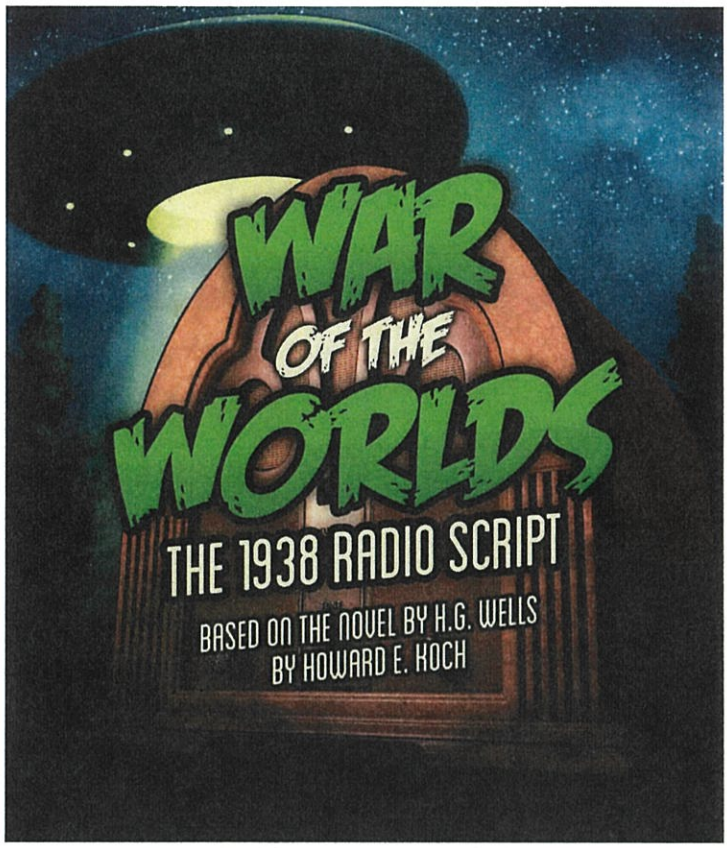
City of Solana Beach
Community Grant Program
Previous Funding

- 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"

NORTH COAST REP

See Attached from Question 8

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

NORTH COAST REP

THE THEATRE SCHOOL @ NORTH COAST REP	BUDGET AS YOU LIKE IT SHAKESPEARE IN THE PARK	BUDGET WAR OF THE WORLDS STUDENT PRODUCTION October 2023	BUDGET TOTAL SUMMER & FALL 2023
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
Production Total	$9,500	$11,000	$20,500

SEASON 41

NORTH COAST REPERTORY THEATRE - BOARD APPROVED BUDGET

SEASON 41 - FISCAL YEAR 2022-23

UNRESTRICTED OPERATING FUND

		BUD SEP 2022	BUD OCT 2022	BUD NOV 2022	BUD DEC 2022	BUD JAN 2023	BUD FEB 2023	BUD MAR 2023	BUD APR 2023	BUD MAY 2023	BUD JUN 2023	BUD JUL 2023	BUD AUG 2023	BUD TOTAL FY 22-23
	SUPPORT AND REVENUE													
A	Contributed 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	1,162,700
B	Ticket 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	1,430,190
C	Ticket 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	376,200
D	Theatre School Revenue	17,120	5,600	22,720	0	17,120	2,600	22,720	20,120	8,200	0	104,940	0	221,140
E	Other 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	88,460
F	Patron 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	73,161
	Special Transfer Fees & co-pro	10,000	0	0	0	0	0	0	0	10,000	10,000	0	0	30,000
	Total Support & Revenue	**277,399**	**206,800**	**209,151**	**343,154**	**259,071**	**217,361**	**285,544**	**272,139**	**439,873**	**328,080**	**339,999**	**203,279**	**3,381,851**
	EXPENSES													
	Personnel - 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	1,306,018
	Personnel - 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	533,924
	Personnel - 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	393,120
	Cost 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	193,567
	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	343,043
	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	165,400
	Marketing Expenses	36,450	28,000	24,750	28,000	28,000	24,750	24,750	28,000	24,750	27,250	24,750	24,301	323,751
	Production Expenses	24,515	31,007	1,000	1,000	25,028	1,000	40,826	24,918	12,973	1,000	39,852	8,081	211,200
	Theatre School Productions	8,975	1,000	500	7,020	7,098	11,350	500	8,653	6,100	1,000	500	1,000	53,696
	Variety Night Expenses	13,335	3,150	5,335	75,210	10,335	3,150	5,335	18,000	5,335	3,150	5,335	0	147,670
	Total Expenses	**313,545**	**277,023**	**242,364**	**315,999**	**311,759**	**285,956**	**317,028**	**292,915**	**396,388**	**271,739**	**329,068**	**317,605**	**3,671,388**
		as of 11.1.20	*as of 11.1.21*											
	Net	**(36,145)**	**(70,224)**	**(33,212)**	**27,155**	**(52,688)**	**(68,595)**	**(31,484)**	**(20,776)**	**43,485**	**56,341**	**10,932**	**(114,325)**	**(289,537)**

accrual based budget - see separate cash flow statement

North Coast Repertory Theatre,
A Non-Profit Corporation

Financial Statements
and
Independent Auditors' Report

For the Year Ended August 31, 2022

Table of Contents

A M Owens, CPA
A Professional Corporation
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	2022	2021
ASSETS		
Cash	$	$
- without donor restrictions	2,247,181	1,642,783
- with donor restrictions	130,128	97,713
Investments		
- 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
	2,926,409	2,623,363
PROPERTY AND EQUIPMENT		
Less: Accumulated Depreciation (Note 2)	236,298	193,214
Total Assets	$ 3,162,707	$ 2,816,577
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
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 restrictions	182,484	157,926
Net assets without donor restrictions	1,941,393	1,174,500
Total Net (Equity)	2,123,877	1,332,426
Total Liabilities and Net 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 Restrictions	With Donor Restrictions	2022 Combined Totals	2021 Combined Totals
SUPPORT AND REVENUE				
Public Support:				
Admissions	$ 1,620,509	$ 0	$ 1,620,509	$ 268,563
Theatre school	205,398	0	205,398	127,610
Concessions and other support	41,976	0	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	2,974,576
Net Assets Released From Restrictions	975,348	(975,348)	0	0
Total Support & Revenue	4,421,851	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

See the Accompanying Notes to the Financial Statements.

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

	2022	2021
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	(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
BEGINNING CASH AND CASH EQUIVALENTS	1,740,496	711,093
ENDING CASH AND CASH EQUIVALENTS	$ 2,377,309	$ 1,740,496
Interest Paid	$ 0	$ 0
Taxes Paid	$ 0	$ 0

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	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/Misc.	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 Before Depreciation	3,030,412	238,268	373,864	3,642,544	2,116,086
Depreciation	12,414	0	0	12,414	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

General

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 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.

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
Construction in progress	$	64,071
Leasehold improvements		166,738
Furniture and equipment		440,242
		671,051
Accumulated depreciation and amortization	(	434,753)
Property and Equipment - Net	$	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 Cost	Fair Market Value	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:

	2022
Realized and unrealized losses	$ (8,214)
Interest and dividends (net of fees of $263)	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 – Restricted Assets – San Diego Foundation

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–Retirement Plan

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.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 09/01/21 , and ending 08/31/22

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: NORTH COAST REPERTORY THEATRE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 987-D LOMAS SANTA FE DRIVE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: SOLANA BEACH CA 92075

D Employer identification number: [redacted]

E Telephone number: 858-481-2155

G Gross receipts$ 4,445,425

F Name and address of principal officer:
MARC TAYER
987 LOMAS SANTA FE
SOLANA BEACH CA 92075

H(a) Is this a group return for subordinates? [ ] Yes [X] No

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

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.NORTHCOASTREP.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1982

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO OPERATE A NOT-FOR-PROFIT PROFESSIONAL THEATRE FOR THE PROMOTION OF THE PUBLIC APPRECIATION AND EDUCATION REGARDING THEATRE ARTS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	73
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,539,114	2,556,654
	9 Program service revenue (Part VIII, line 2g)	408,866	1,867,883
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,729	1,388
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-142,268	-122,135
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,809,441	4,303,790
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	971,888	1,911,622
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 232,229		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	995,323	1,593,114
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,967,211	3,504,736
	19 Revenue less expenses. Subtract line 18 from line 12	842,230	799,054
		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,816,577	3,162,707
	21 Total liabilities (Part X, line 26)	1,484,151	1,038,830
	22 Net assets or fund balances. Subtract line 21 from line 20	1,332,426	2,123,877

Part II Signature Block

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

Sign Here

Signature of officer: Marc Tayer

Date: 2/23/23

MARC TAYER President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Alicia M. Owens	Alicia M. Owens	02/17/23		P01212923

Firm's name ▶ A.M. Owens, CPA, APC | Firm's EIN ▶ 45-4128534

Firm's address ▶ 10340 Paseo Park Drive, Lakeside, CA 92040 | Phone no. 619-698-2401

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO OPERATE A NOT-FOR-PROFIT PROFESSIONAL THEATRE FOR THE PROMOTION OF THE PUBLIC APPRECIATION AND EDUCATION REGARDING THEATRE ARTS.

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 3,033,976 including grants of $) (Revenue $ 1,867,883)

THE ORGANIZATION OPERATES A NOT-FOR-PROFIT PROFESSIONAL THEATRE FOR PROMOTION OF THE PUBLIC APPRECIATION OF EDUCATION REGARDING THEATRE ARTS. THEY PRODUCED 8 MAINSTAGE SHOWS AND MAIN OTHER COLLABORATIVE EVENTS. THE ORGANIZATION ALSO TEAMS WITH COMMUNITIES THROUGHOUT SAN DIEGO COUNTY TO PROVIDE ARTS AND EDUCATION PROGRAMS TO CHILDREN AND TEENS OF ALL BACKGROUNDS AND SOCIOECONOMIC LEVELS. IN-SCHOOL RESIDENCY PROGRAMS PROVIDE STUDENTS WITH EXPOSURE TO THE DRAMATIC ARTS AND WORKSHOPS INCORPORATE AFFORDABLE PROFESSIONAL INSTRUCTION AND ARE OFFERED DURING AND/OR AFTER SCHOOL. DURING THE FYE 8/31/20, THE THEATRE WAS CLOSED DUE TO COVID-19. THE THEATRE PERFORMED SEVERAL ONLINE PRODUCTIONS IN LIEU OF IN PERSON PERFORMANCES.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 3,033,976

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	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 public office? *If "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 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		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? *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," complete Schedule D, Part III*	8		X
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		X
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	X	
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.			
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 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 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*	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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
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		X
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	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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

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		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	
24a	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
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		
25a	**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 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		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):			
a	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 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 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? *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	

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		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			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 73			
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		X
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		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
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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?	7a		
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 which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 ..... 10a			
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:			
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.) 11b			
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 year 12b			
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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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 instructions and file Form 4720, Schedule N.			
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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section 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 16			
	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 16			
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		X
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		X
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 assets?		5		X
6	Did the organization have members or stockholders?		6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		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? *If "Yes," provide the names and addresses on Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	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
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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 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 ▶ 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 ▶

WILLIAM KERLIN 987 LOMAS SANTA FE DRIVE
SOLANA BEACH CA 92075 858-481-2155

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

1a 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PETER HOUSE	0.00									
Director	0.00	X						0	0	0
(2) SHARON STEIN	0.00									
Immed Past President	0.00	X		X				0	0	0
(3) MARILYN TEDESCO	0.00									
Vice President	0.00	X		X				0	0	0
(4) DAVID ELLENSTEIN	40.00									
Artistic Director	0.00				X			159,501	0	0
(5) PATRICIA MOISES	0.00									
Director	0.00	X						0	0	0
(6) STEVE CHAPMAN	0.00									
Director	0.00	X						0	0	0
(7) MARION DODSON	0.00									
Director	0.00	X						0	0	0
(8) RICH LEIB	0.00									
Director	0.00	X						0	0	0
(9) SUSAN ROTH	0.00									
Director	0.00	X						0	0	0
(10) MARC TAYER	0.00									
President	0.00	X		X				0	0	0
(11) BERIT DURLER	0.00									
Treasurer	0.00	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) BEVERLY LIBERMAN	0.00									
Director	0.00	X						0	0	0
(13) KATY TANGHE	0.00									
Secretary	0.00	X		X				0	0	0
(14) ELIZABETH TRESP	0.00									
Vice President	0.00	X		X				0	0	0
(15) KAREN WILDER	0.00									
Director	0.00	X						0	0	0
(16) MARSHA JANGER	0.00									
Director	0.00	X						0	0	0
(17) MARK CHRISTOPHER LAWRENCE	0.00									
Director	0.00	X						0	0	0
(18) DAN MORILAK	0.00									
Director	0.00	X						0	0	0
1b Subtotal ▶								159,501		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								159,501		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

		Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	457,653				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,188,581				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	910,420				
	g Noncash contributions included in lines 1a-1f	1g	$ 47,915				
	h Total. Add lines 1a–1f ▶			2,556,654			
			Business Code				
Program Service Revenue	2a ADMISSIONS			1,620,509			1,620,509
	b THEATRE SCHOOL			205,398	205,398		
	c CONCESSIONS AND OTHER SUPPORT			41,976	41,976		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f ▶			1,867,883			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,388	1,388		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss) ▶						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ 457,653 of contributions reported on line 1c). See Part IV, line 18	8a	19,500				
	b Less: direct expenses	8b	141,635				
	c Net income or (loss) from fundraising events ▶			-122,135			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
			Business Code				
Miscellaneous Revenue	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d ▶						
	12 Total revenue. See instructions ▶			4,303,790	248,762	0	1,620,509

DAA

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 response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign 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	294,501	205,401	44,550	44,550
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,225,823	1,034,295	85,444	106,084
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,200	13,210	1,385	1,605
9 Other employee benefits	224,931	183,412	19,233	22,286
10 Payroll taxes	150,167	122,449	12,839	14,879
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,432	4,395	8,661	376
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	263		263	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	285,466	284,248		1,218
13 Office expenses	155,084	93,137	36,546	25,401
14 Information technology	6,352	5,082	635	635
15 Royalties	107,872	107,872		
16 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				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,414	12,414		
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.)				
a MAINSTAGE	540,230	540,230		
b BANK FEES/CC PROCESSING	74,912	71,876	3,036	
c OUTSIDE CONTRACTORS	63,260	63,260		
d REPAIRS	43,706	43,706		
e All other expenses	63,145	62,262	883	
25 Total functional expenses. Add lines 1 through 24e	3,504,736	3,033,976	238,531	232,229
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)				

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
Assets	1 Cash—non-interest-bearing			1,622,191	1	1,858,533
	2 Savings and temporary cash investments			421,610	2	730,462
	3 Pledges and grants receivable, net				3	
	4 Accounts receivable, net			310,503	4	8,294
	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 disqualified 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	
	8 Inventories for sale or use				8	
	9 Prepaid expenses and deferred charges			200,937	9	270,296
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	671,051			
	b Less: accumulated depreciation	10b	434,753	193,214	10c	236,298
	11 Investments—publicly traded securities			60,213	11	50,915
	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			7,909	15	7,909
	16 Total assets. Add lines 1 through 15 (must equal line 33)			2,816,577	16	3,162,707
Liabilities	17 Accounts payable and accrued expenses			275,744	17	170,544
	18 Grants payable				18	
	19 Deferred revenue			1,208,407	19	868,286
	20 Tax-exempt bond liabilities				20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	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			1,484,151	26	1,038,830
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions			1,174,500	27	1,941,393
	28 Net assets with donor restrictions			157,926	28	182,484
	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	
	30 Paid-in or capital surplus, or land, building, or equipment fund				30	
	31 Retained earnings, endowment, accumulated income, or other funds				31	
	32 Total net assets or fund balances			1,332,426	32	2,123,877
	33 Total liabilities and net assets/fund balances			2,816,577	33	3,162,707

DAA

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	4,303,790
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,504,736
3	Revenue less expenses. Subtract line 2 from line 1	3	799,054
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,332,426
5	Net unrealized gains (losses) on investments	5	-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))	10	2,123,877

Part 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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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			
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 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	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
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	3b		

Internal Revenue Service

Date: July 21, 2004

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

North Coast Repertory ThEATRE A Non Profit Corporation
987 Lomas Santa Fe. Dr. D
Solana Beach, CA 92075-2125

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. Skufca

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

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
North Coast Repertory Theatre

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
987 Lomas Santa Fe Drive

Requester's name and address (optional)

6 City, state, and ZIP code
Solana Beach , CA 92075

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification 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 Here Signature of U.S. person ▶ Date ▶ 3-24-21

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.*

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 Citizenship
Contact Person: Sonya Williams, ED Email address: sonya@pathwayssd.org
Daytime Phone: 858-519-2882 Evening Phone: 858-519-2882
Mailing Address: 120 Stevens Ave
City: Solana Beach State: CA Zip: 92075

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

   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

May 25, 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 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

Item	**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	Total
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)													5,000.00	5,000.00
City of Solana Beach									5,000.00					5,000.00
CDSS (grant through WR)						6,440.00	7,400.00		4,600.00					18,440.00
SBPC (OLT, ACM, etc.)				3,402.21			500.00						500.00	4,402.21
New Grants								10,000.00				20,000.00		30,000.00
Preferred Communities Federal Grants (ORR/WR)		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00								50,000.00
Donations														
Check/Cash Donations (incl board, network 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/Square/Benevity/Fideli		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	20,000.00	3,000.00	3,000.00	50,000.00
Stock Donations (ACH - Morgan Stanley)														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**
EXPENSES														
Staffing		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
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
Heartland Fees		150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	1,800.00
Facilities Fees				1,448.00							2,172.00			3,620.00
Insurance - Liability, E&O, etc				895.18								3,665.00	2,265.00	6,825.18
Software (Clio, PrimaFacie, Bloomerang)						2,000.00							5,158.00	7,158.00
World Relief Membership (annual)			1,500.00											1,500.00
Legal Training (incl Erin Lee)		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
Office Supplies		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
Postage (USPS)		250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	3,000.00
Marketing & Outreach		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
Bank Charges		7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	90.00
Direct Distributions (including USCIS fees)					795.00					795.00				1,590.00
Fundraising Expenses (events, etc.)									100.00	1,500.00	3,500.00	300.00		5,400.00
Educational Programs Materials (textbooks, training, ec.)		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
Other Expenses (food, travel, board)		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
TOTAL EXPENSES		**18,967.50**	**20,467.50**	**21,310.68**	**19,762.50**	**20,967.50**	**18,967.50**	**20,051.10**	**20,151.10**	**22,346.10**	**25,723.10**	**24,016.10**	**27,474.10**	**260,204.78**
GAIN OR (LOSS) ON OPERATIONS		(3,967.50)	24,532.50	(2,908.47)	(4,762.50)	472.50	(6,067.50)	(5,051.10)	(2,551.10)	(13,346.10)	20,276.90	4,983.90	(10,974.10)	637.43
	12/31/22													
CUMMULATIVE FUNDS AVAILABLE	104,285.51	100,318.01	124,850.51	121,942.04	117,179.54	117,652.04	111,584.54	106,533.44	103,982.34	90,636.24	110,913.14	115,897.04	104,922.94	
Bank Statement Ending Balance ---------->														
Difference ---------->														

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	19,293.60	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		**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
In-Kind 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			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 (ORR/WR)				46,900.00										46,900.00
Donations														
Check/Cash Donations (incl board, network for good, bla		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/Benevity/Fideli		1,097.10	854.94	5,574.61	468.70		2,000.00	2,000.00	5,000.00	5,000.00	20,000.00	3,000.00	3,000.00	47,995.35
Stock Donations (ACH - Morgan Stanley)														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**
EXPENSES														
Staffing		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
Withholding, FICA & Workman's Comp	0.29	3,659.65	4,195.25	5,573.26	3,621.27	4,060.00	4,060.00	4,303.60	4,303.60	4,303.60	4,303.60	4,303.60	4,303.60	50,991.03
Heartland Fees		137.06	162.06	205.09	138.06	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	1,842.27
Facilities Fees						1,448.00					2,172.00			3,620.00
Insurance - Liability, E&O, etc				467.18								3,665.00	2,265.00	6,397.18
Software (Clio, PrimaFacie, Bloomerang)						2,000.00							5,158.00	7,158.00
World Relief Membership (annual)		1,500.00												1,500.00
Legal Training (incl Erin Lee)			100.00		160	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,060.00
Office Supplies		694.88	105.19	117.96	157.59	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,875.62
Postage (USPS)		151.65	205.14	155.93	133.39	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	2,646.11
Marketing & Outreach			454.22	71.17	117.88	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,443.27
Bank Charges		7.50	7.50	7.50	7.5	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50	90.00
Direct Distributions (including USCIS fees)			743.00		36					795.00				1,574.00
Fundraising Expenses (events, etc.)				1,116.00		275.00			100.00	1,500.00	3,500.00	300.00		6,791.00
Educational Programs Materials (textbooks, training, ec.		549.33	381.60			100.00	100.00	100.00	100.00	100.00	100.00	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		**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**
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													
CUMMULATIVE FUNDS AVAILABLE	104,285.51	87,540.21	122,568.52	149,465.13	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 ---------->		87,540.21	122,568.52	149,465.13	133,309.24									
Difference ---------->		0.00	0.00	0.00	0.00									
	Actual revenues & expenses 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, blackbaud)		6,000.00	3,400.00
ACH/EFT Donations: Bloomerang/Square/Benevity/Fidelity Charitable (net		6,000.00	7,526.65
Stock Donations (ACH - Morgan Stanley)		0.00	0.00
Client and Student Donations (low-cost legal fees, book fees)		3,000.00	3,182.85
Other, Reimbursements		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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning January 1, 2021, and ending December 31, 20 21

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: [redacted]
Pathways to Citizenship

Number and street (or P. O. box if mail is not delivered to street address): [redacted] Room/suite:
120 Stevens Avenue

City or town, state or province, country, and ZIP or foreign postal code:
Solana Beach, CA 92075

D Employer identification number: [redacted]
462522640

E Telephone number:
8585082589

F Group Exemption Number ▶ [redacted] N/A

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is not required to attach Schedule B [redacted] (Form 990).

I Website: ▶ www.pathwayssd.org

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I [redacted] Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) [redacted]

Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	175054.55
	2	Program service revenue including government fees and contracts		2	7895.00
	3	Membership dues and assessments		3	0
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	182949.55
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits [redacted]		12	114188.79
	13	Professional fees and other payments to independent contractors [redacted]		13	19661.64
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	4354.14
	16	Other expenses (describe in Schedule O) [redacted]		16	0
	17	**Total expenses.** Add lines 10 through 16 ▶		17	138204.57
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	44744.98
	19	Net assets or fund balances at beginning of year (from line 27, column (A) (must agree with end-of-year figure reported on prior year's return)		19	71896.51
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	116641.49

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I Form **990-EZ** (2021)

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

DEPARTMENT OF THE TREASURY

Date: NOV 06 2013

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

Employer Identification Number:
[redacted]
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)

ARTS-PB

Articles of Incorporation of a Nonprofit Public Benefit Corporation

3567665

FILED
IN THE OFFICE OF THE
SECRETARY OF STATE
OF THE STATE OF CALIFORNIA

APR 29 2013

ICC

To form a **nonprofit public benefit corporation** in California, you can fill out this form or prepare your own document and submit for filing along with:

- A $30 filing fee
- A separate, non-refundable **$15** service fee also must be included if you drop off the completed form or document

Important! Nonprofit corporations in California **are not** automatically exempt from paying California franchise tax or income tax each year. For information about tax requirements and/or applying for tax-exempt status in California, go to: http://www.ftb.ca.gov/businesses/exempt_organizations/ or call the California Franchise Tax Board at (916) 845-4171.

Note: *Before submitting this form*, you should consult with a private attorney for advice about your specific business needs.

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm

Corporate Name (List the proposed corporate name. Go to www.sos.ca.gov/business/be/name-availability.htm for general corporate name requirements and restrictions.)

1 The name of the corporation is: North County Immigration and Citizenship Center

Corporate Purpose (Item 2a: Check one or both boxes. Item 2b: The specific purpose of the corporation must be listed if you are organizing for "public" purposes or if you intend to apply for tax-exempt status in California.)

2 a ☐ This corporation is a nonprofit **Public Benefit Corporation** and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for ☐ **public** ☑ **charitable** purposes.

b The specific purpose of this corporation is to educate and charitably assist immigrants on citizenship

Service of Process (List a California resident or an active 1505 corporation in California that agrees to be your initial agent to accept service of process in case your corporation is sued. You may list any adult who lives in California. You may not list your own corporation as the agent. Do not list an address if the agent is a 1505 corporation.)

3 a Steve Carlton
Agent's Name

b 1318 Walnutview Dr. | Encinitas | CA 92024
Agent's Street Address (if agent is not a corporation) | *City (no abbreviations)* | *State* | *Zip*

Corporate Addresses

4 a 120 Stevens Avenue | Solana Beach, CA 92075
Initial Street Address of Corporation | *City (no abbreviations)* | *State* | *Zip*

b _____ | _____ | _____
Initial Mailing Address of Corporation, if different than 4a | *City (no abbreviations)* | *State* | *Zip*

Additional Statements (The following statements are for tax-exempt status in California.)

5 a The corporation is organized and operated exclusively for the purposes set forth in **Article 2a** hereof within the [illegible]

b No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

c The property of this corporation is irrevocably dedicated to the purposes in **Article 2a** hereof and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

d Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for **charitable, educational and/or religious** purposes and which has established its tax-exempt status under Internal Revenue Code Section 501(c)(3).

[illegible] must be signed by each incorporator. [illegible] Attachments [illegible] 1-sided and on standard letter-sized paper. [illegible]

▶ _____
Incorporator: Sign here

Doug Stinson
Incorporator: Print name

Make check/money order payable to **Secretary of State**. Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a $5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944260
Sacramento, CA 94244-2600

Drop-Off
Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814

I hereby 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 22 2013

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State

FILED
Secretary of State
State of California
A0860025
Filing Number
03/30/2021
Filing Date

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

Paula Nance
Secretary

Certified Copy

I hereby certify that the following transcript of 1 page(s) is a full, true, and correct copy of the original record in the custody of the California Secretary of State's office.

04/13/2021
Certification Date

SHIRLEY N. WEBER, Ph.D
Secretary of State

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this blank.
North County Immigration & Citizenship Center

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ▶ 501c3

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
120 Stevens Ave.

Requester's name and address (optional)

6 City, state, and ZIP code
Solana Beach, CA 92075

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
[redacted]

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 Here Signature of U.S. person ▶ [signature] Date ▶ 5/25/21

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.

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 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.

All requests will be determined by the following criteria:

Name of Organization: Rancho Santa Fe Youth Soccer

Contact Person: Marilee Pacelli Email address: marilee@rsfsoccer.com

Daytime Phone: 619-507-3551 Evening Phone: 619-507-3551

Mailing Address: PO Box 1373

City: Rancho Santa Fe State: CA Zip: 92067

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'

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.

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
February 2022 through January 2023

05/23/2023
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
Net Income	16,193.42

Rancho Santa Fe Youth Soccer 2023
Balance Sheet
As of January 31, 2023

05/23/2023
Cash Basis

	Jan 31, 23
ASSETS	
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

	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**

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 2/01, 2021, and ending 1/31, 20 2022

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C
Rancho Santa Fe Youth Soccer
P.O. Box 1373
Rancho Santa Fe, CA 92067

D Employer identification number [redacted]

E Telephone number (760) 479-1500

G Gross receipts $ 1,140,806.

F Name and address of principal officer: Same As C Above

H(a) Is this a group return for subordinates? [ ] Yes [X] No

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

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.rsfsoccer.com

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation 1993

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Organize and promote youth soccer

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	350
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	345
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,519.	114,053.
	9	Program service revenue (Part VIII, line 2g)	737,893.	1,026,721.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55.	32.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	759,467.	1,140,806.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	268,277.	269,592.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
	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), line 25)	846,271.	1,038,449.
	19	Revenue less expenses. Subtract line 18 from line 12	-86,804.	102,357.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	447,192.	557,411.
	21	Total liabilities (Part X, line 26)	279,354.	287,216.
	22	Net assets or fund balances. Subtract line 21 from line 20	167,838.	270,195.

TAXPAYER'S COPY

Part II Signature Block

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

Sign Here

► Signature of officer — Date

► Marilee Pacelli — Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Beth Regan | Preparer's signature | Date DEC 14 2022 | Check [X] if self-employed | PTIN P01247509

Firm's name ► Beth F. Regan, CPA

Firm's address ► 12526 High Bluff Drive, Suite 300
San Diego, CA 92130

Firm's EIN ► [redacted]

Phone no. 858 481-7050

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/22/21 Form 990 (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Organize and promote youth soccer

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 677,452. including grants of $) (Revenue $ 730,783.)

Competitive and Recreational Soccer Training

4b (Code:) (Expenses $ 183,936. including grants of $) (Revenue $ 266,077.)

Soccer Tournaments

4c (Code:) (Expenses $ 13,009. including grants of $) (Revenue $ 32,321.)

Soccer Camps

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 874,397.

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	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 public office? *If '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 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 Revenue Procedure 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		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? *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,' complete Schedule D, Part III*	8		X
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		X
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		X
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.			
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 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 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*	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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI and XII*	12a		X
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		X
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		X
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
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		X
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20a		X
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

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		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
24a	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
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		
25a	**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 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		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):			
a	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 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 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? *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	

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	20		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			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 3			
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		X
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		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
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		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 **Organizations that may receive deductible contributions under section 170(c).**				
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?		7a		X
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 which it was required to file Form 8282?		7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
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?		7f		X
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		
9 **Sponsoring organizations maintaining donor advised funds.**				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 **Section 501(c)(7) organizations.** Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
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.)	11b			
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 year	12b			
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b 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? If 'Yes,' see the instructions and file Form 4720, Schedule N.		15		X
16 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		X
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? If 'Yes,' complete Form 6069.		17		

Part VI Governance, Management, and Disclosure. *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section 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.	1a	350		
b Enter the number of voting members included on line 1a, above, who are independent	1b	345		
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			X
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			X
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 assets?	5			X
6 Did the organization have members or stockholders?	6		X	
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		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	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? *If 'Yes,' provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b 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?	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
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
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		
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		
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 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 ► None

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. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

Marilee Pacelli P.O. Box 1373 Rancho Santa Fe CA 92067 (760) 479-1500

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Malcolm J.Tovey	40									
Director of Coaching	0				X			126,004.	0.	0.
(2) Marilee Pacelli	3									
Treasurer	0			X				75,247.	0.	0.
(3) Douglas Gilbert	3									
Secretary	0			X				0.	0.	0.
(4) Jason Green	3									
President	0			X				0.	0.	0.
(5) Kevin Mabbutt	3									
Vice President	0			X				0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal ►								201,251.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								201,251.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 1

		Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes,' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	111,593.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,460.			
	g Noncash contributions included in lines 1a-1f	1g				
	h Total. Add lines 1a-1f ►		114,053.			
		Business Code				
Program Service Revenue	2a Competitive Soccer League	711210	641,494.	641,494.		
	b Tournament Registration	711210	266,077.	266,077.		
	c Recreation Soccer League	711210	61,182.	61,182.		
	d Soccer Camps	711210	32,321.	32,321.		
	e Spring League	711210	25,647.	25,647.		
	f All other program service revenue					
	g Total. Add lines 2a-2f ►		1,026,721.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►		32.	32.		
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►					
		(i) Real / (ii) Personal				
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) ►					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) ►					
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events ►					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory ►					
		Business Code				
Miscellaneous Revenue	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ►					
	12 Total revenue. See instructions ►		1,140,806.	1,026,753.	0.	0.

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 response or note to any line in this Part IX. [X]

Do not include amounts reported on lines 6b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign 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.	0.	0.
7 Other salaries and wages	33,282.		33,282.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	16,500.	11,000.	5,500.	
10 Payroll taxes	18,306.	9,824.	8,482.	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,246.		3,246.	
c Accounting	8,651.		8,651.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 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 Conferences, conventions, and meetings				
20 Interest	4,487.		4,487.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Coaching Expenses	325,957.	325,957.		
b Tournament Expenses	183,936.	183,936.		
c Field Rental	67,383.	67,383.		
d League Fees	22,467.	22,467.		
e All other expenses. See Sch. O	137,099.	122,826.	14,273.	
25 Total functional expenses. Add lines 1 through 24e	1,038,449.	874,397.	164,052.	0.
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)				

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
Assets	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 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 disqualified 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	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		37,791.	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,811.			
	b	Less: accumulated depreciation	10b 8,811.		10c	
	11	Investments – publicly traded securities			11	
	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		3,840.	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		447,192.	16	557,411.
Liabilities	17	Accounts payable and accrued expenses		20,574.	17	23,709.
	18	Grants payable			18	
	19	Deferred revenue		65,152.	19	113,607.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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		193,628.	24	149,900.
	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		279,354.	26	287,216.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			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	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other 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.

Part XI 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	1,140,806.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,038,449.
3	Revenue less expenses. Subtract line 2 from line 1	3	102,357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	167,838.
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	270,195.

Part 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 ☐ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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			
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 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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	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
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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Rancho Santa Fe Youth Soccer

Employer identification number: [redacted]

Part I **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [X] An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

TEEA0401L 08/31/21

Schedule A (Form 990) 2021

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

Calendar 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.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar 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, etc. (see instructions) ..... 12 _____

13 **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) 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 ► ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 ► ☐

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 ► ☐

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

Calendar 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.")	6,155.	17,559.	3,765.	21,519.	114,053.	163,051.
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	1,108,818.	1,135,043.	1,174,830.	727,893.	1,026,721.	5,173,305.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	1,114,973.	1,152,602.	1,178,595.	749,412.	1,140,774.	5,336,356.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support.** (Subtract line 7c from line 6.)						5,336,356.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	1,114,973.	1,152,602.	1,178,595.	749,412.	1,140,774.	5,336,356.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	265.	235.	236.	55.	32.	823.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	265.	235.	236.	55.	32.	823.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,115,238.	1,152,837.	1,178,831.	749,467.	1,140,806.	5,337,179.

14 **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) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.98 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	0.02 %
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	0.02 %

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 publicly supported organization ► ☒

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 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 ► ☐

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		
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		
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		
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(c)(2)(B) purposes.*	4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in **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		
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 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		

Part IV Supporting Organizations *(continued)*

		Yes	No
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?	11a		
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		

Section 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		
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		

Section 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		

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 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		

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.*

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 instructions).*

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

		Yes	No
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.*	2a		
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.*	2b		

3 Parent of Supported Organizations. ***Answer lines 3a and 3b below.***

		Yes	No
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.***	3a		
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.*	3b		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions

			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – *provide details in Part VI*)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **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	

Section E – Distribution Allocations (see instructions)

		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(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, *explain in Part VI*. 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.			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Rancho Santa Fe Youth Soccer

Employer identification number: [redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► $

(ii) Assets included in Form 990, Part X ► $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1 c	
d Additions during the year	1 d	
e Distributions during the year	1 e	
f Ending balance	1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years 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					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		8,811.	8,811.	0.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				0.

Part VII Investments – Other Securities. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(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 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 15.)* ►	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 .

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
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		4c	
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 Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
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.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*		5	

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 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization: Rancho Santa Fe Youth Soccer

Employer identification number: [redacted]

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) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Referees	21,117.	21,117.		
Merchant Fees	18,133.	18,133.		
Bad Debts	13,287.	13,287.		
Soccer Camp Expenses	13,009.	13,009.		
Field Painting & Setup	12,882.	12,882.		
Field Maintenance	10,640.	10,640.		
Uniforms	9,009.	9,009.		
Storage Unit Rental	7,435.	7,435.		
Utilities/Telephone/Internet	6,578.		6,578.	
Workers Compensation Insurance	5,276.		5,276.	
Spring League Expenses	4,207.	4,207.		
Miscellaneous	2,953.	2,953.		
Website	2,763.	2,763.		
Portasan	2,245.	2,245.		
Photography	1,976.	1,976.		
Field Equipment	1,272.	1,272.		
Payroll Processing Fees/Exp	1,054.		1,054.	
Mileage Reimbursement	910.	910.		
Loyalty Awards	636.	636.		
Temporary Labor	397.		397.	
Postage and Shipping	396.		396.	
Other Admin Expenses	316.		316.	
Opening Day	253.	253.		
College Program	99.	99.		
Nonprofit Registration Renewal	75.		75.	
Property Taxes	70.		70.	
Staff Meetings	66.		66.	
Cleaning	45.		45.	
Total	$ 137,099.	$ 122,826.	$ 14,273.	$ 0.

TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 2/01/2021 , and ending (mm/dd/yyyy) 1/31/2022 .

Corporation/Organization name: RANCHO SANTA FE YOUTH SOCCER

Additional information. See instructions.

California corporation number: 1841015

FEIN: [redacted]

Street address (suite or room): P.O. BOX 1373

PMB no.

City: RANCHO SANTA FE

State: CA

Zip code: 92067

Foreign country name

Foreign province/state/county

Foreign postal code

A First return . . . . . [ ] Yes [X] No

B Amended return . . . . . ● [ ] Yes [X] No

C IRC Section 4947(a)(1) trust . . . . . [ ] Yes [X] No

D Final information return?
● [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
Enter date: (mm/dd/yyyy) ●

E Check accounting method:
1 [X] Cash 2 [ ] Accrual 3 [ ] Other

F Federal return filed? 1 ● [ ] 990T 2 ● [ ] 990-PF 3 ● [ ] Sch H (990)
4 [ ] Other 990 series

G Is this a group filing? See instructions . . . . . ● [ ] Yes [X] No

H Is this organization in a group exemption . . . . . [ ] Yes [X] No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions . . . . ● [ ] Yes [X] No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions . . . . . ● [ ] Yes [X] No

K Is the organization exempt under R&TC Section 23701g? . . . ● [ ] Yes [X] No
If "Yes," enter the gross receipts from nonmember sources . . . . . $

L Is the organization a limited liability company? . . . . . ● [ ] Yes [X] No

M Did the organization file Form 100 or Form 109 to report taxable income? . . . . . ● [ ] Yes [X] No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . . ● [ ] Yes [X] No

O Is federal Form 1023/1024 pending? . . . . . [ ] Yes [ ] No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . ●	1	1,026,753.
	2	Gross dues and assessments from members and affiliates . . . . . ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received . . . . . ●	3	114,053.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **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 . . . . . ● 5		
	6	Cost or other basis, and sales expenses of assets sold . . . . . ● 6		
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4 . . . . . ●	8	1,140,806.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 . . . . . ●	9	1,038,449.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . . ●	10	102,357.
Filing Fee	11	Total payments . . . . . ●	11	
	12	Use tax. See General Information K . . . . . ●	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 . . . . . ●	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 . . . . . ●	14	
	15	Penalties and interest. See General Information J	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result . . . . . ◉	16	0.

TAXPAYER'S COPY

Sign Here

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

Signature of officer ▶ Title: TREASURER Date ● Telephone: (760) 479-1500

Paid Preparer's Use Only

Preparer's signature ▶ Date: DEC 14 2022 Check if self-employed ▶ [X] ● PTIN: P01247509

Firm's name (or yours, if self-employed) and address ▶ BETH F. REGAN, CPA
12596 HIGH BLUFF DRIVE, SUITE 300
SAN DIEGO, CA 92130

● Firm's FEIN: [redacted]

● Telephone: 858 481-7050

May the FTB discuss this return with the preparer shown above? See instructions . . . . . ● [X] Yes [ ] No

RANCHO SANTA FE YOUTH SOCCER

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts— complete Part II or furnish substitute information.**

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	
	2 Interest	2	
	3 Dividends	3	
	4 Gross rents	4	
	5 Gross royalties	5	
	6 Gross amount received from sale of assets (See instructions)	6	
	7 Other income. Attach schedule SEE STATEMENT 1	7	1,026,753.
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,026,753.
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10 Disbursements to or for members	10	
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STMT 2	11	201,504.
	12 Other salaries and wages	12	33,282.
	13 Interest	13	4,487.
	14 Taxes	14	18,306.
	15 Rents	15	2,335.
	16 Depreciation and depletion (See instructions)	16	
	17 Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	778,535.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,038,449.

Schedule L **Balance Sheet**

	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
Assets				
1 Cash		405,170.		557,411.
2 Net accounts receivable		391.		
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10a Depreciable assets	8,811.		8,811.	
b Less accumulated depreciation	8,811.		8,811.	
11 Land				
12 Other assets. Attach schedule		41,631.		
13 Total assets		447,192.		557,411.
Liabilities and net worth				
14 Accounts payable		20,574.		23,709.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable ST 4		193,628.		149,900.
17 Mortgages payable				
18 Other liabilities. Attach schedule STM 5		65,152.		113,607.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		167,838.		270,195.
22 Total liabilities and net worth		447,192.		557,411.

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	102,357.	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	102,357.
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	102,357.		

TAXABLE YEAR

2021

Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name: RANCHO SANTA FE YOUTH SOCCER

California corporation number: 1841015

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
EQUIPMENT	VARIOUS	5,401.	5,401.	200DB	5		
OFFICE EQUIPMEN	7/16/2014	3,410.	3,410.	200DB	5		

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

Statement 1
Form 199, Part II, Line 7
Other Income

Program Service Revenue	$ 1,026,721.
Other Investment Income	32.
Total	$ 1,026,753.

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Douglas Gilbert 418 Santa Bartola Solana Beach, CA 92075	Secretary 3.00	$ 0.	$ 0.	$ 0.
Marilee Pacelli 3830 Elijah Court #432 San Diego, CA 92130	Treasurer 3.00	75,500.	0.	0.
Jason Green 15025 Paso del Sol Del Mar, CA 92014	President 3.00	0.	0.	0.
Kevin Mabbutt P.O. Box 3883 Rancho Santa Fe, CA 92067	Vice President 3.00	0.	0.	0.
	Total	$ 75,500.	$ 0.	$ 0.

Key Employees:

Name	Title and Average Hours Per Week Devoted	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.	0.
	Total	$ 126,004.	$ 0.	$ 0.

Statement 3
Form 199, Part II, Line 17
Other Expenses

Other Employee Benefit	$ 16,500.
Accounting Fees	8,651.
Legal Fees	3,246.
Advertising and Promotion	3,890.
Office Expenses	2,727.
Travel	5,000.

Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

Insurance	$ 1,679.
Coaching Expenses	325,957.
Tournament Expenses	183,936.
Field Rental	67,383.
League Fees	22,467.
Referees	21,117.
Merchant Fees	18,133.
Bad Debts	13,287.
Soccer Camp Expenses	13,009.
Field Painting & Setup	12,882.
Field Maintenance	10,640.
Uniforms	9,009.
Storage Unit Rental	7,435.
Utilities/Telephone/Internet	6,578.
Workers Compensation Insurance	5,276.
Spring League Expenses	4,207.
Miscellaneous	2,953.
Website	2,763.
Portasan	2,245.
Photography	1,976.
Field Equipment	1,272.
Payroll Processing Fees/Exp	1,054.
Mileage Reimbursement	910.
Loyalty Awards	636.
Temporary Labor	397.
Postage and Shipping	396.
Other Admin Expenses	316.
Opening Day	253.
College Program	99.
Nonprofit Registration Renewal	75.
Property Taxes	70.
Staff Meetings	66.
Cleaning	45.
Total	$ 778,535.

Statement 4
Form 199, Schedule L, Line 16
Bonds and Notes Payable

Total Notes and Bonds Payable $ 149,900.

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

Deferred Revenue	113,607.
Total	$ 113,607.

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

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

Entity Name: RANCHO SANTA FE YOUTH SOCCER

- [x] 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.
- [x] 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)

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 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.

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: 858.354.0478 Evening Phone: same

Mailing Address: P. O. Box 504

City: Solana Beach State: CA Zip: 92075

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:

   2022 and prior years for digitizing historical archives and editing video histories

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 Schibling

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.

Solana Beach Civic & Historical Society Estimated Budget: Fiscal Year 2023-24

	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**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Solana Beach Civic & Historical Society

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not disregarded** from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
P.O. Box 504

Requester's name and address (optional)

6 City, state, and ZIP code
Solana Beach, CA 92075

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification 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 Here | **Signature of 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 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.*

Internal Revenue Service KEEP!

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: August 3, 2002

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:

Solana Beach Civic And Historical Society
PO Box 504
Solana Beach, CA 92075-0504

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
95-1950979

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income 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 business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

John E. Ricketts, Director, TE/GE
Customer Account Services

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 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.

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: 310-418-9118 Evening Phone: same

Mailing Address: P.O. Box 1732

City: Solana Beach State: CA Zip: 92075

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 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.

Marilyn Barnett

Authorized Signature of Organization

5/21/23

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.

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	3,036
Total Liabilities and Net Assets	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**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 ____

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer: SOLANA BEACH COMMUNITY CONNECTIONS

EIN or SSN: [redacted]

Name and title of officer or person subject to tax: MARILYN BARNETT CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a Form 990-EZ check here	☒	**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)	**7b**	
8a Form 5227 check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a Form 5330 check here	☐	**b Tax due** (Form 5330, Part II, line 19)	**9b**	
10a Form 8038-CP check here	☐	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ 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

☒ I authorize MAGNUS BLUE LLP (**ERO firm name**) to enter my PIN 95212 (**Enter five numbers, but do not enter all zeros**) as my signature

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ 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 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Privacy and Paperwork Reduction Act Notice, see instructions.

TEEA8800L 09/29/22 Form **8879-TE** (2022)

059

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2022**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: SOLANA BEACH COMMUNITY CONNECTIONS

Identifying number: [redacted]

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	4,170.
2	Total gross income (Form 199, line 8)	2	4,170.
3	Total expenses and disbursements (Form 199, line 9)	3	1,134.

Part II Settle Your Account Electronically for Taxable Year 2022

4 ☐ Electronic funds withdrawal **4a** Amount _____ **4b** Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here ▶ Signature of officer _____ Date _____ ▶ Title CFO

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ _____ Date 5/10/23 Check if also paid preparer [X] Check if self-employed ☐ ERO's PTIN P00492680

Firm's name (or yours if self-employed) and address ▶ MAGNUS BLUE LLP
100 E SAN MARCOS BLVD STE 100
SAN MARCOS CA

Firm's FEIN 32-0076871

ZIP code 92069

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Paid preparer's PTIN _____

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

Firm's FEIN _____

ZIP code _____

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 OR FUND BALANCES	
EXCESS OR (DEFICIT) FOR THE YEAR	3,036
NET ASSETS/FUND BAL. AT BEG. OF YEAR	0
NET ASSETS/FUND BAL. AT END OF YEAR	3,036

CLIENT SOLABE60 SOLANA BEACH COMMUNITY CONNECTIONS 88-0651750

5/10/23 10:45 AM

RECEIPTS AND REVENUES

GROSS CONTRIBUTIONS, GIFTS, & GRANTS	4,170
TOTAL GROSS RECEIPTS	4,170
TOTAL COSTS	0
TOTAL GROSS INCOME	4,170

EXPENSES

TOTAL EXPENSES	1,134
EXCESS RECEIPTS OVER EXPENSES	3,036

FILING FEE

FILING FEE	0
BALANCE DUE	0

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH O
CALIFORNIA: 199, 8453-EO, E-FILE INSTRUCTIONS

CARRYOVERS TO 2023

NONE

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

Do not enter social security numbers on this form, as it may be made public.

Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending ,

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C
SOLANA BEACH COMMUNITY CONNECTIONS
315 EL PEDREGAL DRIVE
SOLANA BEACH, CA 92075

D Employer identification number

E Telephone number

F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify):

H Check [X] if the organization is **not** required to attach Schedule B (Form 990).

I **Website:** SOLANABEACHCC.ORG

J Tax-exempt status (check only one) -- [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ..... $ 4,170.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ..... [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	4,170.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	4,170.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	1,134.
	17	**Total expenses.** Add lines 10 through 16		17	1,134.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	3,036.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	0.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	3,036.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		22	3,036.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	0.	25	3,036.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0.	27	3,036.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	SOLANA BEACH COMMUNITY CONNECTIONS HOSTED ITS FIRST GATHERING AT THE LOCAL LIBRARY TO PROVIDE FELLOWSHIP AND SUPPORT TO AGING SENIORS. (Grants $) If this amount includes foreign grants, check here ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PETER GOUREVITCH PRESIDENT	2	0.	0.	0.
KATHRYN BRATCHER SECRETARY	2	0.	0.	0.
MARILYN BARNETT TREASURER	2	0.	0.	0.
JUDY COURS DIRECTOR	1	0.	0.	0.
ANN CRAIG DIRECTOR	1	0.	0.	0.
MARILYN KOGEN DIRECTOR	1	0.	0.	0.
JILL WEITZEN MCDONALD DIRECTOR	1	0.	0.	0.
WILLIAM MILLER DIRECTOR	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCH O ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	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		
c	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		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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
b	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 38b 0.			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0.			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0.			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0. ; section 4912: 0. ; section 4955: 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction 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
c	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 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.			
e	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 List the states with which a copy of this return is filed: CA

42a The organization's books are in care of: MARILYN BARNETT Telephone no. (310) 418-9118

Located at: 315 EL PEDREGAL DRIVE SOLANA BEACH CA ZIP + 4 92075

			Yes	No
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)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	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 43 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
b	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
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," *provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		X

		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

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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," complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

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) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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

Sign Here

Signature of officer | Date

MARILYN BARNETT CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JACK M. SHIRLEY		5/10/23		P00492680

Firm's name MAGNUS BLUE LLP

Firm's address 100 E SAN MARCOS BLVD STE 100, SAN MARCOS, CA 92069

Firm's EIN 32-0076871

Phone no. 760-599-9900

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: SOLANA BEACH COMMUNITY CONNECTIONS

Employer identification number: [redacted]

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 [ ] An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . [ ]

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Calendar 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.")					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.

Section B. Total Support

Calendar year (or fiscal year beginning 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 activities, etc. (see instructions) 12 0.

13 **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) organization, check this box and **stop here** [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a **33-1/3% support test—2022.** 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 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 [ ]

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 [ ]

b **10%-facts-and-circumstances test—2021.** 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 [ ]

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

Calendar 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.")						
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						
3 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						
6 **Total.** Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **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) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2022.** 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 publicly supported organization ☐

b **33-1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and 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 ☐

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		
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		
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(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **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		
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 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		

Part IV Supporting Organizations *(continued)*

		Yes	No
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?	11a		
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		

Section 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		
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		

Section 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		

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 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		

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.*

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 instructions).*

		Yes	No
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.*	2a		
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.*	2b		
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.**	3a		
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.*	3b		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – *provide details in Part VI*)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	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) Underdistributions Pre-2022	(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.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
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			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. 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			

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: SOLANA BEACH COMMUNITY CONNECTIONS

Employer identification number: [redacted]

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DUES/FEES	$	550.
RENTALS		182.
SUPPLIES		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 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ..... NO

TAXABLE YEAR **2022**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name		California corporation number
SOLANA BEACH COMMUNITY CONNECTIONS		4826726
Additional information. See instructions.		FEIN
Street address (suite or room)		PMB no.
315 EL PEDREGAL DRIVE		
City	State	Zip code
SOLANA BEACH	CA	92075
Foreign country name	Foreign province/state/county	Foreign postal code

A First return ..... ☐ Yes ☒ No

B Amended return ..... ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No

D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____

E Check accounting method:
1 ☒ Cash 2 ☐ Accrual 3 ☐ Other

F Federal return filed? 1 ● ☐ 990T 2 ● ☐ 990-PF 3 ● ☐ Sch H (990)
4 ☐ Other 990 series

G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No

H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?
_____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions ..... ● ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ... ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources ..... $ _____

L Is the organization a limited liability company? ..... ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ..... ☐ Yes ☐ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ..... ●	1	
	2	Gross dues and assessments from members and affiliates ..... ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received ..... ●	3	4,170.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B .. ●	4	4,170.
	5	Cost of goods sold ..... ● 5		
	6	Cost or other basis, and sales expenses of assets sold ..... ● 6		
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4 ..... ●	8	4,170.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ..... ●	9	1,134.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ..... ●	10	3,036.
Filing Fee	11	Total payments ..... ●	11	
	12	Use tax. See General Information K ..... ●	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ..... ●	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ..... ●	14	
	15	Penalties and interest. See General Information J	15	
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ..... ◉	16	0.

Sign Here

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

Signature of officer ▶	Title	Date	● Telephone
	CFO		

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	● PTIN
	5/10/23		P00492680

Firm's name (or yours, if self-employed) and address ▶	● Firm's FEIN
MAGNUS BLUE LLP 100 E SAN MARCOS BLVD STE 100 SAN MARCOS, CA 92069	32-0076871
	● Telephone 760-599-9900

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

SOLANA BEACH COMMUNITY CONNECTIONS

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
Expenses and Disbursements	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 1	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 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.

Schedule L **Balance Sheet**

		Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
Assets					
1	Cash				3,036.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets				3,036.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	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 in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5				

STATEMENT 1
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ 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.	$ 0.	$ 0.

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

DUES/FEES	$ 550.
RENTALS	182.
SUPPLIES	402.
TOTAL	$ 1,134.

Secretary of State
Statement of Information
(California Nonprofit, Credit Union and General Cooperative Corporations)

SI-100

IMPORTANT — **before completing this form.**

Filing Fee – $20.00;

Copy Fees – First page $1.00, each attachment page $0.50
Certification Fee - $5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

SOLANA BEACH COMMUNITY CONNECTIONS

This Space For Office Use Only

2. 7-Digit Secretary of State Entity Number

4826726

3. Business Addresses

a. Street Address of California Principal Office: if any. Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
315 El Pedregal Dr.	Solana Beach	CA	92075
b. Mailing Address of Corporation: if different than item 3a	City (no abbreviations)	State	Zip Code

4. Officers The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added, however, the preprinted titles on this form must not be altered.

	First Name	Middle Name	Last Name	Suffix
a. Chief Executive Officer	Jill	Weitzen	MacDonald	
Address: 315 El Pedregal Dr.	City (no abbreviations): Solana Beach	State: CA	Zip Code: 92075	
b. Secretary	Kathryn	M.	Bratcher	
Address: 315 El Pedregal Dr.	City (no abbreviations): Solana Beach	State: CA	Zip Code: 92075	
c. Chief Financial Officer	Marilyn	R.	Barnett	
Address: 315 El Pedregal Dr.	City (no abbreviations): Solana Beach	State: CA	Zip Code: 92075	

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Jill	Weitzen	MacDonald	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
315 El Pedregal Dr.	Solana Beach	CA	92075

CORPORATION - Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 5a or 5b

6. Common Interest Developments

☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a).

7. The information contained herein, including in any attachments, is true and correct.

Date	Type or Print Name of Person Completing the Form	Title	Signature
	Jill Weitzen MacDonald	President	

Form **W-9**
Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
SOLANA BEACH COMMUNITY CONNECTIONS

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 1

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
315 EL PEDREGAL DRIVE

Requester's name and address (optional)

6 City, state, and ZIP code
SOLANA BEACH, CA 92075

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification 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 Here Signature of U.S. person ▶ Marilyn Bennett Date ▶ 5/22/23

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)
- 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.*