#### **CITY OF SOLANA BEACH**

SOLANA BEACH CITY COUNCIL, SUCCESSOR AGENCY TO THE REDEVELOPMENT AGENCY,
PUBLIC FINANCING AUTHORITY, & HOUSING AUTHORITY



#### **AGENDA**

# Joint SPECIAL Meeting Wednesday, November 15, 2017 \* 6:00 P. M.

City Hall / Council Chambers, 635 S. Highway 101, Solana Beach, California

- > City Council meetings are video recorded and archived as a permanent record. The video recording captures the complete proceedings of the meeting and is available for viewing on the City's website.
- Posted Reports & Supplemental Docs contain records up to the cut off time prior to meetings for processing new submittals. Complete records containing meeting handouts, PowerPoints, etc. can be obtained through a Records Request.

#### **PUBLIC MEETING ACCESS**

The Regular Meetings of the City Council are scheduled for the 2nd and 4th Wednesdays and are broadcast live on Cox Communications-Channel 19, Time Warner-Channel 24, and AT&T U-verse Channel 99. The video taping of meetings are maintained as a permanent record and contain a detailed account of the proceedings. Council meeting tapings are archived and available for viewing on the City's website.

#### **AGENDA MATERIALS**

A full City Council agenda packet including relative supporting documentation is available at City Hall, the Solana Beach Branch Library (157 Stevens Ave.), La Colonia Community Ctr., and online www.cityofsolanabeach.org. Agendas are posted at least 72 hours prior to regular meetings and at least 24 hours prior to special meetings. Writings and documents regarding an agenda of an open session meeting, received after the official posting, and distributed to the Council for consideration, will be made available for public viewing at the same time. In addition, items received at least 1 hour 30 minutes prior to the meeting time will be uploaded online with the courtesy agenda posting. Materials submitted for consideration should be forwarded to the City Clerk's department 858-720-2400. The designated location for viewing public documents is the City Clerk's office at City Hall during normal business hours.

#### **SPEAKERS**

Please submit a speaker slip to the City Clerk prior to the meeting, or the announcement of the Section/Item, to provide public comment. Allotted times for speaking are outlined on the speaker's slip for each agenda section: Oral Communications, Consent, Public Hearings and Staff Reports.

#### AMERICAN DISABILITIES ACT TITLE 2

In compliance with the Americans with Disabilities Act of 1990, persons with a disability may request an agenda in appropriate alternative formats as required by Section 202. Any person with a disability who requires a modification or accommodation in order to participate in a meeting should direct such request to the City Clerk's office (858) 720-2400 at least 72 hours prior to the meeting.

As a courtesy to all meeting attendees, <u>please set cellular phones and pagers to silent mode</u> and engage in conversations outside the Council Chambers.

#### **CITY COUNCILMEMBERS**

Mike Nichols, Mayor

Ginger Marshall, Deputy Mayor Jewel Edson, Councilmember David A. Zito, Councilmember Judy Hegenauer, Councilmember

Gregory Wade City Manager Johanna Canlas City Attorney Angela Ivey City Clerk

#### SPEAKERS:

Please submit your speaker slip to the City Clerk prior to the meeting or the announcement of the Item. Allotted times for speaking are outlined on the speaker's slip for Oral Communications, Consent, Public Hearings and Staff Reports.

#### READING OF ORDINANCES AND RESOLUTIONS:

Pursuant to Solana Beach Municipal Code Section 2.04.460, at the time of introduction or adoption of an ordinance or adoption of a resolution, the same shall not be read in full unless after the reading of the title, further reading is requested by a member of the Council. If any Councilmember so requests, the ordinance or resolution shall be read in full. In the absence of such a request, this section shall constitute a waiver by the council of such reading.

#### **CALL TO ORDER AND ROLL CALL:**

**CLOSED SESSION REPORT**: (when applicable)

FLAG SALUTE:

**APPROVAL OF AGENDA:** 

PROCLAMATIONS/CERTIFICATES: Ceremonial

None at the posting of this agenda

**PRESENTATIONS:** Ceremonial items that do not contain in-depth discussion and no action/direction.

1. KAABOO Event Wrap-up

#### **ORAL COMMUNICATIONS:**

This portion of the agenda provides an opportunity for members of the public to address the City Council on items relating to City business and not appearing on today's agenda by <u>submitting a speaker slip</u> (located on the back table) to the City Clerk. Comments relating to items on this evening's agenda are taken at the time the items are heard. Pursuant to the Brown Act, no action shall be taken by the City Council on public comment items. Council may refer items to the City Manager for placement on a future agenda. The maximum time allotted for each presentation is THREE MINUTES (SBMC 2.04.190). Please be aware of the timer light on the Council Dais.

#### **COUNCIL COMMUNITY ANNOUNCEMENTS / COMMENTARY:**

An opportunity for City Council to make brief announcements or report on their activities. These items are not agendized for official City business with no action or substantive discussion.

#### A. CONSENT CALENDAR: (Action Items) (A.1. - A.4.)

Items listed on the Consent Calendar are to be acted in a single action of the City Council unless pulled for discussion. Any member of the public may address the City Council on an item of concern by submitting to the City Clerk a speaker slip (located on the back table) before the Consent Calendar is addressed. Those items removed from the Consent Calendar by a member of the Council will be trailed to the end of the agenda, while Consent Calendar items removed by the public will be discussed immediately after approval of the Consent Calendar.

#### A.1. Register Of Demands. (File 0300-30)

Recommendation: That the City Council

1. Ratify the list of demands for October 21, 2017 through October 27, 2017.

#### Item A.1. Report (click here)

Posted Reports & Supplemental Docs contain records up to the cut off time, prior to the start of the meeting, for processing new submittals. The final official record containing handouts, PowerPoints, etc. can be obtained through a Records Request to the City Clerk's Office.

#### A.2. General Fund Adopted Budget for Fiscal Year 2017-2018 Changes. (File 0330-30)

Recommendation: That the City Council

1. Receive the report listing changes made to the Fiscal Year 2017-2018 General Fund Adopted Budget.

#### Item A.2. Report (click here)

Posted Reports & Supplemental Docs contain records up to the cut off time, prior to the start of the meeting, for processing new submittals. The final official record containing handouts, PowerPoints, etc. can be obtained through a Records Request to the City Clerk's Office.

#### A.3. Plaza Street Fountain Repairs Construction Contract. (File 0820-40)

Recommendation: That the City Council

#### 1. Adopt **Resolution 2017-161**:

- a. Awarding a construction contract for the Plaza Street Fountain Repair Project, Bid No. 2017-09, in the amount of \$25,799.21, to California Aquatics.
- b. Approving an amount of \$2,200.79 for construction contingency.
- Authorizing the City Manager to execute the construction contract on behalf of the City.
- d. Appropriating \$28,000 from the City CIP Reserve fund into the City CIP project for the Plaza Street Fountain Repair Project.
- e. Authorizing the City Treasurer to amend the FY 2017/18 Adopted Budget accordingly.

#### Item A.3. Report (click here)

Posted Reports & Supplemental Docs contain records up to the cut off time, prior to the start of the meeting, for processing new submittals. The final official record containing handouts, PowerPoints, etc. can be obtained through a Records Request to the City Clerk's Office.

#### A.4. City Sidewalk Repair Project. (File 0820-45)

Recommendation: That the City Council

#### 1. Adopt **Resolution 2017-157**:

- a. Authorizing the City Council to accept as complete the City Sidewalk Repair Project, Bid No. 2016-06, constructed by to Miramar General Engineering.
- b. Authorizing the City Clerk to file a Notice of Completion.

#### Item A.4. Report (click here)

Posted Reports & Supplemental Docs contain records up to the cut off time, prior to the start of the meeting, for processing new submittals. The final official record containing handouts, PowerPoints, etc. can be obtained through a Records Request to the City Clerk's Office.

# NOTE: The City Council shall not begin a new agenda item after 10:30 p.m. unless approved by a unanimous vote of all members present. (SBMC 2.04.070)

#### **B. PUBLIC HEARINGS: (B.1.)**

This portion of the agenda provides citizens an opportunity to express their views on a specific issue as required by law after proper noticing by <u>submitting a speaker slip</u> (located on the back table) to the City Clerk. After considering all of the evidence, including written materials and oral testimony, the City Council must make a decision supported by findings and the findings must be supported by substantial evidence in the record. An applicant or designees for a private development/business project, for which the public hearing is being held, is allotted a total of fifteen minutes to speak, as per SBMC 2.04.210. A portion of the fifteen minutes may be saved to respond to those who speak in opposition. All other speakers have three minutes each. Please be aware of the timer light on the Council Dais.

# B.1. Public Hearing: Introduce (1<sup>st</sup> Reading) Ordinance 483 Establishing a Community Choice Aggregation Program and Approving the Implementation Plan and Statement of Intent. (File 1010-40)

Recommendation: That the City Council

- 1. Conduct the Public Hearing: Open the Public Hearing, Report Council Disclosures, Receive Public Testimony, and Close the Public Hearing.
- 2. Find the project exempt from the California Environmental Quality Act pursuant to Section 15303 of the State CEQA Guidelines.
- 3. Approve **Resolution 2017-163** approving the Implementation Plan and Statement of Intent and directing the City Manager to submit it to the CPUC for certification.
- 4. Introduce **Ordinance 483** to establish the Solana Beach CCA program.

#### Item B.1. Report (click here)

Posted Reports & Supplemental Docs contain records up to the cut off time, prior to the start of the meeting, for processing new submittals. The final official record containing handouts, PowerPoints, etc. can be obtained through a Records Request to the City Clerk's Office.

#### **C. STAFF REPORTS**: (C.1. – C.2.)

Submit speaker slips to the City Clerk.

#### C.1. Community Grant Requests Fiscal Year 2017-18. (File 0330-25)

Recommendation: 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 December 13, 2017 City Council Meeting for Council's grant allocations.

#### Item C.1. Report (click here)

Posted Reports & Supplemental Docs contain records up to the cut off time, prior to the start of the meeting, for processing new submittals. The final official record containing handouts, PowerPoints, etc. can be obtained through a Records Request to the City Clerk's Office.

# C.2. Calling Upon Congress to Continue the Existing DACA Program and Provide DACA Recipients with a Pathway to Permanent Residence and Eventually US Citizenship. (File 0480-60)

Recommendation: That the City Council

 Consider approval of Resolution 2017-164 calling upon Congress to continue the existing DACA program and provide DACA recipients with a pathway to permanent residence and eventually US citizenship.

#### Item C.2. Report (click here)

Posted Reports & Supplemental Docs contain records up to the cut off time, prior to the start of the meeting, for processing new submittals. The final official record containing handouts, PowerPoints, etc. can be obtained through a Records Request to the City Clerk's Office.

#### **WORKPLAN COMMENTS:**

Adopted June 8, 2016

#### **COMPENSATION & REIMBURSEMENT DISCLOSURE:**

GC: Article 2.3. Compensation: 53232.3. (a) Reimbursable expenses shall include, but not be limited to, meals, lodging, and travel. 53232.3 (d) Members of a legislative body shall provide brief reports on meetings attended at the expense of the local agency at the next regular meeting of the legislative body.

#### **COUNCIL COMMITTEE REPORTS:**

#### Regional Committees: (outside agencies, appointed by this Council)

- a. City Selection Committee (meets twice a year) Nichols (Edson, alternate).
- b. County Service Area 17 Marshall (Nichols, alternate).
- c. Escondido Creek Watershed Authority Marshall/Staff (no alternate).
- d. League of Ca. Cities' San Diego County Executive Committee Nichols (Edson, alternate) and any subcommittees.
- e. League of Ca. Cities' Local Legislative Committee Nichols (Edson, alternate)
- f. League of Ca. Cities' Coastal Cities Issues Group (CCIG) Nichols (Edson, alternate)
- g. North County Dispatch JPA Marshall (Edson, alternate).
- h. North County Transit District Edson (Nichols, alternate)
- i. Regional Solid Waste Association (RSWA) Nichols (Hegenauer, alternate).
- j. SANDAG Zito (Primary), Edson (1<sup>st</sup> alternate), Nichols (2<sup>nd</sup> alternate) and any subcommittees.
- k. SANDAG Shoreline Preservation Committee Zito (Hegenauer, alternate).
- I. San Dieguito River Valley JPA Hegenauer (Nichols, alternate).
- m. San Elijo JPA Marshall, Zito (City Manager, alternate).
- n. 22<sup>nd</sup> Agricultural District Association Community Relations Committee Marshall, Edson.

#### Standing Committees: (All Primary Members) (Permanent Committees)

- a. Business Liaison Committee Zito, Edson.
- b. Solana Beach-Del Mar Relations Committee Nichols, Zito
- c. Highway 101 / Cedros Ave. Development Committee Edson, Nichols.
- d. Fire Dept. Management Governance & Organizational Evaluation Edson, Hegenauer
- e. I-5 Construction Committee Zito, Edson.
- f. Parks and Recreation Committee Nichols, Zito
- g. Public Arts Committee Marshall, Hegenauer.
- h. School Relations Committee Nichols, Hegenauer.

#### **ADJOURN:**

#### AFFIDAVIT OF POSTING

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO
CITY OF SOLANA BEACH

I, Angela Ivey, City Clerk of the City of Solana Beach, do hereby certify that this Agenda for the November 15, 2017 Council Meeting was called by City Council, Successor Agency to the Redevelopment Agency, Public Financing Authority, and the Housing Authority of the City of Solana Beach, California, was provided and posted on November 8, 2017 at 5:30 p.m. on the City Bulletin Board at the entrance to the City Council Chambers. Said meeting is held at 6:00 p.m., November 15, 2017, in the Council Chambers, at City Hall, 635 S. Highway 101, Solana Beach, California.

Angela Ivey, City Clerk City of Solana Beach, CA

#### **UPCOMING CITIZEN CITY COMMISSION AND COMMITTEE MEETINGS:**

Regularly Scheduled, or Special Meetings that have been announced, as of this Agenda Posting. Dates, times, locations are all subject to change. See the City's Commission's website or the City's Events Calendar for updates.

- Budget & Finance Commission
   Thursday, December 21, 2017, 6:30 p.r.
  - Thursday, December 21, 2017, 6:30 p.m. (City Hall)
- Climate Action Commission
   Wednesday, December 20, 2017, 5:30 p.m. (City Hall)
- Parks & Recreation Commission
   Thursday, December 14, 2017, 4:00 p.m. (Fletcher Cove Community Center)
- Public Arts Commission
   Tuesday, December 26, 2017, 5:30 p.m. (City Hall)
- View Assessment Commission
   Tuesday, December 19, 2017, 6:00 p.m. (Council Chambers)



## STAFF REPORT CITY OF SOLANA BEACH

TO: FROM: MEETING DATE: ORIGINATING DEPT: SUBJECT:	Honorable Mayor and City Councilmemb Gregory Wade, City Manager November 15, 2017 Finance <b>Register of Demands</b>	ers
BACKGROUND:		
	Solana Beach Municipal Code requires tha ich represents all financial demands mad	•
Register of Demands- 10/2		ф 705 000 70
Check Register-Disbursen TOTAL	nent Fund (Attachment 1)	\$ <u>725,206.79</u> \$ 725,206.79
DISCUSSION:		Ψ <u></u>
available to pay the above		•
Not a project as defined b	by CEQA.	
FISCAL IMPACT:		
	s for October 21, 2017 through Octobe .79 from various City funding sources.	r 27, 2017 reflects total
WORK PLAN:		
N/A		
OPTIONS:		
<ul><li>Ratify the register of the property of</li></ul>		
CITY COUNCIL ACTION:		***************************************
	TO THE STATE OF TH	

#### **DEPARTMENT RECOMMENDATION:**

Staff recommends that the City Council ratify the above register of demands.

#### **CITY MANAGER'S RECOMMENDATION:**

Approve Department Recommendation.

Gregory Wade, City Manager

Attachments:

1. Check Register – Disbursement Fund

PAGE NUMBER: ACCTPA21

CITY OF SOLANA BEACH, CA CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck\_date between '20171021 00:00:00.000' and '20171027 00:00.000' ACCOUNTING PERIOD: 4/18 PENTAMATION DATE: 10/31/2017 TIME: 16:29:50

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	SALES TAX	00.00	00.00	00.00	00.00	0.00	00.00	0.00	0.00	0.00	00.00	00.00	0.00	00.00		00.00	0.00	00.00	0.00	0.00	0.00	00.00	0.00	00.00	00.00	0.00	0.00	0.00	0.00	00.00	0.00
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CITY OF SOLANA BEACH, CA CHECK REGISTER - DISBURSEMENT FUND

PENTAMATION DATE: 10/31/2017 TIME: 16:29:50

SELECTION CRITERIA: transact.ck\_date between '20171021 00:00:00.000' and '20171027 00:00.000' ACCOUNTING PERIOD: 4/18

AMOUNT	241.643 250.00 250.00 250.00 3123.00 315.11	2,045.00	1,575.00	533.36 629.95 1,163.31	309.30
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PAGE NUMBER: ACCTPA21

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CITY OF SOLANA BEACH, CA CHECK REGISTER - DISBURSEMENT FUND

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PAGE NUMBER: ACCTPA21

CITY OF SOLANA BEACH, CA CHECK REGISTER - DISBURSEMENT FUND

PENTAMATION DATE: 10/31/2017 TIME: 16:29:50

SELECTION CRITERIA: transact.ck\_date between '20171021 00:00:00.000' and '20171027 00:00.000' ACCOUNTING PERIOD: 4/18

AMOUNT	23,990.27	70.76 104.97 22.72 198.45	417.82	500.00	-1,308.66 1,361.67 53.01	25.00	57.00	328.48 590.96 919.44	-0.24 20.33 452.45 472.54	1.56 6.25 7.03 7.04 12.50 34.38	280.15	351.00	17,968.60	2,069.27	66.90	404.06	250.00 250.00 250.00 250.00 250.00
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CITY OF SOLANA BEACH, CA CHECK REGISTER - DISBURSEMENT FUND

PENTAMATION DATE: 10/31/2017 TIME: 16:29:50

SELECTION CRITERIA: transact.ck\_date between '20171021 00:00:00.000' and '20171027 00:00.000' ACCOUNTING PERIOD: 4/18

AMOUNT	375.00 375.00 2,000.00	10,997.50	2,865.56 46.80 46.80 84.00 -0.07 3,043.09	163.43	7,159.35	32.50	347.50	-1,148.91 8,333.27 320,197.73 327,382.09	897.60 -5,215.50 -3,432.00 415.20 3,432.00 5,215.50 1,312.80	275.80 1,134.85 1,721.15 30.14 32.72 32.72 32.72 98.18 196.51 1,414.79 457.04 1,414.79 211.05 211.05 211.05 35.30
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# CITY OF SOLANA BEACH, CA CHECK REGISTER - DISBURSEMENT FUND

PENTAMATION DATE: 10/31/2017 TIME: 16:29:50 SELECTION CRITERIA: transact.ck\_date between '20171021 00:00:00.000' and '20171027 00:00.000' ACCOUNTING PERIOD: 4/18

AMOUNT	10,240 1,535.67 4,947.86 452.11 855.43 1,567.45 1,567.45 1,157.45 1,157.45 1,157.45 1,157.45 1,157.45 1,157.45 1,129.83 1,129.83 1,129.83 1,238.10 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,517.80 1,317.17 1,137.17 1,137.17 1,337.17	406.90 450.90 878.81 1,071.02 2,130.28 2,26.81 5,326.93 6,480.36	110.00	106.00 9.01 115.01	1,337.24 -114.32 1,222.92
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NAME	SANTA FE IRRIGATION DIST	SDG&E CO INC SDG&E CO INC SDG&E CO INC SDG&E CO INC SDG&E CO INC SDG&E CO INC SDG&E CO INC	SEASIDE HEATING & AIR CO	SECTRAN SECURITY INC SECTRAN SECURITY INC	SHELL FLEET MANAGEMENT SHELL FLEET MANAGEMENT
ISSUE DT VENDOR	10/26/17 141 10/26/17 141	10/26/17 169 10/26/17 169 10/26/17 169 10/26/17 169 10/26/17 169 10/26/17 169 10/26/17 169	10/26/17 1073	10/26/17 3909 10/26/17 3909	10/26/17 153 10/26/17 153
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CITY OF SOLANA BEACH, CA CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck\_date between '20171021 00:00:00.000' and '20171027 00:00.000' ACCOUNTING PERIOD: 4/18

PENTAMATION DATE: 10/31/2017 TIME: 16:29:50

	AMOUNT	267.10 1,018.29 1,325.77 2,611.16	3,975.00	750.00 1,200.00 456.00 2,406.00	-425.78 425.78 370.79 370.79	280.18	1,653.98	8,965.50	157.65 40.90 113.97 312.52	-1,458.22 -339.14 339.14 1,504.38 46.16	900.00 900.00 1,800.00	555.18 106.36 79.43 218.99 218.99 65.81 203.15 13.20 31.04 60.92
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GENERAL FUND	ISSUE DT VENDOR	10/26/17 4465 10/26/17 4465 10/26/17 4465	10/26/17 4606	10/26/17 4959 10/26/17 4959 10/26/17 4959	10/26/17 4534 10/26/17 4534 10/26/17 4534	10/26/17 645	10/26/17 1458	10/26/17 3242	10/26/17 30 10/26/17 30 10/26/17 30	10/26/17 4933 10/26/17 4933 10/26/17 4933 10/26/17 4933	10/26/17 662 10/26/17 662	10/26/17 37 10/26/17 37 10/26/17 37 10/26/17 37 10/26/17 37 10/26/17 37 10/26/17 37 10/26/17 37 10/26/17 37 10/26/17 37
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CITY OF SOLANA BEACH, CA CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck\_date between '20171021 00:00:00.000' and '20171027 00:00.000' ACCOUNTING PERIOD: 4/18

PENTAMATION DATE: 10/31/2017 TIME: 16:29:50

CASH ACCT CHECK NO	ISSUE DT VENDOR	NAME	BUDGET UNIT	DESCRIPTION	SALES TAX	AMOUNT
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					0.00	4,276.86
TOTAL CASH ACCOUNT					0.00	725,206.79
TOTAL FUND					00.00	725,206.79
TOTAL REPORT					00.00	725,206.79



### STAFF REPORT CITY OF SOLANA BEACH

TO: Honorable Mayor and City Councilmembers

**FROM:** Gregory Wade, City Manager

**MEETING DATE:** November 15, 2017

**ORIGINATING DEPT:** Finance

SUBJECT: Report on Changes Made to the General Fund Adopted

**Budget for Fiscal Year 2017-2018** 

#### **BACKGROUND:**

Staff provides a report at each Council meeting that lists changes made to the current Fiscal Year (FY) General Fund Adopted Budget.

The information provided in this Staff Report lists the changes made through October 11, 2017.

#### **DISCUSSION:**

The following table reports the revenue, expenditures, and transfers for 1) the Adopted General Fund Budget approved by Council on June 14, 2017 (Resolution 2017-095) and 2) any resolutions passed by Council that amended the Adopted General Fund Budget.

GENERAL FUND - ADOPTED BUDGET PLUS CHANGES	
As of November 8, 2017	

Action	Description	Revenues	Expenditures	Transfers from GF	Net Surplus
Reso 2017-195	Adopted Budget	17,611,600	(16,932,700)	(372,400) (1)	\$ <306,500
Reso 2017-122	Marine Safety MOU	-	(11,340)	-	295,160
Reso 2017-123	Salary and Comp Plan	-	(75,500)	-	219,660
Reso 2017-126	Miscellaneous MOU	-	(53,600)	-	166,060
(1)	Transfers to: Debt Service for Public Facilities City CIP Fund		152,400 220,000	372,400	

#### **CEQA COMPLIANCE STATEMENT:**

Not a project as defined by CEQA

COUNCIL ACTION:

#### **FISCAL IMPACT:**

N/A

#### **WORK PLAN:**

N/A

#### **OPTIONS:**

- · Receive the report.
- Do not accept the report

#### **DEPARTMENT RECOMMENDATION:**

Staff recommends that the City Council receive the report listing changes made to the FY 2017-2018 General Fund Adopted Budget.

#### **CITY MANAGER'S RECOMMENDATION:**

Approve Department Recommendation

Gregory Wade, City Manager



## STAFF REPORT CITY OF SOLANA BEACH

TO: FROM: Honorable Mayor and City Councilmembers

Gregory Wade, City Manager

MEETING DATE: ORIGINATING DEPT: November 15, 2017

SUBJECT:

Engineering Department

Consideration of Resolution No. 2017-161 Awarding Construction Contract for Repairs of the Plaza Street

Fountain

#### **BACKGROUND:**

As part of routine public works maintenance, various inspections and maintenance activities are performed on City infrastructure. As part of this routine maintenance, Staff determined that the Plaza Street Fountain needs to be repaired.

Staff prepared plans and specifications for a maintenance project which was originally advertised for construction bids in August 2017. No bids were received. Per Section 20166 of the California Public Contract Code (CPCC), if no bids are received, the City Council may have the project done without further complying with the provisions of the CPCC.

This item is before the City Council to consider adoption of Resolution No. 2017-161 (Attachment 1) to award a construction contract to repair the Plaza Street fountain.

#### **DISCUSSION:**

Staff prepared specifications for this project after developing the scope of work consistent with a comprehensive condition assessment of the fountain. The project was advertised for construction bids on August 3, 2017. The deadline for submission of construction bids was set for September 7, 2017, but no bids were received. As mentioned above, the CPCC allows for a public agency to proceed as needed on a project when no bids are submitted.

After the time of the expected bid opening, Staff began negotiating with California Aquatics, which is a firm that has experience with fountain renovation projects. The

CITY COUNCIL ACTION:	

repairs to be done include mechanical repairs, such as replacing the pump, filter and associated equipment; and cosmetic repairs, such as cleaning, acid washing and painting the fountain basin, cleaning and resealing the compass, removal of calcium deposits on the sculpture, repairing and resealing the exterior stone and concrete work.

#### **CEQA COMPLIANCE STATEMENT:**

The project is exempt from the California Environmental Quality Act (CEQA) pursuant to Section 15301(c) of the State CEQA Guidelines.

#### **FISCAL IMPACT:**

Through collaboration with Public Works Staff and California Aquatics, Staff was able to negotiate a cost to perform the necessary repairs to the Plaza Street Fountain. The negotiated proposal submitted by California Aquatics is for \$25,799.21. Staff is also recommending a construction contingency in the amount of \$2,200.79, which is just under 8% of the construction proposal submitted by California Aquatics. This would bring the estimated construction total to \$28,000.

Although the Fiscal Year (FY) 2017/18 and FY 2018/19 Adopted Budgets identified \$20,000 for repairs to the Plaza Street Fountain, the money will not be appropriated until FY 2018/19. Staff is requesting that the City Council consider appropriating \$28,000 from the City's Capital Improvement Program Reserve fund for FY 2017/18.

Since the project is scheduled to be funded for \$20,000 in FY 2018/19, if the City Council approves funding the project for \$28,000 in FY 2017/18, the \$20,000 budgeted in FY 2018/19 would be returned to the City CIP Reserve account in FY 2018/19.

#### **WORK PLAN:**

This project is not identified in the 2017/18 Work Plan.

#### **OPTIONS:**

- Approve Staff recommendation.
- Approve Staff recommendation with modifications.
- Provide direction.

#### **DEPARTMENT RECOMMENDATION:**

Staff recommends the City Council adopt Resolution No. 2017-161:

- 1. Awarding a construction contract for the Plaza Street Fountain Repair Project, Bid No. 2017-09, in the amount of \$25,799.21, to California Aquatics.
- 2. Approving an amount of \$2,200.79 for construction contingency.
- 3. Authorizing the City Manager to execute the construction contract on behalf of the City.
- 4. Appropriating \$28,000 from the City CIP Reserve fund into the City CIP project for the Plaza Street Fountain Repair Project.
- 5. Authorizing the City Treasurer to amend the FY 2017/18 Adopted Budget accordingly.

#### **CITY MANAGER RECOMMENDATION:**

Approve Department Recommendation.

Gregory Wade, City Manager

Attachments:

1. Resolution No. 2017-161

#### **RESOLUTION 2017 - 161**

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SOLANA BEACH, CALIFORNIA, AWARDING A CONSTRUCTION CONTRACT TO CALIFORNIA AQUATICS FOR THE PLAZA STREET FOUNTAIN REPAIR PROJECT

WHEREAS, as part of routine public works maintenance, various inspections and maintenance activities are performed on City infrastructure. As part of this routine maintenance, Staff determined that the Plaza Street Fountain needs to be repaired; and

**WHEREAS,** this project was originally advertised for construction bids in August 2017 but no bids were received; and

WHEREAS, per Section 20166 of the California Public Contract Code (CPCC), if no bids are received, the City Council may have the project done without further complying with the provisions of the CPCC; and

**WHEREAS,** after the time of the expected bid opening, Staff began negotiating with California Aquatics, which is a firm that has experience with fountain renovation projects.

NOW, THEREFORE, the City Council of the City of Solana Beach, California, does resolve as follows:

- 1. That the above recitations are true and correct.
- 2. That the City Council awards a construction contract for the Plaza Street Fountain Repair Project, Bid No. 2017-09, in the amount of \$25,799.21, to California Aquatics.
- 3. That the City Council approves an amount of \$2,200.79 for construction contingency.
- 4. That the City Council authorizes the City Manager to execute the construction contract on behalf of the City.
- 5. That the City Council appropriates \$28,000 from the City CIP Reserve fund into the City CIP project for the Plaza Street Fountain Repair Project.

6. That the City Council Authorizing the City Treasurer to amend the Fiscal Year 2017/18 Adopted Budget accordingly.

**PASSED AND ADOPTED** this 15th day of November, 2017, at a special meeting of the City Council of the City of Solana Beach, California by the following vote:

AYES: Councilmembers – NOES: Councilmembers – ABSTAIN: Councilmembers – ABSENT: Councilmembers –	
	MIKE NICHOLS, Mayor
APPROVED AS TO FORM:	ATTEST:
IOHANNA N. CANLAS, City Attorney	ANGELA IVEV City Clork



## STAFF REPORT CITY OF SOLANA BEACH

TO: FROM: Honorable Mayor and City Councilmembers

Gregory Wade, City Manager

MEETING DATE: ORIGINATING DEPT:

November 15, 2017 Engineering Department

SUBJECT:

Consideration of Resolution No. 2017-157 Notice of

Completion for the City Sidewalk Repair Project

#### **BACKGROUND:**

As part of a City-wide active inspection program, Staff identified several numerous concrete sidewalk panels that needed to be repaired or replaced. In an effort to correct displaced sidewalk sections, Staff developed a project which was advertised for construction bids in February 2017. The City Council awarded a construction contract to the lowest responsible and responsive contractor, Miramar General Engineering (MGE), on July 12, 2017. The project was completed to the satisfaction of the City Engineer.

This item is before the City Council for the consideration of Resolution No. 2017-157 (Attachment 1) to report the final project costs, accept the project as complete and direct the City Clerk to file a Notice of Completion for the City Sidewalk Repair Project, Bid No. 2016-06.

#### DISCUSSION:

MGE completed all work on this project in accordance with the approved specifications of Bid No. 2016-06 to the satisfaction of the City Engineer. A list of the sidewalk sections repaired as part of this project is included as Attachment 2. There were no change orders issued for this project. The City will release the retention, in the amount of \$1,139.75, thirty-five (35) days after the project is accepted as complete by the City Council.

#### **CEQA COMPLIANCE STATEMENT:**

Construction of damaged sidewalk is exempt pursuant to Section 15301(c) of the State CEQA Guidelines.

CITY COUNCIL ACTION:	

#### **FISCAL IMPACT:**

There was \$22,795 appropriated for construction of the project and the entire amount was spent. Since no change orders were issued, the final cost of the project is \$22,795.

#### **WORK PLAN:**

This project is not identified in the 2017-2018 Work Plan.

#### **OPTIONS:**

- Approve Staff recommendation.
- Approve Staff recommendation with modifications.
- Provide direction.

#### **DEPARTMENT RECOMMENDATION:**

Staff recommends that the City Council adopt Resolution 2017-157:

- 1. Authorizing the City Council to accept as complete the City Sidewalk Repair Project, Bid No. 2016-06, constructed by to Miramar General Engineering.
- 2. Authorizing the City Clerk to file a Notice of Completion.

#### **CITY MANAGER RECOMMENDATION:**

Approve Department Recommendation.

Gregory Wade, City Manager

#### Attachments:

- 1. Resolution No. 2017-157
- 2. List of sidewalk sections repaired

#### **RESOLUTION 2017 - 157**

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SOLANA BEACH, CALIFORNIA, ACCEPTING AS COMPLETE THE CITY SIDEWALK REPAIR PROJECT AND AUTHORIZING THE CITY CLERK TO FILE A NOTICE OF COMPLETION

**WHEREAS**, as part of a City-wide inspection, Staff identified numerous concrete sidewalk panels that needed to be repaired in order to prevent further damage that may cause tripping potentials; and

**WHEREAS,** in February 2017, Staff advertised for construction bids for the City Sidewalk Repair Project, Bid No. 2016-06 and a construction contract was awarded to Miramar General Engineering on July 12, 2017.

**NOW, THEREFORE**, the City Council of the City of Solana Beach, California, does resolve as follows:

1. That the above recitations are true and correct.

Councilmembers -

AYES:

- 2. That the City Council accepts as complete the City Sidewalk Repair Project, Bid No. 2016-06, constructed by Miramar General Engineering.
- 3. That the City Council authorizes the City Clerk to file a Notice of Completion for the project.

**PASSED AND ADOPTED** this 15th day of November, 2017, at a special meeting of the City Council of the City of Solana Beach, California by the following vote:

NOES: Councilmembers – ABSTAIN: Councilmembers – ABSENT: Councilmembers –	
	MIKE NICHOLS, Mayor
APPROVED AS TO FORM:	ATTEST:
JOHANNA N. CANLAS, City Attorney	ANGELA IVEY, City Clerk

#### LIST OF LOCATIONS

#### City Sidewalk Repair Project Bid No. 2016-06

Street #	Street Name	Install Root Barrier (L.F)	Remove and replace Sidewalk (S.F.)
1141	Cerro Largo	20	90
202	La Barranca	55	248
216	La Barranca	25	113
251	La Barranca	30	135
678	San Mario	0	90
444	Santa Alicia	10	45
502	Santa Alicia (on S. Victoria)	0	90
651	Santa Camelia	0	45
520	Santa Carina	15	68
1544	Santa Elena	20	90
1016	Santa Florencia	25	113
517	Santa Helena	15	68
1253	Santa Luisa	20	90
763	Santa Olivia	0	68
930	Via Mil Cumbres	0	68
1003	Via Mil Cumbres (on Cerro Largo)	45	203



# STAFF REPORT CITY OF SOLANA BEACH

TO: FROM:

Honorable Mayor and City Councilmembers

Gregory Wade, City Manager

MEETING DATE:

November 15, 2017

**ORIGINATING DEPT:** 

City Manager's Department

SUBJECT:

Council Consideration of Introducing Ordinance 483 Establishing a Community Choice Aggregation Program and Resolution 2017-163 Approving the

Implementation Plan and Statement of Intent

#### **BACKGROUND:**

Community Choice Aggregation (CCA), authorized by Assembly Bill 117, is a state law that allows cities, counties and other authorized entities to aggregate electricity demand within their jurisdictions in order to purchase and/or generate alternative energy supplies for residents and businesses within their jurisdiction while maintaining the existing electricity provider for transmission and distribution services. The goal of a CCA is to provide a higher percentage of renewable energy electricity at competitive and potentially cheaper rates than existing Investor Owned Utilities (IOUs), while giving consumers local choices and promoting the development of renewable power sources and programs and local job growth. Under Public Utilities Code section 366.2, customers have the right to opt out of a CCA Program and continue to receive service from the IOUs. Since 2011, City Staff has been tasked by the City Council to research and analyze the possibility of developing a viable CCA for Solana Beach.

On October 11, 2017, the City Council authorized the City to move into Phases 2 and 3 of CCA development and implementation. One of the required steps for establishing a CCA program is to adopt an Ordinance setting the intent to establish a CCA, and to approve the Implementation Plan and Statement of Intent. There are very clear requirements established by the California Public Utilities Commission (CPUC) on what is to be included in the Implementation Plan. These plans are meant to lay out the general operating principles and goals for the CCA. Once adopted, the Implementation Plan is submitted to the CPUC for certification. After submittal, the CPUC has 90 days within which to certify the Implementation Plan.

CITY COUNCIL ACTION:		

This item is before the City Council to consider Resolution 2017-163 (Attachment 1) approving the Implementation Plan and Statement of Intent (Attachment 2) and authorizing the City Manager to submit to the CPUC for certification and to consider introducing Ordinance 483 (Attachment 3) establishing a CCA in Solana Beach.

#### **DISCUSSION:**

The development and potential launch of the Solana Beach CCA is separated into three (3) phases with a goal for program launch within the first year followed by provision of two to five years of power supply and all CCA operational services. The phases are broken up as follows:

Phase 1	Phase 2	Phase 3

Program Development	Program Launch	Operations
0-6 Months	6-12 Months	Years 2-5
<ul> <li>Technical study completed</li> <li>Community and local government outreach</li> <li>Implementation Plan drafted</li> <li>Operations, budget, and staffing plan developed</li> </ul>	<ul> <li>Implementation Plan certified</li> <li>Data management, accounting, and back office functions established</li> <li>Utility service agreement, regulatory registrations, bond posting</li> <li>Power procurement and contracting</li> <li>Rate design/rate setting</li> <li>Public outreach and marketing campaign</li> <li>Customer notifications/enrollment period</li> </ul>	Ongoing power supply services (scheduling, etc.)     Customer account management     Community outreach and marketing     Regulatory and legislative affairs     Net energy metering and feed-in tariff     Enrollment of additional communities

At the October 11, 2017 City Council meeting, the City Council authorized the City to move into Phases 2 and 3 of CCA development as listed in the chart above. In order to accomplish the tasks in Phases 2 and 3, an Ordinance is required to establish the CCA and an Implementation Plan must be approved and submitted to the CPUC for certification. Ordinance 483 to establish the CCA is included as Attachment 1 and Resolution No. 2017-163 to approve the Implementation Plan and direct the City Manager to submit to the CPUC is included as Attachment 2, for Council's consideration. The Implementation Plan itself is included as Attachment 3 to this Staff Report.

Ordinance 483 is required to establish a CCA in Solana Beach. It is the necessary next step as the City progresses through the phases of CCA development and potential launch. The adoption of Ordinance 483 would not commit the City to launching a CCA but is required to adopt an implementation plan at this point in the process. The City is still committed to conducting additional public outreach, including workshops, to educate the community on the potential impacts of the implementation of the CCA.

Resolution No. 2017-163 would approve the Implementation Plan and direct the City Manager to submit it to the CPUC for certification. The Implementation Plan describes the City's plans to implement a voluntary CCA program for electric customers within the jurisdictional boundary of Solana Beach. The content of the Implementation Plan complies with the statutory requirements of AB 117. As required by Public Utilities Code Section 366.2(c)(3), the Implementation Plan details the process and consequences of aggregation and provides the City's statement of intent for implementing a CCA program. Once received by the CPUC, they have 90 days to review and certify.

Additionally, submittal of the Implementation Plan to the CPUC initiates the timeframe under San Diego Gas and Electric's (SDG&E) Rule 27 which requires SDG&E to be ready to successfully manage a CCA launch for Solana Beach within six (6) months. Primarily, this consists of being ready for the required data management tasks with respect to billing and call center coordination with the City's data management consultant, Calpine Energy Solutions (Calpine). City Staff, Calpine and SDG&E have all been meeting since August to coordinate the potential roll-out of the region's first CCA. The City is still anticipating a potential launch date of June 1, 2018.

It is important to emphasize that the adoption of Ordinance 483 and approval of Resolution 2017-163 does not commit the City to launching a CCA. The City Council can, at any point, stop the development and launch of the program. These are just the next required steps as the City moves through the process of launching a CCA. As mentioned previously in this Staff Report, the City will continue to conduct public outreach on the rate comparisons, renewable energy percentage content scenarios, financial safeguards and potential local programs based on community feedback.

#### **CEQA COMPLIANCE STATEMENT:**

This ordinance is exempt from the requirements of the California Environmental Quality Act (CEQA) pursuant to the CEQA Guidelines, as it is not a "project" as it has no potential to result in a direct or reasonably foreseeable indirect physical change to the environment because energy will be transported through existing infrastructure. (14 Cal. Code Regs. section 15378(a).) Further, this ordinance is exempt from CEQA as there is no possibility that this ordinance or its implementation would have a significant effect on the environment. (14 Cal. Code Regs. section 15061(b)(3).) This ordinance is also categorically exempt because it is an action taken by a regulatory agency to assume the maintenance, restoration, enhancement or protection of the environment. (14 Cal. Code Regs. section 15308.)

#### FISCAL IMPACT:

There is no fiscal impact as a result of the actions discussed in this Staff Report. The certification of the Implementation Plan is part of the tasks included in Phase 2 of the agreement with The Energy Authority (TEA). Minimal additional consultant services continue for assistance in the ongoing development and implementation of Phases 2

and 3 tasks. These costs can be reimbursed through CCA program revenue if or when the City launches a CCA.

#### **WORK PLAN:**

Environmental Sustainability – "Policy Development" – Priority Item 2) Develop and Implement a Community Choice Aggregation (CCA) Program.

#### **OPTIONS:**

- Approve Staff recommendation and approve Resolution 2017-163 approving the Implementation Plan and Statement of Intent and directing the City Manager to submit it to the CPUC for certification.
- Approve Staff recommendation and introduce Ordinance 483 to establish the Solana Beach CCA program.
- Do not approve the Staff recommendations.
- Provide further direction to Staff.

#### **DEPARTMENT RECOMMENDATION:**

Staff recommends the City Council:

- 1. Conduct the Public Hearing: Open the Public Hearing, Report Council Disclosures, Receive Public Testimony, and Close the Public Hearing.
- 2. Find the project exempt from the California Environmental Quality Act pursuant to Section 15303 of the State CEQA Guidelines.
- 3. Approve Resolution 2017-163 approving the Implementation Plan and Statement of Intent and directing the City Manager to submit it to the CPUC for certification.
- 4. Introduce Ordinance 483 to establish the Solana Beach CCA program.

#### **CITY MANAGER RECOMMENDATION:**

Approve Department Recommendation.

Gregory Wade, City Manager

#### Attachments:

- 1. Resolution 2017-163
- 2. Implementation Plan and Statement of Intent
- 3. Ordinance 483

#### **RESOLUTION 2017 - 163**

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SOLANA BEACH, CALIFORNIA, DIRECTING THE CITY MANAGER TO SUBMIT THE APPROVED COMMUNITY CHOICE AGGREGRATION IMPLEMENTATION PLAN REQUIRED BY PUBLIC UTILITIES CODE SECTION 366.2(C)(3)

WHEREAS, the City of Solana Beach is pursuing alternative energy solutions in hopes of improving the current and future environmental and economic conditions of its community and region; and

WHEREAS, the City has been actively investigating options to procure and provide electric power to its citizens with the intent of achieving greater local involvement over the provision of electric services, increasing the renewable energy percentage content and promoting competitively priced renewable energy; and

WHEREAS, a technical study concluded that a Community Choice Aggregation Program would serve the City and provide benefits to include the use of renewable energy at or above the required Renewable Portfolio Standard level while providing competitive rates and economic benefits to the City; and

WHEREAS, an Implementation Plan and Statement of Intent was drafted and presented to the Solana Beach City Council at a duly noticed public hearing for its consideration and adoption on November 15, 2017; and

**WHEREAS**, pursuant to Public Utilities Code Section 366.2(c)(12)(A), the City Council introduced Ordinance No. 483 electing to implement a community choice aggregation program within the City's jurisdiction after having conducted a noticed public hearing and considering all materials and evidence presented.

NOW, THEREFORE, the City Council of the City of Solana Beach, California, resolve as follows:

- 1. That the above recitations are true and correct.
- 2. That the Solana Beach Implementation Plan and Statement of Intent is approved.
- 3. That the City Manager is directed to file the Implementation Plan and Statement of Intent with the California Public Utilities Commission for certification.

**PASSED AND ADOPTED** this 15th day of November, 2017, at a special meeting of the City Council of the City of Solana Beach, California by the following vote:

AYES: Councilmembers – NOES: Councilmembers – ABSTAIN: Councilmembers – ABSENT: Councilmembers –	
	MIKE NICHOLS, Mayor
APPROVED AS TO FORM:	ATTEST:
JOHANNA N. CANLAS. City Attorney	ANGELA IVEY City Clerk

# **CITY OF SOLANA BEACH**

# COMMUNITY CHOICE AGGREGATION IMPLEMENTATION PLAN AND STATEMENT OF INTENT - DRAFT

November 2017

### TABLE OF CONTENTS

_	
1	Introduction
	1.1Statement of Intent
	1.20rganization of this Implementation Plan
2	Aggregation Process
	2.1Introduction
	2.2Process of Aggregation
	2.3Consequences of Aggregation
	2.3.1 Rate Impacts
	2.3.2 Renewable Energy Impacts
	2.3.3 Greenhouse Gas Reduction
3	Organization and Governance Structure1
	3.1Organizational Overview
	3.2Governance
	3.3Management
	3.4Administration
	3.5Finance
	3.6Marketing & Public Affairs
	3.7Power Resources & Energy Programs
	3.7.1 Electric Supply Operations
	3.8Governmental Affairs & Legal Support
4	Startup Plan and Funding1
	4.1Startup Activities
	4.2Staffing and Contract Services
	4.3Capital Requirements
	4.4Financing Plan
5	Program Phase-In1
5	Load Forecast & Resource Plan18

#### **SBCCA Implementation Plan**

	6.1Introduction	. 18
	6.2Resource Plan Overview	. 19
	6.3Supply Requirements	. 20
	6.4Customer Participation Rates	. 20
	6.5Customer Forecast	. 20
	6.6Sales Forecast	. 21
	6.7Capacity Requirements	. 22
	6.8Renewables Portfolio Standards Energy Requirements	24
	6.8.1 Basic RPS Requirements	. 24
	6.8.2 Solana Beach's Renewables Portfolio Standards Requirement	24
	6.9Purchased Power	25
	6.10Renewable Resources	25
	6.11Energy Efficiency	25
7	Financial Plan	26
	7.1Description of Cash Flow Analysis	26
	7.2Cost of CCA Program Operations	26
	7.3Revenues from CCA Program Operations	26
	7.4Cash Flow Analysis Results	27
	7.5CCA Program Implementation Pro Forma	27
	7.6SBCCA Financings	28
	7.7Renewable Resource Project Financing	28
8	Rate Setting, Program Terms and Conditions	29
	8.1Introduction	29
	8.2Rate Policies	29
	8.3Rate Competitiveness	29
	8.4Rate Stability	30
	8.5Equity among Customer Classes	30
	8.6Customer Understanding	30
	8.7Revenue Sufficiency	30

	8.8Rate Design31
	8.9Net Energy Metering31
	8.10Disclosure and Due Process in Setting Rates and Allocating Costs among Participants 31
9	Customer Rights and Responsibilities32
	9.1Customer Notices
	9.2Termination Fee
	9.3Customer Confidentiality
	9.4Responsibility for Payment
	9.5Customer Deposits
1(	Procurement Process35
	10.1Introduction35
	10.2Procurement Methods
	10.3Key Contracts
	10.3.1 Electric Supply
	10.3.2 Data Management Contract
1:	Contingency Plan for Program Termination36
	l1.1Introduction
	11.2Termination by SBCCA
12	Appendix A: City of Solana Beach Resolution No. 2017-163 (Adopting Implementation Plan)38

## 1 Introduction

The City of Solana Beach ("City" or "Solana Beach"), located within San Diego County, is pursuing the implementation of a community choice aggregation program ("CCA"), which has been temporarily named Solana Beach CCA (the "Program" or "SBCCA"). SBCCA will offer service to all eligible customers within the City's geographic boundaries.

This Implementation Plan and Statement of Intent ("Implementation Plan") describes the City's plans to implement a voluntary CCA program for electric customers within the jurisdictional boundaries of Solana Beach that currently take bundled electric service from San Diego Gas and Electric ("SDGE"). The Program will provide electricity customers the opportunity to jointly procure electricity from competitive suppliers, with such electricity being delivered over SDGE's transmission and distribution system. The planned start date for the Program is June 1, 2018. All current SDGE customers within the City's service area will receive information describing the SBCCA Program and will have multiple opportunities to opt out and choose to remain full requirement ("bundled") customers of SDGE, in which case they will not be enrolled. Thus, participation in the SBCCA Program is completely voluntary. However, customers, as provided by law, will be automatically enrolled according to the anticipated schedule later described in Chapter 5 unless they affirmatively elect to opt-out.

Implementation of SBCCA will enable customers within Solana Beach's service area to take advantage of the opportunities granted by Assembly Bill 117 ("AB 117"), the Community Choice Aggregation Law. Solana Beach's primary objectives in implementing this Program are to procure an electric supply portfolio with higher renewable content than SDGE; to provide cost competitive electric services; and to sustain long-term rate stability for residents and businesses through local control. The prospective benefits to consumers include increased renewable energy options, stable and competitive electric rates, and the opportunity for public participation in determining which technologies are utilized to meet local electricity needs.

To ensure successful operation of the Program, the City has contracted with a not-for-profit energy services company that will procure SBCCA's initial supply portfolio in the open market. Information regarding the procurement process is contained in Chapter 10.

The California Public Utilities Code provides the relevant legal authority for the City to become a Community Choice Aggregator and invests the California Public Utilities Commission ("CPUC" or "Commission") with the responsibility for establishing the cost recovery mechanism that must be in place before customers can begin receiving electrical service through the SBCCA Program. The CPUC also has responsibility for registering the City as a Community Choice Aggregator and ensuring compliance with basic consumer protection rules. The Public Utilities Code requires adoption of an Implementation Plan at a duly noticed public hearing. The plan must then be filed with the Commission.

On November 15, 2017 the City, at a duly noticed public hearing, introduced and adopted this Implementation Plan, through Resolution No. 2017-163 (a copy of which is included as part of Appendix A).

The Commission has established the methodology to use to determine the cost recovery mechanism, and SDGE has approved tariffs for imposition of the cost recovery mechanism. Having accomplished this

milestone, the City submits this Implementation Plan to the CPUC. Following the CPUC's certification of its receipt of this Implementation Plan and resolution of any outstanding issues, the City will take the final steps needed to register as a CCA prior to initiating the customer notification and enrollment process.

#### 1.1 STATEMENT OF INTENT

The content of this Implementation Plan complies with the statutory requirements of AB 117. As required by Public Utilities Code Section 366.2(c)(3), this Implementation Plan details the process and consequences of aggregation and provides the City's statement of intent for implementing a CCA program that includes all of the following:

- Universal access:
- Reliability;
- Equitable treatment of all customer classes; and
- > Any requirements established by state law or by the CPUC concerning aggregated service.

#### 1.2 Organization of this Implementation Plan

The remainder of this Implementation Plan is organized as follows:

Chapter 2: Aggregation Process

Chapter 3: Organizational Structure

Chapter 4: Startup Plan & Funding

Chapter 5: Program Phase-In

Chapter 6: Load Forecast & Resource Plan

Chapter 7: Financial Plan

Chapter 8: Rate setting

Chapter 9: Customer Rights and Responsibilities

Chapter 10: Procurement Process

Chapter 11: Contingency Plan for Program Termination

Appendix A: City of Solana Beach Resolution No. 2017-163 (Adopting Implementation Plan)

The requirements of AB 117 are cross-referenced to Chapters of this Implementation Plan in the following table.

#### **AB 117 Cross References**

AB 117 REQUIREMENT	IMPLEMENTATION PLAN CHAPTER
Statement of Intent	Chapter 1: Introduction
Process and consequences of aggregation	Chapter 2: Aggregation Process
Organizational structure of the program, its	Chapter 3: Organizational Structure
operations and funding	Chapter 4: Startup Plan & Funding
	Chapter 7: Financial Plan
Disclosure and due process in setting rates and	Chapter 8: Rate setting
allocating costs among participants	
Rate setting and other costs to participants	Chapter 8: Rate setting
	Chapter 9: Customer Rights and
	Responsibilities
Participant rights and responsibilities	Chapter 9: Customer Rights and
	Responsibilities
Methods for entering and terminating	Chapter 10: Procurement Process
agreements with other entities	
Description of third parties that will be	Chapter 10: Procurement Process
supplying electricity under the program, including information about financial,	
technical and operational capabilities	
Termination of the program	Chapter 11: Contingency Plan for Program
	Termination

# 2 AGGREGATION PROCESS

## 2.1 Introduction

This Chapter describes the background leading to the development of this Implementation Plan and describes the process and consequences of aggregation, consistent with the requirements of AB 117.

In early 2016 Solana Beach engaged the assistance of California Clean Power to evaluate the feasibility of Solana Beach operating a standalone CCA program. The initial study revealed that a CCA program was viable, offering customers rates competitive with SDGE. The City has subsequently contracted with EES to validate the results of the initial feasibility study as some time had passed. EES also found a Solana Beach CCA to be viable. Finally, in 2017, the City contracted with The Energy Authority (TEA) to be its wholesale services provider. TEA has refreshed the feasibility analysis and finds SBCCA to be feasible as reflected in this implementation plan.

The City created SBCCA with the following objectives: 1) procure a power supply with greater renewable content than SDGE; 2) help meet the goals of the Climate Action Plan to reduce GHG emissions; 3) provide cost-competitive electric services to the residents of Solana Beach; 4) gain local control of the City's energy procurement needs; and 5) provide local clean energy programs and benefits.

The City released a draft Implementation Plan in September 2017, which described the planned organization, governance and operation of the CCA Program. Following consideration of comments related to the draft document, a final Implementation Plan was prepared and duly adopted by the Solana Beach City Council.

The SBCCA Program represents a culmination of planning efforts that are responsive to the expressed needs and priorities of the residents and business community within Solana Beach. The City plans to expand the energy choices available to eligible customers through creation of innovative new programs for voluntary purchases of renewable energy and net energy metering to promote customer-owned renewable generation.

#### 2.2 PROCESS OF AGGREGATION

Before they are enrolled in the Program, prospective SBCCA customers will receive two written notices in the mail, from Solana Beach, that will provide information needed to understand the Program's terms and conditions of service and explain how customers can opt-out of the Program, if desired. All customers that do not follow the opt-out process specified in the customer notices will be automatically enrolled, and service will begin at their next regularly scheduled meter read date following the date of automatic enrollment, subject to the service phase-in plan described in Chapter 5. The initial enrollment notices will be provided to customers in the March, 2018, with a second notice being provided in April, 2018.

Customers enrolled in the SBCCA Program will continue to have their electric meters read and to be billed for electric service by the distribution utility (SDGE). The electric bill for Program customers will show separate charges for generation procured by SBCCA as well as other charges related to electricity delivery and other utility charges assessed by SDGE.

After service cutover, customers will have approximately 60 days (two billing cycles) to opt-out of the SBCCA Program without penalty and return to the distribution utility (SDGE). SBCCA customers will be advised of these opportunities via the distribution of two additional enrollment notices provided within the first two months of service. Customers that opt-out between the initial cutover date and the close of the post enrollment opt-out period will be responsible for program charges for the time they were served by SBCCA but will not otherwise be subject to any penalty for leaving the program. Customers that have not opted-out within thirty days of the fourth enrollment notice will be deemed to have

elected to become a participant in the SBCCA Program and to have agreed to the SBCCA Program's terms and conditions, including those pertaining to requests for termination of service, as further described in Chapter 8.

## 2.3 Consequences of Aggregation

#### 2.3.1 Rate Impacts

SBCCA Customers will pay the generation charges set by the City and no longer pay the costs of SDGE generation. Customers enrolled in the Program will be subject to the Program's terms and conditions, including responsibility for payment of all Program charges as described in Chapter 9.

The City's rate setting policies described in Chapter 7 establish a goal of providing rates that are competitive with the projected generation rates offered by the incumbent distribution utility (SDGE). The City will establish rates sufficient to recover all costs related to operation of the Program, and the Solana Beach City Council will adopt actual rates.

Initial SBCCA Program rates will be established following approval of the City's inaugural program budget, reflecting final costs from the SBCCA Program's energy procurement. The City's rate policies and procedures are detailed in Chapter 7. Information regarding final SBCCA Program rates will be disclosed along with other terms and conditions of service in the pre-enrollment and post-enrollment notices sent to potential customers.

Once Solana Beach gives definitive notice to SDGE that it will commence service, SBCCA customers will generally not be responsible for costs associated with SDGE's future electricity procurement contracts or power plant investments. Certain pre-existing generation costs and new generation costs that are deemed to provide system-wide benefits will continue to be charged by SDGE to CCA customers through separate rate components, called the Cost Responsibility Surcharge and the New System Generation Charge. These charges are shown in SDGE's electric service tariffs, which can be accessed from the utility's website, and the costs are included in charges paid by both SDGE bundled customers as well as CCA and Direct Access customers.<sup>1</sup>

#### 2.3.2 Renewable Energy Impacts

A second consequence of the Program will be an increase in the proportion of energy generated and supplied by renewable resources. The resource plan includes procurement of renewable energy in excess of California's renewable energy procurement mandate, and SDGE's forecast renewable percentage, for all enrolled customers. SBCCA customers may also voluntarily participate in a higher renewable supply option, potentially up to 100%. To the extent that customers choose SBCCA's voluntary renewable energy option, the renewable content of SBCCA's aggregate supply portfolio will further increase. Initially, requisite renewable energy supply will be sourced through over-the-counter energy transactions. Over time, however, the City will consider independent development of new renewable generation resources.

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<sup>&</sup>lt;sup>1</sup> For SDGE bundled service customers, the Power Charge Indifference Adjustment element of the Cost Responsibility Surcharge is contained within the CCA-CRS rate tariff.

#### 2.3.3 Greenhouse Gas Reduction

A third consequence of the Program will be an anticipated reduction in the greenhouse gas emissions attributed to the SBCCA supply portfolio. An important objective of the SBCCA formation is to support the City's Climate Action Plan. Therefore, SBCCA will set aggressive GHG-emissions reduction targets and acquire zero or low GHG emitting supply to achieve those targets.

## 3 Organization and Governance Structure

This section provides an overview of the organizational structure of SBCCA and its proposed implementation of the CCA program. Specifically, the key agreements, governance, management, and organizational functions of SBCCA are outlined and discussed below.

#### 3.1 ORGANIZATIONAL OVERVIEW

The Solana Beach City Council is responsible for establishing SBCCA Program policies and objectives and overseeing SBCCA's operation. The Solana Beach City Manager will serve as the SBCCA Executive Director to manage the operations of SBCCA in accordance with policies adopted by the City Council.

#### 3.2 GOVERNANCE

The SBCCA Program will be governed by the Solana Beach City Council. SBCCA is the CCA entity that will register with the CPUC, and it is responsible for implementing and managing the program pursuant to the City Council's direction. The City Council is comprised of five councilmembers, one of which, the Mayor, serves as the presiding officer at all meetings. The SBCCA Program will be operated under the direction of an Executive Director (City Manager) appointed by the City Council.

The City Council's primary duties are to establish program policies, approve rates and provide policy direction to the Executive Director, who has general responsibility for program operations, consistent with the policies established by the City Council. The City may form various standing and ad hoc committees, as appropriate, which would have responsibility for evaluating various issues that may affect the City and its customers, including rate-related and power contracting issues, and would provide analytical support and recommendations to the City Council in these regards.

#### 3.3 MANAGEMENT

The SBCCA Executive Director has management responsibilities over the functional areas of Administration & Finance, Marketing & Public Affairs, Power Resources & Energy Programs, and Government Affairs. In performing the defined obligations to SBCCA, the Executive Director may utilize a combination of internal staff, partnerships with other CCA agencies, and/or contractors. Certain specialized functions needed for program operations, namely the electric supply and customer account management functions described below, will be performed by experienced third-party contractors.

Major functions of SBCCA that will be managed by the Executive Director are summarized below.

#### 3.4 Administration

SBCCA's Executive Director will be responsible for managing the organization's human resources and administrative functions and will coordinate with the City Council, as necessary, with regard to these functions. The functional area of administration will include oversight of any employee hiring and termination, compensation and benefits management, identification and procurement of requisite office space and various other issues. It is likely that existing City staff will assist with this function.

## 3.5 FINANCE

The Executive Director is also responsible for managing the financial affairs of SBCCA, including the development of an annual budget, revenue requirement and rates; managing and maintaining cash flow requirements; arranging potential bridge loans as necessary; and other financial tools.

Revenues via rates and other funding sources (such as a rate stabilization fund, when necessary) must, at a minimum, meet the annual budgetary revenue requirement, including recovery of all expenses and any reserves or coverage requirements set forth in bond covenants or other agreements. The City will have the flexibility to consider rate adjustments, administer a standardized set of electric rates, and may offer optional rates to encourage policy goals such as encouraging renewable generation and incentivizing peak demand reduction, provided that the overall revenue requirement is achieved.

In conjunction with the City's Finance Manager, SBCCA's finance function will be responsible for preparing the annual budget, arranging financing necessary for any capital projects, preparing financial reports, managing required audits and ensuring sufficient cash flow for successful operation of the SBCCA Program. The finance function will play an important role in risk management by monitoring the credit of energy suppliers so that credit risk is properly understood and mitigated. In the event that changes in a supplier's financial condition and/or credit rating are identified, the City will be able to take appropriate action, as would be provided for in the electric supply agreement(s).

#### 3.6 Marketing & Public Affairs

The marketing and public affairs functions include general program marketing and communications as well as direct customer interface ranging from management of key account relationships to call center and billing operations. The City will conduct program marketing to raise consumer awareness of the SBCCA Program and to establish the SBCCA "brand" in the minds of the public, with the goal of retaining and attracting as many customers as possible into the SBCCA Program. Communications will also be directed at key policy-makers at the state and local level, community business and opinion leaders, and the media.

In addition to general program communications and marketing, a significant focus on customer service, particularly representation for key accounts, will enhance the SBCCA's ability to differentiate itself as a highly customer-focused organization that is responsive to the needs of the community. SBCCA, through its data services provider, will also establish a customer call center designed to field customer inquiries and routine interaction with customer accounts.

The customer service function also encompasses management of customer data. Customer data management services include retail settlements/billing-related activities and management of a customer database. This function processes customer service requests and administers customer enrollments and departures from the SBCCA Program, maintaining a current database of enrolled customers. This function coordinates the issuance of monthly bills through the distribution utility's billing process and tracks customer payments. Activities include the electronic exchange of usage, billing, and payments data with the distribution utility and SBCCA, tracking of customer payments and accounts receivable, issuance of late payment and/or service termination notices (which would return affected customers to bundled service), and administration of customer deposits in accordance with credit policies of the City.

The customer data management services function also manages billing-related communications with customers, customer call centers, and routine customer notices. The City has contracted with an experienced third party to perform the customer account and billing services functions.

#### 3.7 Power Resources & Energy Programs

Solana Beach must plan for meeting the electricity needs of its customers utilizing resources consistent with its policy goals and objectives as well as applicable legislative and/or regulatory mandates. SBCCA's long-term resource plans (addressing the 10-20 year planning horizon) will comply with California Law and other pertinent requirements of California regulatory bodies. The City may develop and administer complementary energy programs that may be offered to SBCCA customers, including green pricing, energy efficiency, net energy metering and various other programs that may be identified to support the overarching goals and objectives of the City.

SBCCA will develop integrated resource plans that meet program supply objectives and balance cost, risk and environmental considerations. Such integrated resource plans will also conform to applicable requirements imposed by the State of California. Integrated resource planning efforts of SBCCA will make use of demand side energy efficiency, distributed generation and demand response programs as well as traditional supply options, which rely on structured wholesale transactions to meet customer energy requirements. Integrated resource plans will be updated and adopted by the City Council on an annual basis.

#### 3.7.1 Electric Supply Operations

Electric supply operations encompass the activities necessary for wholesale procurement of electricity to serve end use customers. These highly specialized activities include the following:

- > Electricity Procurement assemble a portfolio of electricity resources to supply the electric needs of Program customers.
- Risk Management application of standard industry techniques to reduce exposure to the volatility of energy and credit markets and insulate customer rates from sudden changes in wholesale market prices.
- Load Forecasting develop load forecasts, both long-term for resource planning, short-term for the electricity purchases, and sales needed to maintain a balance between hourly resources and loads.
- Scheduling Coordination scheduling and settling electric supply transactions with the California Independent System Operator ("CAISO").

The City has contracted with a third party not-for-profit wholesale energy services firm to perform most of the electric supply operations for the SBCCA Program. These requirements include the procurement of energy, capacity and ancillary services, scheduling coordinator services, short-term load forecasting and day-ahead and real-time electricity trading.

#### 3.8 GOVERNMENTAL AFFAIRS & LEGAL SUPPORT

The SBCCA Program will require ongoing regulatory and legislative representation to manage various regulatory compliance filings related to resource plans, resource adequacy, compliance with California's Renewables Portfolio Standard ("RPS"), and overall representation on issues that will impact the City and SBCCA customers. The City will maintain an active role at the CPUC, the California Energy Commission, the California Independent System Operator, the California legislature and, as necessary, the Federal Energy Regulatory Commission.

The City may retain outside legal services, as necessary, to administer SBCCA, review contracts, and provide overall legal support related to activities of the SBCCA Program. In addition, SBCCA's wholesale services provider will assist with regulatory filings related to wholesale procurement.

## 4 STARTUP PLAN AND FUNDING

This Chapter presents the City's plans for the start-up period, including necessary expenses and capital outlays. As described in the previous Chapter, Solana Beach will utilize a mix of internal staff and contractors in its CCA Program implementation and operation.

#### 4.1 STARTUP ACTIVITIES

The initial program startup activities include the following:

- Hire staff and/or contractors to manage implementation
- Identify qualified suppliers (of requisite energy products and related services) and negotiate supplier contracts
  - Electric supplier and scheduling coordinator
  - Data management provider (if separate from energy supply)
- > Define and execute communications plan
  - Customer research/information gathering
  - Media campaign
  - Key customer/stakeholder outreach
  - Informational materials and customer notices
  - Customer call center
- Post CCA bond and complete requisite registration requirements
- Pay utility service initiation, notification and switching fees
- Perform customer notification, opt-out and transfers
- > Conduct load forecasting
- > Establish rates
- > Legal and regulatory support
- > Financial management and reporting

Other costs related to starting up the SBCCA Program will be the responsibility of the SBCCA Program's contractors (and are assumed to be covered by any fees/charges imposed by such contractors). These may include capital requirements needed for collateral/credit support for electric supply expenses, customer information system costs, electronic data exchange system costs, call center costs, and billing administration/settlements systems costs.

#### 4.2 STAFFING AND CONTRACT SERVICES

Personnel in the form of City staff or contractors will be utilized as needed to match workloads involved in forming SBCCA, managing contracts, and initiating customer outreach/marketing during the preoperations period. During the startup period, minimal personnel requirements would include an Executive Director, legal support, and other personnel needed to support regulatory, procurement, finance, legal, and communications activities. This support will come from using existing city staff and contractors. Following this period, additional staff and/or contractors may be retained, as needed, to support the rollout of additional value-added services (e.g., efficiency projects) and local generation projects and programs.

### 4.3 CAPITAL REQUIREMENTS

The start-up of the CCA Program will require capital for three major functions: (1) staffing and contractor costs; (2) deposits and reserves; and (3) operating cash flow. Based on the City's anticipated start-up activities and implementation schedule, a total need of \$1,350,000 has been identified to support the aforementioned functions. Out of the \$1,350,000 in capital requirements, \$225,000 is related to the implementation/startup efforts (i.e., rate setting, power procurement and contract negotiations, marketing and communications, regulatory compliance, CPUC bond, SDGE security deposit, etc.) in order to serve customers by the June 2018. \$500,000 may be required as collateral for CAISO. The remaining \$625,000 is the "float" required for SBCCA to pay its monthly bills before the program generates enough internal cash to self-fund its working capital needs.

The finance plan in Chapter 7 provides additional detail regarding the City's expected capital requirements and general Program finances. All the capital required for start-up is provided through SBCCA's contracts with its service providers – through deferred fees and direct loans.

Related to the City's initial capital requirement, this amount is expected to cover staffing and contractor costs during startup and pre-startup activities, including direct costs related to public relations support, technical support, and customer communications. Requisite deposits and operating reserves are also reflected in the initial capital requirement, including the following items: 1) operating reserves to address anticipated cash flow variations; 2) deposit with the CAISO prior to commencing market operations (if required); 3) CCA bond (posted with the CPUC); and 4) SDGE service fee deposit, if required.

Operating revenues from sales of electricity will be remitted to SBCCA beginning approximately sixty days after the initial customer enrollments. This lag is due to the distribution utility's standard meter reading cycle of 30 days and a 30-day payment/collections cycle. SBCCA will need working capital to support electricity procurement and costs related to program management, which is included in the SBCCA's initial \$1,350 thousand capital requirement.

#### 4.4 FINANCING PLAN

SBCCA's initial capital requirement will be met through credit supplied by the wholesale energy management services and data management services vendors. Solana Beach will pay back the principal and interest costs associated with the start-up funding via retail generation rates charged to SBCCA customers. It is anticipated that the start-up costs will be fully recovered through such customer

generation rates within the first several years of operations. staff and resources.	Other needs will be met using existing city

## 5 PROGRAM PHASE-IN

The plan is for Solana Beach will roll out its service offering to all eligible customers in a single phase at start-up. Given that there are only about 7200 eligible customer accounts within the City's boundaries, a one phase roll-out is reasonable and the most efficient way for SBCCA to serve customers beginning in June 2018. It is possible that NEM customers may be enrolled over multiple periods to mitigate the impact of SDGE NEM true-up treatment.

## 6 Load Forecast & Resource Plan

## 6.1 Introduction

This Chapter describes the planned mix of electric resources that will meet the energy demands of SBCCA customers using a diversified portfolio of electricity supplies. Several overarching policies govern the resource plan and the ensuing resource procurement activities that will be conducted in accordance with the plan. These key polices are as follows:

- Develop a portfolio with more renewables and lower greenhouse gas emissions than SDGE
- Manage a diverse resource portfolio to increase control over energy costs and maintain competitive and stable electric rates.

The plan described in this section would accomplish the following:

- Procure Competitive Supply: Procure energy, RA, renewables and low-GHG supply through competitive processes in the open market using the enabling agreements and credit supplied by the City's wholesale services adviser.
- ➤ Use Best Practices Risk Management: Maintain rate competitiveness by using a dollar-costaveraging approach with particular attention to the methodology used in the power charge indifference adjustment calculation. Use stochastic modeling to measure and achieve risk management objectives.
- Achieve Environmental Objectives: Procure supply to offer two distinct generation rate tariffs:

  1) a voluntary 100% renewable energy offered to SBCCA customers on a price premium basis relative to the SBCCA default retail option; and 2) a default SBCCA service option that includes a proportion of renewable energy greater than SDGE.
- Provide NEM Tariff: Encourage distributed renewable generation in the local area through the offering of a net energy metering tariff that is more remunerative than SDGE's NEM tariff.

SBCCA will comply with regulatory rules applicable to California load serving entities. SBCCA will arrange for the scheduling of sufficient electric supplies to meet the demands of its customers. Solana Beach will adhere to capacity reserve requirements established by the CPUC and the CAISO designed to address uncertainty in load forecasts and potential supply disruptions caused by generator outages and/or transmission contingencies. These rules also ensure that physical generation capacity is in place to serve SBCCA's customers, even if there were a need for the SBCCA Program to cease operations and return customers to SDGE. In addition, the City will be responsible for ensuring that its resource mix contains sufficient production from renewable energy resources needed to comply with the statewide RPS mandate (33 percent renewable energy by 2020, increasing to 50 percent by 2030). The resource plan will meet or exceed all of the applicable regulatory requirements related to resource adequacy and the RPS.

#### 6.2 RESOURCE PLAN OVERVIEW

To meet the aforementioned objectives and satisfy the applicable regulatory requirements pertaining to SBCCA's status as a California load serving entity, Solana Beach's resource plan includes a diverse mix of power purchases, renewable energy, and potentially, new energy efficiency programs, demand response, and distributed generation. A diversified resource plan minimizes risk and volatility that can occur from over-reliance on a single resource type or fuel source, and thus increases the likelihood of rate stability. The planned power supply is initially comprised of power purchases from third party electric suppliers and, in the longer-term, may include renewable generation assets owned and/or controlled by SBCCA.

Once the SBCCA Program demonstrates it can operate successfully, Solana Beach may begin evaluating opportunities for investment in renewable generating assets, subject to then-current market conditions, statutory requirements and regulatory considerations. Any renewable generation owned by SBCCA or controlled under long-term power purchase agreement with a proven public power developer, could provide a portion of Solana Beach's electricity requirements on a cost-of-service basis. Depending upon market conditions and, importantly, the applicability of tax incentives for renewable energy development, electricity purchased under a cost-of-service arrangement can be more cost-effective than purchasing renewable energy from third party developers, which will allow the SBCCA Program to pass on cost savings to its customers through competitive generation rates. Any investment decisions will be made following thorough environmental reviews and in consultation with qualified financial and legal advisors.

As an alternative to direct investment, Solana Beach may consider partnering with an experienced public power developer and could enter into a long-term (15-to-30 year) power purchase agreement that would support the development of new renewable generating capacity. Such an arrangement could be structured to reduce the SBCCA Program's operational risk associated with capacity ownership while providing its customers with all renewable energy generated by the facility under contract.

Solana Beach's indicative resource plan for the years 2017 through 2026 is summarized in the following table. Note that SBCCA's projections reflect a portfolio mix of renewable energy compliant with the annual RPS requirement and all other supply coming in the form of conventional resources or CAISO system power.

Table 1: Proposed Resource Plan

City of Solana Beach Proposed Resource Plan (MWh) 2018-2027 <u>2018</u> 2019 2020 2021 2022 2023 <u> 2024</u> 2025 <u> 2026</u> <u>2027</u> Demand (MWh) Retail Demand 44.239 65.941 66,600 67,266 67,939 68,619 69,305 69,998 70,698 71,405 Losses 2,079 3,099 3,130 3,162 3.193 3.225 3,257 3,290 3,323 3,356 Wholesale 46,319 69,040 69,731 70,428 71,132 71,844 72,562 73,288 74.021 74,761 Supply (MWh) Renewable 22,120 32,971 33,300 33,633 33,970 34,309 34.652 34,999 35,349 35,702 System 24.199 36.070 36,430 36.795 37,163 37,534 37,910 38,289 38,672 39,058 **Total Supply** 46,319 69.040 69,731 70,428 71,132 71.844 72,562 73,288 74,021 74,761

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#### 6.3 SUPPLY REQUIREMENTS

Net Position (MWh)

The starting point for Solana Beach's resource plan is a projection of participating customers and associated electric consumption. Projected electric consumption is evaluated on an hourly basis, and matched with resources best suited to serving the aggregate of hourly demands or the program's "load profile." The electric sales forecast and load profile will be affected by Solana Beach's plan to introduce the SBCCA Program to customers in one single phase and the degree to which customers choose to remain with SDGE during the customer enrollment and opt-out period. The City's rollout plan and assumptions regarding customer participation rates are discussed below.

## 6.4 CUSTOMER PARTICIPATION RATES

Customers will be automatically enrolled in the SBCCA Program unless they opt-out during the customer notification process conducted during the 60-day period prior to enrollment and continuing through the 60-day period following commencement of service. The City anticipates an overall customer participation rate of approximately 90 percent of eligible SDGE bundled service customers, based on reported opt-out rates for already operating CCAs. It is assumed that customers taking direct access service from a competitive electricity provider will continue to remain with their current supplier.

The participation rate is not expected to vary significantly among customer classes, in part because the City will offer two distinct rate tariffs that will address the needs of cost-sensitive customers as well as the needs of both residential and business customers that prefer a highly renewable energy product. The assumed participation rates will be refined as Solana Beach's public outreach and market research efforts continue to develop.

#### 6.5 CUSTOMER FORECAST

Once customers enroll, they will be transferred to service by SBCCA on their regularly scheduled meter read date over an approximately thirty-day period. Approximately 240 service accounts per day will be

transferred during the first month of service. The number of accounts anticipated to be served by Solana Beach at the end of the enrollment period is shown in Table 2.

Table 2: Total Customer Counts at the end of First Month of Operation, here presuming enrollment occurs in June, 2018.

	<u>Jun-18</u>
Residential	6,140
Commercial & Agriculture	1,116
Street Lighting & Traffic	9
Total	7,266

The City assumes that customer growth will generally offset customer attrition (opt-outs) over time, resulting in a relatively stable customer base (1% annual growth) over the noted planning horizon. While the successful operating track record of California CCA programs continues to grow, there is a relatively short history with regard to CCA operations, which makes it difficult to anticipate the actual levels of customer participation within the SBCCA Program. The City believes that its assumptions regarding the offsetting effects of growth and attrition are reasonable in consideration of the historical customer growth within the City and the potential for continuing customer opt-outs following mandatory customer notification periods. The following table shows the forecast of service accounts (customers) served by Solana Beach for each of the next ten years.

Table 3: Customer Accounts by Year

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Residential	6,140	6,201	6,263	6,326	6,389	6,453	6,518	6,583	6,649	6,715
Commercial & Agriculture	1,116	1,127	1,139	1,150	1,161	1,173	1,185	1,197	1,209	1,221
Street Lighting & Traffic	9	9	10	10	10	10	10	10	10	10
Total	7.266	7.338	7.412	7.486	7.561	7.636	7 713	7 790	7 868	7 946

## 6.6 SALES FORECAST

The City's forecast of kWh sales reflects the rollout and customer enrollment schedule shown above. Annual energy requirements is shown in Table 4.

Table 4: Demand Forecast in MWh, 2018-2027

Demand (MWh)	2018	<u>2019</u>	<u>2020</u>	<u>2021</u>	2022	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	2027
Retail Demand	44,239	65,941	66,600	67,266	67,939	68,619	69,305	69,998	70,698	71,405
Losses	2,079	3,099	3,130	3,162	3,193	3,225	3,257	3,290	3,323	3,356
Wholesale	46,319	69,040	69,731	70,428	71,132	71,844	72,562	73,288	74,021	74,761

#### 6.7 CAPACITY REQUIREMENTS

The CPUC's resource adequacy standards applicable to the SBCCA Program require a demonstration one year in advance that SBCCA has secured physical capacity for 90 percent of its projected peak loads for each of the five months May through September, plus a minimum 15 percent reserve margin. On a month-ahead basis, Solana Beach must demonstrate 100 percent of the peak load plus a minimum 15 percent reserve margin.

A portion of SBCCA's capacity requirements must be procured locally, from the San Diego — Imperial Valley local capacity area as defined by the CAISO. The City would be required to demonstrate its local capacity requirement for each month of the following calendar year. The local capacity requirement is a percentage of the total (SDGE service area) local capacity requirements adopted by the CPUC based on Solana Beach's forecasted peak load. Solana Beach must demonstrate compliance or request a waiver from the CPUC requirement as provided for in cases where local capacity is not available.

SBCCA is also required to demonstrate that a specified portion of its capacity meets certain operational flexibility requirements under the CPUC and CAISO's flexible resource adequacy framework.

The estimated forward resource adequacy requirements for 2017 through 2019 are shown in the following tables<sup>2</sup>:

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<sup>&</sup>lt;sup>2</sup> The figures shown in the table are estimates. Solana Beach's resource adequacy requirements will be subject to modification due to application of certain coincidence adjustments and resource allocations relating to utility demand response and energy efficiency programs, as well as generation capacity allocated through the Cost Allocation Mechanism. These adjustments are addressed through the CPUC's resource adequacy compliance process.

Table 5: Forward Capacity Requirements (Total) for 2018-2020 in MW, presuming service starts in June, 2018

Month	<u>2018</u>	<u>2019</u>	<u>2020</u>
January		13.3	13.5
February		14.8	14.3
March		13.7	13.8
April		12.1	12.2
May		12.1	12.7
June	12.9	13.6	13.2
July	16.2	15.8	15.9
August	16.4	16.6	17.4
September	19.0	19.2	18.6
October	13.5	13.6	13.7
November	14.8	15.0	15.8
December	12.4	12.6	12.2

Solana Beach's plan ensures that sufficient reserves will be procured to meet its peak load at all times. The projected SBCCA annual capacity requirements are shown in the following table:

Table 6: Annual Maximum Capacity Requirements 2018-2027

Max Wholesale Demand	<u>2018</u> 16.5	<u>2019</u> 16.7	<u>2020</u> 16.2	<u>2021</u> 16.4	<u>2022</u> 16.5	<u>2023</u> 16.7	<u>2024</u> 17.6	<u>2025</u> 17.0	<u>2026</u> 17.2	<u>2027</u> 17.4
Reserve Requirement (15%)	2.5	2.5	2.4	2.5	2.5	2.5	2.6	2.6	2.6	2.6
Total Capacity Requirement	19.0	19.2	18.6	18.8	19.0	19.2	20.2	19.6	19.8	20.0

Local capacity requirements are a function of the SDGE area resource adequacy requirements and Solana Beach's projected peak demand. SBCCA will need to work with the CPUC's Energy Division and staff at the California Energy Commission to obtain the data necessary to calculate its monthly local capacity requirement. A preliminary estimate of SBCCA's annual maximum local capacity requirement for the ten-year planning period ranges between 7-9 MW as shown in Table 7.

Table 7: Annual Maximum Local Capacity Requirements 2018-2027

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Total Capacity Requirement	16.5	16.7	16.2	16.4	16.5	16.7	17.6	17.0	17.2	17.4
Local Capacity (% of Total)	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
San Diego - IV (MW)	12.4	12.5	12.1	12.3	12.4	12.5	13.2	12.8	12.9	13.0

The CPUC assigns local capacity requirements during the year prior to the compliance period; thereafter, the CPUC provides local capacity requirement true-ups for the second half of each compliance year.

SBCCA will coordinate with SDGE and appropriate state agencies to manage the transition of responsibility for resource adequacy from SDGE to Solana Beach during CCA program phase-in. For system resource adequacy requirements, SBCCA will make month-ahead showings for each month that SBCCA plans to serve load, and load migration issues would be addressed through the CPUC's approved procedures. Solana Beach will work with the California Energy Commission and CPUC prior to commencing service to customers to ensure it meets its local and system resource adequacy obligations through its agreement(s) with its chosen electric supplier(s).

## 6.8 RENEWABLES PORTFOLIO STANDARDS ENERGY REQUIREMENTS

#### 6.8.1 Basic RPS Requirements

SBCCA will be required by law and ensuing CPUC regulations to procure a certain minimum percentage of its retail electricity sales from qualified renewable energy resources. For purposes of determining Solana Beach's renewable energy requirements, many of the same standards for RPS compliance that are applicable to the distribution utilities will apply to SBCCA.

California's RPS program is currently undergoing reform. On October 7, 2015, Governor Brown signed Senate Bill 350 ("SB 350"; De Leon and Leno), the Clean Energy and Pollution Reduction Act of 2015, which increased California's RPS procurement target from 33 percent by 2020 to 50 percent by 2030 amongst other clean-energy initiatives. Many details related to SB 350 implementation will be developed over time with oversight by designated regulatory agencies. However, it is reasonable to assume that interim annual renewable energy procurement targets will be imposed on CCAs and other retail electricity sellers to facilitate progress towards the 50 percent procurement mandate. For planning purposes, SBCCA has assumed straight-line annual increases (1.7 percent per year) to the RPS procurement target beginning in 2021, as the state advances on the 50 percent RPS. SBCCA will also adopt an integrated resource plan in compliance with SB 350. Solana Beach understands that various details related to this planning requirement have yet to be developed, and Solana Beach intends to monitor and participate, as appropriate, in pertinent proceedings to promote the preparation and submittal of a responsive planning document. Furthermore, SBCCA will ensure that all long-term renewable energy contracting requirements, as imposed by SB 350, will be satisfied through appropriate transactions with qualified suppliers and will also reflect this intent in ongoing resource planning and procurement efforts.

#### 6.8.2 Solana Beach's Renewables Portfolio Standards Requirement

SBCCA's annual RPS procurement requirements, as specified under California's RPS program, are shown in Table 8.

Table 8: Renewable Procurement Obligation and Target Percentages and Volumes 2018-2027

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Retail Load (MWh)	44,239	65,941	66,600	67,266	67,939	68,619	69,305	69,998	70,698	71,405
RPS % Target	29%	31%	33%	35%	36%	38%	40%	42%	43%	45%
RPS Obligation (MWh)	12,829	20,442	21,978	23,341	24,730	26,144	27,583	29,049	30,541	32,061
SBCCA % Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
SBCCA Target (MWh)	22,120	32,971	33,300	33,633	33,970	34,309	34,652	34,999	35,349	35,702

<sup>\*</sup>Note: Specific details related to SB 350 implementation have yet to be identified. For purposes of this table, the City assumed a straight-line increase from California's 33 percent RPS procurement mandate in 2020 to California's new, 50 percent RPS procurement mandate in 2030.

#### 6.9 Purchased Power

Power purchased from power marketers, public agencies, generators, and/or utilities will be a significant source of supply during the first several years of SBCCA Program operation. Solana Beach will initially contract to obtain all of its electricity from one or more third party electric providers under one or more power supply agreements, and the supplier(s) will be responsible for procuring the specified resource mix, including the City's desired quantities of renewable energy, to provide a stable and cost-effective resource portfolio for the SBCCA Program.

#### 6.10 RENEWABLE RESOURCES

SBCCA will initially secure necessary renewable power supply from its third party electric supplier(s). Solana Beach may supplement the renewable energy provided under the initial power supply contract(s) with direct purchases of renewable energy from renewable energy facilities or from renewable generation developed and owned by SBCCA. At this point in time, it is not possible to predict what projects might be proposed in response to future renewable energy solicitations administered by Solana Beach, unsolicited proposals or discussions with other agencies. Renewable projects that are located virtually anywhere in the Western Interconnection can be considered as long as the electricity is deliverable to the CAISO control area, as required to meet the Commission's RPS rules and any additional guidelines ultimately adopted by the City. The costs of transmission access and the risk of transmission congestion costs would need to be considered in the bid evaluation process if the delivery point is outside of SBCCA's load zone, as defined by the CAISO.

#### 6.11 ENERGY EFFICIENCY

SBCCA does not currently anticipate running locally managed energy efficiency programs. In the future, should SBCCA expand its service territory it may become feasible to apply to become EE program administrators. In the meantime, SBCCA will support already existing energy efficiency efforts within its service territory.

## 7 FINANCIAL PLAN

This Chapter examines the monthly cash flows expected during the startup and customer phase-in period of the SBCCA Program and identifies the anticipated financing requirements. It includes estimates of program startup costs, including necessary expenses and capital outlays. It also describes the requirements for working capital and long-term financing for the potential investment in renewable generation, consistent with the resource plan contained in Chapter 6.

#### 7.1 DESCRIPTION OF CASH FLOW ANALYSIS

The City's cash flow analysis estimates the level of capital that will be required during the startup and phase-in period. The analysis focuses on the SBCCA Program's monthly costs and revenues and the lags between when costs are incurred and revenues received.

#### 7.2 COST OF CCA PROGRAM OPERATIONS

The first category of the cash flow analysis is the Cost of CCA Program Operations. To estimate the overall costs associated with CCA Program Operations, the following components were taken into consideration:

- Electricity Procurement;
- Ancillary Service Requirements;
- Exit Fees;
- Staffing and Professional Services;
- Data Management Costs;
- Administrative Overhead;
- Billing Costs;
- > Scheduling Coordination;
- Grid Management and other CAISO Charges;
- CCA Bond and Security Deposit; and,
- Pre-Startup Cost Reimbursement.

## 7.3 REVENUES FROM CCA PROGRAM OPERATIONS

The cash flow analysis also provides estimates for revenues generated from CCA operations or from electricity sales to customers. In determining the level of revenues, the analysis assumes the customer phase-in schedule described herein, and assumes that Solana Beach charges a standard, default electricity tariff similar to the generation rates of SDGE for each customer class and an optional renewable energy tariff (with a renewable energy content that exceeds the SBCCA default retail option) at a premium reflective of incremental renewable power costs. More detail on SBCCA Program rates can be found in Chapter 8.

#### 7.4 Cash Flow Analysis Results

The results of the cash flow analysis provide an estimate of the level of capital required for the City to move through the CCA startup and phase-in periods. This estimated level of capital is determined by examining the monthly cumulative net cash flows (revenues from CCA operations minus cost of CCA operations) based on assumptions for payment of costs or other cash requirements (e.g., deposits) by Solana Beach, along with estimates for when customer payments will be received. This identifies, on a monthly basis, what level of cash flow is available in terms of a surplus or deficit.

The cash flow analysis identifies funding requirements in recognition of the potential lag between revenues received and payments made during the phase-in period. The estimated financing requirements for the startup and phase-in period, including working capital needs associated with the customer enrollments, was determined to be \$1,350,000. Out of the \$1,350,000 in capital requirements, \$225,000 is related to the implementation/startup efforts (i.e., rate setting, power procurement and contract negotiations, marketing and communications, regulatory compliance, CPUC bond, SDGE security deposit, etc.) in order to serve customers by June 2018. \$500,000 is required as collateral to CAISO. The other \$625,000 is the "float" required for SBCCA to pay its monthly bills before the program generates enough internal cash to self-fund its working capital needs. Working capital requirements peak soon after enrollment of all SBCCA customers.

## 7.5 CCA Program Implementation Pro Forma

In addition to developing a cash flow analysis that estimates the level of working capital required to move Solana Beach through full CCA phase-in, a summary pro forma analysis that evaluates the financial performance of the CCA program during the phase-in period is shown in Table 9. The difference between the cash flow analysis and the CCA pro forma analysis is that the pro forma analysis does not include a lag associated with payment streams. In essence, costs and revenues are reflected in the month in which service is provided. All other items, such as costs associated with CCA Program operations and rates charged to customers remain the same. Cash provided by financing activities are not shown in the pro forma analysis, although payments for loan repayments are included as a cost item.

The results of the pro forma analysis is shown in Table 9. In particular, the summary of CCA program startup and phase-in addresses projected SBCCA Program operations for the period beginning January 2018 through December 2027. The City has also included a summary of Program reserves, which are expected to accrue over this same period.

Table 9: Pro Forma including Reserves Accumulation 2018-2027

Revenues from Operations (\$)	2018	<u>2019</u>	2020	<u>2021</u>	2022	<u>2023</u>	2024	<u>2025</u>	2026	<u>2027</u>
Electric Sales Revenues	3,223,816	4,626,572	4,412,264	4,500,761	4,707,547	4,826,713	4,843,288	4,890,499	5,103,581	5,352,349
Uncollected Accounts	(9,671)	(13,880)	(13,237)	(13,502)	(14,123)	(14,480)	(14,530)	(14,671)	(15,311)	(16,057)
Total Revenues	3,214,144	4,612,693	4,399,027	4,487,259	4,693,424	4,812,233	4,828,758	4,875,827	5,088,270	5,336,292
Cost of Operations (\$)										
Staffing & Consulting	183,333	191,667	150,000	150,000	150,000	100,000	100,000	100,000	100,000	100,000
Wholesale Services	140,667	217,330	223,850	230,565	237,482	244,607	251,945	259,503	267,288	275,307
Data Management Services	75,562	117,911	122,663	127,606	132,748	138,098	143,663	149,453	155,476	161,742
IOU Fees	130,527	46,711	47,650	48,608	49,585	50,581	51,598	52,635	53,693	54,772
Energy Procurement	2,318,193	3,365,799	3,486,395	3,639,177	3,780,781	3,846,792	3,998,861	4,154,902	4,316,046	4,483,554
Total Operations	2,848,282	3,939,417	4,030,557	4,195,956	4,350,596	4,380,079	4,546,068	4,716,494	4,892,503	5,075,375
Net Program Revenues	365,862	673,275	368,470	291,303	342,828	432,154	282,690	159,333	195,767	260,917
Cumulative Reserves	365,862	1,039,137	1,407,607	1,698,910	2,041,738	2,473,893	2,756,583	2,915,916	3,111,683	3,372,600

The surpluses achieved during the phase-in period serve to build SBCCA's net financial position and credit profile and to provide operating reserves for SBCCA in the event that operating costs (such as power purchase costs) exceed collected revenues for short periods of time.

#### 7.6 SBCCA FINANCINGS

It is not anticipated that SBCCA will need any additional financing for its start-up activities. SBCCA arranged that its service providers will amortize their start-up costs over the subsequent months following when revenues begin flowing. In addition, the wholesale service provider will float the initial power supply costs for the CCA and allow SBCCA to repay over the first 12 months of service. Subsequent capital requirements will be self-funded from accrued SBCCA financial reserves.

#### 7.7 RENEWABLE RESOURCE PROJECT FINANCING

Solana Beach may consider project financings for renewable resources, likely local wind and solar projects. These financings would only occur after a sustained period of successful SBCCA Program operation and after appropriate project opportunities are identified and subjected to appropriate environmental review.

In the event that such financing occurs, funds would include any short-term financing for the renewable resource project development costs, and would likely extend over a 20 to 30-year term. The security for such bonds would be the revenue from sales to the retail customers of Solana Beach.

## 8 RATE SETTING, PROGRAM TERMS AND CONDITIONS

#### 8.1 Introduction

This Chapter describes the initial policies proposed for Solana Beach in setting its rates for electric aggregation services. These include policies regarding rate design, rate objectives, and provision for due process in setting Program rates. Program rates are ultimately approved by the Solana Beach City Council. The City would retain authority to modify program policies from time to time at its discretion.

#### 8.2 RATE POLICIES

The City will establish rates sufficient to recover all costs related to operation of the SBCCA Program, including any reserves that may be required as a condition of financing and other discretionary reserve funds that may be approved by Solana Beach. As a general policy, rates will be uniform for all similarly situated customers enrolled in the SBCCA Program throughout the City.

The primary objectives of the rate setting plan are to set rates that achieve the following:

- Rate competitive tariff option (default service offering), including a proportionate quantity of renewable energy in excess of California's prevailing renewable energy procurement mandate;
- Voluntary renewable energy supply option (renewable content greater than the SBCCA default retail service offering));
- Rate stability;
- Equity among customers in each tariff;
- Customer understanding; and
- Revenue sufficiency.

Each of these objectives is described below.

#### 8.3 RATE COMPETITIVENESS

The primary goal is to offer competitive rates for electric services that SBCCA would provide to participating customers. For participants in the SBCCA standard Tariff, the goal would be for SBCCA Program rates to be initially one to five percent below, subject to actual energy product pricing and decisions of the City Council, similar generation rates offered by SDGE. For participants in the SBCCA Program's voluntary renewable energy Tariff, the goal would be to offer the lowest possible customer rates with an incremental monthly cost premium reflective of the actual cost of additional renewable energy supply required to serve such customers.

Competitive rates will be critical to attracting and retaining key customers. In order for SBCCA to be successful, the combination of price and value must be perceived as superior when compared to the bundled utility service alternative. As planned, the value provided by the SBCCA Program will include a community focus and local investment and control.

As previously discussed, the SBCCA Program will increase renewable energy supply to program customers, relative to the incumbent utility, by offering two distinct rate tariffs. The default tariff for SBCCA Program customers will be the standard tariff, which will increase renewable energy supply while maintaining generation rates that are generally comparable to SDGE's. The initial renewable energy content provided under SBCCA's standard tariff will at a minimum meet California's prevailing renewable energy procurement mandate. SBCCA will also offer its customers a voluntary renewable energy tariff, which will supply participating customers with renewable energy above the minimum RPS mandate and potentially up to 100 percent, at rates that reflect SBCCA's cost for procuring related energy supplies.

Participating qualified low- or fixed-income households, such as those currently enrolled in the California Alternate Rates for Energy ("CARE") program, will be automatically enrolled in the standard tariff and will continue to receive related discounts on monthly electricity bills through SDGE.

#### 8.4 RATE STABILITY

SBCCA will offer stable rates by hedging its supply costs over multiple time horizons and by including renewable energy supplies that exhibit stable costs. Rate stability considerations may prevent SBCCA Program rates from directly tracking similar rates offered by the distribution utility, SDGE, and may result in differences from the general rate-related targets initially established for the SBCCA Program. Solana Beach plans to offer the most competitive rates possible after all Program operating costs are recovered and reserve targets are achieved.

## 8.5 Equity among Customer Classes

Initial rates of the SBCCA Program will be set based on cost-of-service considerations with reference to the rates customers would otherwise pay to SDGE. Rate differences among customer classes will reflect the rates charged by the local distribution utility as well as differences in the costs of providing service to each class. Rate benefits may also vary among customers within the major customer class categories, depending upon the specific rate designs adopted by the City.

#### 8.6 CUSTOMER UNDERSTANDING

The goal of customer understanding involves rate designs that are relatively straightforward so that customers can readily understand how their bills are calculated. This not only minimizes customer confusion and dissatisfaction but will also result in fewer billing inquiries to the SBCCA Program's customer service call center. Customer understanding also requires rate structures to reflect rational rate design principles (i.e., there should not be differences in rates that are not justified by costs or by other policies such as providing incentives for conservation).

## 8.7 REVENUE SUFFICIENCY

SBCCA Program rates must collect sufficient revenue from participating customers to fully fund the annual SBCCA operating budget. Rates will be set to collect the adopted budget based on a forecast of electric sales for the budget year. Rates will be adjusted as necessary to maintain the ability to fully recover all costs of the SBCCA Program, subject to the disclosure and due process policies described

later in this chapter. To ensure rate stability, funds available in SBCCA's rate stabilization reserve may be used from time to time to augment operating revenues.

#### 8.8 RATE DESIGN

SBCCA will generally match the rate structures from SDGE's standard rates to avoid the possibility that customers would see significantly different bill impacts as a result of changes in rate structures that would take effect following enrollment in the SBCCA Program.

## 8.9 NET ENERGY METERING

As planned, customers with on-site generation eligible for net metering from SDGE will be offered a net energy metering rate from SBCCA. Net energy metering allows for customers with certain qualified solar or wind distributed generation to be billed on the basis of their net energy consumption. Solana Beach's net energy metering tariff will apply to the generation component of the bill, and the SDGE net energy metering tariff will apply to the utility's portion of the bill. SBCCA plans to pay customers for excess power produced from net energy metered generation systems in accordance with the rate designs adopted by the City. The goal is to offer a higher payout for surplus generation than SDGE.

# 8.10 DISCLOSURE AND DUE PROCESS IN SETTING RATES AND ALLOCATING COSTS AMONG

#### **PARTICIPANTS**

Initial program rates will be adopted by Solana Beach following the establishment of the first year's operating budget prior to initiating the customer notification process. Subsequently, SBCCA will prepare an annual budget and corresponding customer rates. Following the commencement of service, any proposed rate adjustment will be made to the City Council and ample time will be given to affected customers to provide comment on the proposed rate changes.

After proposing a rate adjustment, SBCCA will furnish affected customers with a notice of its intent to adjust rates, either by mailing such notices postage prepaid to affected customers, by including such notices as an insert to the regular bill for charges transmitted to affected customers, or by including a related message directly on the customer's monthly electricity bill (on the page addressing SBCCA charges). The notice will provide a summary of the proposed rate adjustment and will include a link to the SBCCA Program website where information will be posted regarding the amount of the proposed adjustment, a brief statement of the reasons for the adjustment, and the mailing address of the SBCCA Program to which any customer inquiries relative to the proposed adjustment, including a request by the customer to receive notice of the date, time, and place of any hearing on the proposed adjustment, may be directed.

## 9 CUSTOMER RIGHTS AND RESPONSIBILITIES.

This Chapter discusses customer rights, including the right to opt-out of the SBCCA Program and the right to privacy of customer usage information, as well as obligations customers undertake upon agreement to enroll in the CCA Program. All customers that do not opt out within 30 days of the fourth enrollment notice will have agreed to become full status program participants and must adhere to the obligations set forth below, as may be modified and expanded by the City Council from time to time.

By adopting this Implementation Plan, the City will have approved the customer rights and responsibilities policies contained herein to be effective at Program initiation. The City retains authority to modify program policies from time to time at its discretion.

#### 9.1 CUSTOMER NOTICES

At the initiation of the customer enrollment process, four notices will be provided to customers describing the Program, informing them of their opt-out rights to remain with utility bundled generation service, and containing a simple mechanism for exercising their opt-out rights. The first notice will be mailed to customers approximately sixty days prior to the date of automatic enrollment. A second notice will be sent approximately thirty days later. The City will likely use its own mailing service for requisite enrollment notices rather than including the notices in SDGE's monthly bills. This is intended to increase the likelihood that customers will read the enrollment notices, which may otherwise be ignored if included as a bill insert. Customers may opt out by notifying SBCCA using the SBCCA Program's designated telephone-based or Internet opt-out processing service. Should customers choose to initiate an opt-out request by contacting SDGE, they would be transferred to the SBCCA Program's call center to complete the opt-out request. Consistent with CPUC regulations, notices returned as undelivered mail would be treated as a failure to opt out, and the customer would be automatically enrolled.

Following automatic enrollment, at least two notices will be mailed to customers within the first two billing cycles (approximately sixty days) after SBCCA service commences. Opt-out requests made on or before the sixtieth day following start of SBCCA Program service will result in customer transfer to bundled utility service with no penalty. Such customers will be obligated to pay charges associated with the electric services provided by SBCCA during the time the customer took service from the SBCCA Program, but will otherwise not be subject to any penalty or transfer fee from SBCCA.

Customers who establish new electric service accounts within the Program's service area will be automatically enrolled in the SBCCA Program and will have sixty days from the start of service to opt out if they so desire. Such customers will be provided with two enrollment notices within this sixty-day post enrollment period. Such customers will also receive a notice detailing SBCCA's privacy policy regarding customer usage information. Solana Beach will have the authority to implement entry fees for customers that initially opt out of the Program, but later decide to participate. Entry fees, if deemed necessary, would aid in resource planning by providing additional control over the SBCCA Program's customer base.

#### 9.2 TERMINATION FEE

Customers that are automatically enrolled in the SBCCA Program can elect to transfer back to the incumbent utility without penalty within the first two months of service. After this free opt-out period, customers will be allowed to terminate their participation but may be subject to payment of a Termination Fee, which Solana Beach reserves the right to impose, if deemed necessary. Customers that relocate within SBCCA's service territory would have SBCCA service continued at their new address. If a customer relocating to an address within SBCCA's service territory elected to cancel CCA service, the Termination Fee could be applied. Program customers that move out of Solana Beach's service territory would not be subject to the Termination Fee. If deemed applicable by Solana Beach, SDGE would collect the Termination Fee from returning customers as part of SBCCA's final bill to the customer.

If adopted, the Termination Fee would be clearly disclosed in the four enrollment notices sent to customers during the sixty-day period before automatic enrollment and following commencement of service. The fee could also be changed prospectively by Solana Beach subject to applicable customer noticing requirements. Other CCAs have adopted small or zero-dollar termination fees, and SBCCA would likely do the same.

Customers electing to terminate service after the initial notification period would be transferred to SDGE on their next regularly scheduled meter read date if the termination notice is received a minimum of fifteen days prior to that date. Such customers would also be liable for the nominal reentry fees imposed by SDGE (currently \$1.12) and would be subject to SDGE's current terms and conditions, including being required to remain on bundled utility service for a period of one year, as described in the utility CCA tariffs.

## 9.3 CUSTOMER CONFIDENTIALITY

Solana Beach will establish policies covering confidentiality of customer data that are fully compliant with the required privacy protection rules for CCA customer energy usage information, as detailed within Decision 12-08-045. SBCCA will maintain the confidentiality of individual customers' names, service addresses, billing addresses, telephone numbers, account numbers, and electricity consumption, except where reasonably necessary to conduct business of the SBCCA Program or to provide services to customers, including but not limited to where such disclosure is necessary to (a) comply with the law or regulations; (b) enable Solana Beach to provide service to its customers; (c) collect unpaid bills; (d) obtain and provide credit reporting information; or (e) resolve customer disputes or inquiries. SBCCA will not disclose customer information for telemarketing, e-mail, or direct mail solicitation. Aggregate data may be released at Solana Beach's discretion.

#### 9.4 RESPONSIBILITY FOR PAYMENT

Customers will be obligated to pay SBCCA Program charges for service provided through the date of transfer including any applicable Termination Fees. Pursuant to current CPUC regulations, SBCCA will not be able to direct that electricity service be shut off for failure to pay SBCCA bills. However, SDGE has the right to shut off electricity to customers for failure to pay electricity bills, and SDGE Electric Rule 23 mandates that partial payments are to be allocated pro rata between SDGE and the CCA. In most circumstances, customers would be returned to utility service for failure to pay bills in full and customer deposits (if any) would be withheld in the case of unpaid bills. SDGE would attempt to collect any

outstanding balance from customers in accordance with Rule 23 and the related CCA Service Agreement. The proposed process is for two late payment notices to be provided to the customer within 30 days of the original bill due date. If payment is not received within 45 days from the original due date, service would be transferred to the utility on the next regular meter read date, unless alternative payment arrangements have been made. Consistent with the CCA tariffs, Rule 23, service cannot be discontinued to a residential customer for a disputed amount if that customer has filed a complaint with the CPUC, and that customer has paid the disputed amount into an escrow account.

#### 9.5 CUSTOMER DEPOSITS

Under certain circumstances, SBCCA customers may be required to post a deposit equal to the estimated charges for two months of CCA service prior to obtaining service from the SBCCA Program. A deposit would be required for an applicant who previously had been a customer of SDGE or SBCCA and whose electric service has been discontinued by SDGE or SBCCA during the last twelve months of that prior service arrangement as a result of bill nonpayment. Such customers may be required to reestablish credit by depositing the prescribed amount. Additionally, a customer who fails to pay bills before they become past due as defined in SDGE Electric Rule 11 (Discontinuance and Restoration of Service), and who further fails to pay such bills within five days after presentation of a discontinuance of service notice for nonpayment of bills, may be required to pay said bills and reestablish credit by depositing the prescribed amount. This rule will apply regardless of whether or not service has been discontinued for such nonpayment<sup>3</sup>. Failure to post deposit as required would cause the account service transfer request to be rejected, and the account would remain with SDGE.

<sup>&</sup>lt;sup>3</sup> A customer whose service is discontinued by Solana Beach is returned to SDGE generation service.

## **10 PROCUREMENT PROCESS**

#### 10.1 INTRODUCTION

This Chapter describes Solana Beach's initial procurement policies and the key third party service agreements by which the City will obtain operational services for the SBCCA Program. By adopting this Implementation Plan, the City will have approved the general procurement policies contained herein to be effective at Program initiation. Solana Beach retains authority to modify Program policies from time to time at its discretion.

#### 10.2 PROCUREMENT METHODS

Solana Beach will enter into agreements for a variety of services needed to support program development, operation and management. It is anticipated that SBCCA will generally utilize Competitive Procurement methods for services but may also utilize Direct Procurement or Sole Source Procurement, depending on the nature of the services to be procured. Direct Procurement is the purchase of goods or services without competition when multiple sources of supply are available. Sole Source Procurement is generally to be performed only in the case of emergency or when a competitive process would be an idle act.

SBCCA will utilize a competitive solicitation process to enter into agreements with entities providing electrical services for the program. Agreements with entities that provide professional legal or consulting services, and agreements pertaining to unique or time sensitive opportunities, may be entered into on a Direct Procurement or Sole Source basis at Solana Beach's discretion. Authority for terminating agreements will generally mirror the authority for entering into such agreements.

#### 10.3 Key Contracts

#### 10.3.1 Electric Supply

Solana Beach has signed an agreement with a wholesale services provider whereby that provider will procure energy and capacity on SBCCA's behalf through competitive solicitation in the over-the-counter electricity markets. The provider has enabling agreements with over a hundred counterparties and will procure standard market products to hedge SBCCA's financial risk, meet its capacity obligations and achieve its environmental objectives. Typically, energy procurement can be done within hours while Resource Adequacy and Renewable Energy take several days. Procurement will commence once this implementation plan has been approved and the Solana Beach City Council has made the final determination to proceed to going live with the CCA.

Procurement will be an ongoing process in order to achieve desired levels of risk mitigation by dollar-cost-averaging supply costs. In addition, particular strategies will be employed to mitigate the risk of changes to the PCIA impacting SBCCA's rate competitiveness. Specifically, this entails procuring a certain amount of supply annually during the month of October when the PCIA market price benchmark is set for the coming year.

SBCCA's wholesale services provider will also serve as the Scheduling Coordinator for scheduling loads, resources and Inter-SC trades into the CAISO market. In addition, the provider will be responsible for ensuring Solana Beach's compliance with all applicable resource adequacy and regulatory requirements imposed by the CPUC or FERC.

#### 10.3.2 Data Management Contract

A data manager will provide the retail customer services of billing and other customer account services (electronic data interchange or EDI with SDGE, billing, remittance processing, and account management). The data management contract has been awarded to an experienced data management services provider.

The data manager is responsible for the following services:

- Data exchange with SDGE;
- Technical testing;
- Customer information system;
- Customer call center;
- Billing administration/retail settlements; and
- Settlement quality meter data reporting
- Reporting and audits of utility billing.

Utilizing a third party for account services eliminates a significant expense associated with implementing a customer information system. Such systems can impose significant information technology costs and take significant time to deploy. Separation of the data management contract from the energy supply contract provides the City with greater flexibility to change energy suppliers, if desired, without facing an expensive data migration issue.

# 11 CONTINGENCY PLAN FOR PROGRAM TERMINATION

#### 11.1 Introduction

This Chapter describes the process to be followed in the case of SBCCA Program termination. By adopting the original Implementation Plan, the City will have approved the general termination process contained herein to be effective at Program initiation. In the unexpected event that the City would terminate the SBCCA Program and return its customers to SDGE service, the proposed process is designed to minimize the impacts on its customers and on SDGE. The proposed termination plan follows the requirements set forth in SDGE's tariff Rule 27 governing service to CCAs. The City retains authority to modify program policies from time to time at its discretion.

#### 11.2 TERMINATION BY SBCCA

Solana Beach will offer services for the long term with no planned Program termination date. In the unanticipated event that the City decides to terminate the Program, the City Council would vote on Program termination.

After any applicable restrictions on such termination have been satisfied, notice would be provided to customers six months in advance that they will be transferred back to SDGE. A second notice would be provided during the final sixty-days in advance of the transfer. The notice would describe the applicable distribution utility bundled service requirements for returning customers then in effect, such as any transitional or bundled portfolio service rules.

At least one year advance notice would be provided to SDGE and the CPUC before transferring customers, and SBCCA would coordinate the customer transfer process to minimize impacts on customers and ensure no disruption in service. Once the customer notice period is complete, customers would be transferred *en masse* on the date of their regularly scheduled meter read date.

Solana Beach will post a bond or maintain funds held in reserve to pay for potential transaction fees charged to the Program for switching customers back to distribution utility service. Reserves would be maintained against the fees imposed for processing customer transfers (CCASRs). The Public Utilities Code requires demonstration of insurance or posting of a bond sufficient to cover reentry fees imposed on customers that are involuntarily returned to distribution utility service under certain circumstances. The cost of reentry fees are the responsibility of the energy services provider or the community choice aggregator, except in the case of a customer returned for default or because its contract has expired. SBCCA will post financial security in the appropriate amount as part of its registration materials and will maintain the financial security in the required amount, as necessary.

If program termination occurred during the period and under the terms of the initial services contracts, any financial obligations for services and power procurement incurred by SBCCA that remain after discontinuation of service would fall upon the "lockbox" that will be established to protect the City's general

fund

from

SBCCA's

liabilities.

# 12 APPENDIX A: CITY OF SOLANA BEACH RESOLUTION No. 2017-163 (ADOPTING IMPLEMENTATION PLAN)

**RESOLUTION 2017 - 163** 

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SOLANA BEACH, CALIFORNIA, DIRECTING THE CITY MANAGER TO SUBMIT THE APPROVED COMMUNITY CHOICE AGGREGRATION IMPLEMENTATION PLAN REQUIRED BY PUBLIC UTILITIES CODE SECTION 366.2(C)(3)

WHEREAS, the City of Solana Beach is pursuing alternative energy solutions in hopes of improving the current and future environmental and economic conditions of its community and region; and

WHEREAS, the City has been actively investigating options to procure and provide electric power to its citizens with the intent of achieving greater local involvement over the provision of electric services, increasing the renewable energy percentage content and promoting competitively priced renewable energy; and

WHEREAS, a technical study concluded that a Community Choice Aggregation Program would serve the City and provide benefits to include the use of renewable energy at or above the required Renewable Portfolio Standard level while providing competitive rates and economic benefits to the City; and

WHEREAS, an Implementation Plan and Statement of Intent was drafted and presented to the Solana Beach City Council at a duly noticed public hearing for its consideration and adoption on November 15, 2017; and

WHEREAS, pursuant to Public Utilities Code Section 366.2(c)(12)(A), the City Council introduced Ordinance No. 483 electing to implement a community choice aggregation program within the City's jurisdiction after having conducted a noticed public hearing and considering all materials and evidence presented.

NOW, THEREFORE, the City Council of the City of Solana Beach, California, resolve as follows:

- 1. That the above recitations are true and correct.
- 2. That the Solana Beach Implementation Plan and Statement of Intent is approved.
- 3. That the City Manager is directed to file the Implementation Plan and Statement of Intent with the California Public Utilities Commission for certification.

**PASSED AND ADOPTED** this 15th day of November, 2017, at a special meeting of the City Council of the City of Solana Beach, California by the following vote:

JOHANNA	N. CANLAS	S, City Attorney		ANGELA IVEY, City Clerk
APPROVE	ED AS TO FO	DRM:	ATTES	ST:
				MIKE NICHOLS, Mayor
	ABSENT:	Councilmembers –		
	ABSTAIN:	Councilmembers –		
	NOES:	Councilmembers -		
	AYES:	Councilmembers –		

#### **ORDINANCE NO. 483**

# AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF SOLANA BEACH, CALIFORNIA, ESTABLISHING A COMMUNITY CHOICE AGGREGATION PROGRAM

WHEREAS, the City of Solana Beach (City) is pursuing alternative energy solutions in hopes of improving the current and future environmental and economic conditions of its community and region; and

WHEREAS, the City has been actively investigating options to procure and provide electric power to its citizens with the intent of achieving greater local involvement over the provision of electric services, the development of clean, local, renewable energy projects, reduced greenhouse gas emissions and the wider implementation of energy conservation and efficiency projects and programs, increasing the renewable energy percentage content and promoting competitively priced renewable energy and competitive electric rates; and

WHEREAS, Assembly Bill 117 and California Public Utilities Code Sections 218.3, 331.1, 366, 366.2, 381.1, 394 and 394.25 of the allow City to establish a Community Choice Aggregation (CCA); and

WHEREAS, an initial technical study and analysis concluded that a CCA program would serve the City and provide benefits to include the use of renewable energy at or above the required Renewable Portfolio Standard level while providing competitive rates and economic benefits to the City; and

WHEREAS, under Public Utilities Code section 366.2, customers have the right to opt out of a CCA Program and continue to receive service from the incumbent utility. Customers who wish to continue to receive service from the incumbent utility will be able to do so; and

**WHEREAS**, on November 15, 2017, the City Council held a public hearing at which time interested persons had an opportunity to testify either in support or opposition to implementation of a CCA program in the City; and

WHEREAS, the City Council has determined that it is in the public interest and welfare to establish a CCA program and has adopted Resolution No. 2017-163 and approved the Implementation Plan and Statement of Intent attached hereto as Exhibit A.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF SOLANA BEACH, CALIFORNIA, DOES HEREBY ORDAIN AS FOLLOWS:

#### Section 1.

The City of Solana Beach has been actively investigating options to procure and provide electric power to citizens with the intent of achieving greater local involvement over the provision of electric services and promoting competitively priced renewable energy.

#### Section 2.

On September 24, 2002, the Governor signed into law Assembly Bill 117 (Stat. 2002, ch. 838; see California Public Utilities Code section 366.2; hereinafter referred to as the "Act"), which authorizes any California city or county, whose governing body so elects, to combine the electricity load of its residents and businesses in a community-wide electricity aggregation program known as Community Choice Aggregation (CCA).

#### Section 3.

The Act expressly authorizes participation in a CCA program through and by local city government.

#### Section 4.

Through Docket No. R.03-10-003, the California Public Utilities Commission has issued various decisions and rulings addressing the implementation of CCA programs, including the issuance of a procedure by which the California Public Utilities Commission will review "Implementation Plans," which are required for submittal under the Act as the means of describing the CCA program and assuring compliance with various elements contained in the Act.

#### Section 5.

On November 15, 2017, the City passed Resolution 2017-163 adopting the Implementation Plan and Statement of Intent attached hereto as Exhibit A, which describes the formation of CCA program to be implemented by the City, and directing the City Manager to file the Implementation Plan and Statement of Intent with the California Public Utilities Commission for certification.

#### Section 6.

As described in the Implementation Plan, CCA by and through the City appears to provide a reasonable opportunity to accomplish all of the following:

- (a) To provide greater levels of local involvement in and collaboration on energy decisions;
- (b) To increase the amount of locally supplied renewable energy available to Solana Beach citizens; and
- (c) To provide initial price stability, long-term electricity cost savings and other benefits for the community.

#### Section 7.

The Act requires CCA program participants to adopt an ordinance electing to implement a CCA program within the jurisdiction of the local government agency.

#### Section 8.

Based upon all of the above, the City Council hereby approves the City proceeding with the implementation of a CCA program within the City's jurisdiction, as described in Resolution 2017-163 and the Implementation Plan and Statement of Intent in the form attached hereto as Exhibit A.

#### Section 9. SEVERABILITY

The City Council declares that, should any provision, section, paragraph, sentence or word of this ordinance be rendered or declared invalid by any final court action in a court of competent jurisdiction or by reason of any preemptive legislation, the remaining provisions, sections, paragraphs, sentences or words of this ordinance as hereby adopted shall remain in full force and effect.

#### Section 10. REPEAL OF CONFLICTING PROVISIONS

All the provisions of any of the City's ordinances as heretofore adopted by the City that are in conflict with the provisions of this ordinance are hereby repealed.

#### Section 11. ENVIRONMENTAL DETERMINATION

This ordinance is exempt from the requirements of the California Environmental Quality Act (CEQA) pursuant to the CEQA Guidelines, as it is not a "project" as it has no potential to result in a direct or reasonably foreseeable indirect physical change to the environment because energy will be transported through existing infrastructure. (14 Cal. Code Regs. section 15378(a).) Further, this ordinance is exempt from CEQA as there is no possibility that this ordinance or its implementation would have a significant effect on the environment. (14 Cal. Code Regs. section 15061(b)(3).) This ordinance is also categorically exempt because it is an action taken by a regulatory agency to assume the maintenance, restoration, enhancement or protection of the environment. (14 Cal. Code Regs. section 15308.) The City Manager's Office shall cause a Notice of Exemption to be filed as authorized by CEQA and the CEQA guidelines.

#### Section 12. EFFECTIVE DATE

This ordinance shall take effect and be in force thirty (30) days after its final adoption.

**THE FOREGOING ORDINANCE WAS INTRODUCED** at a meeting of the City Council held on the 15th day of November, 2017, by the following vote:

AYES: Councilmembers – NOES: Councilmembers – ABSTAIN: Councilmembers – ABSENT: Councilmembers –	
	MIKE NICHOLS, Mayor
APPROVED AS TO FORM:	ATTEST:
JOHANNA N. CANLAS, City Attorney	ANGELA IVEY, City Clerk

# EXHIBIT A IMPLEMENTATION PLAN AND STATEMENT OF INTENT

# **CITY OF SOLANA BEACH**

# COMMUNITY CHOICE AGGREGATION IMPLEMENTATION PLAN AND STATEMENT OF INTENT - DRAFT

November 2017

# TABLE OF CONTENTS

1	1 Introdu	uction	4
	1.1Statemen	it of Intent	5
	1.20rganizat	ion of this Implementation Plan	5
2	2 Aggreg	ation Process	6
	2.1Introduct	ion	6
	2.2Process o	f Aggregation	7
	2.3Conseque	nces of Aggregation	8
	2.3.1	Rate Impacts	8
	2.3.2	Renewable Energy Impacts	8
	2.3.3	Greenhouse Gas Reduction	9
3	Organiz	zation and Governance Structure	10
	3.10rganizati	ional Overview	10
	3.2Governan	ce	10
	3.3Managem	ent	10
	3.4Administra	ation	10
	3.5Finance		11
	3.6Marketing	& Public Affairs	11
	3.7Power Res	sources & Energy Programs	12
	3.7.1	Electric Supply Operations	12
	3.8Governme	ental Affairs & Legal Support	13
4	Startup	Plan and Funding	.14
	4.1Startup Ac	tivities	14
	4.2Staffing an	nd Contract Services	15
	4.3Capital Red	quirements	15
	4.4Financing	Plan	15
5	Progran	n Phase-In	.17
6	Load Fo	recast & Resource Plan	.18

	6.1Introduction	. 18
	6.2Resource Plan Overview	. 19
	6.3Supply Requirements	20
	6.4Customer Participation Rates	20
	6.5Customer Forecast	20
	6.6Sales Forecast	21
	6.7Capacity Requirements	22
	6.8Renewables Portfolio Standards Energy Requirements	24
	6.8.1 Basic RPS Requirements	24
	6.8.2 Solana Beach's Renewables Portfolio Standards Requirement	24
	6.9Purchased Power	25
	6.10Renewable Resources	25
	6.11Energy Efficiency	25
7	Financial Plan	26
	7.1Description of Cash Flow Analysis	26
	7.2Cost of CCA Program Operations	26
	7.3Revenues from CCA Program Operations	26
	7.4Cash Flow Analysis Results	27
	7.5CCA Program Implementation Pro Forma	27
	7.6SBCCA Financings	28
	7.7Renewable Resource Project Financing	28
8	Rate Setting, Program Terms and Conditions	.29
	8.1Introduction	29
	8.2Rate Policies	29
	8.3Rate Competitiveness	29
	8.4Rate Stability	30
	8.5Equity among Customer Classes	30
	8.6Customer Understanding	30
	8.7Revenue Sufficiency	30

	8.8Rate Design31
	8.9Net Energy Metering
	8.10Disclosure and Due Process in Setting Rates and Allocating Costs among Participants 31
9	Customer Rights and Responsibilities3
	9.1Customer Notices
	9.2Termination Fee
	9.3Customer Confidentiality
	9.4Responsibility for Payment
	9.5Customer Deposits
10	9 Procurement Process
	10.1Introduction
	10.2Procurement Methods
	10.3Key Contracts
	10.3.1 Electric Supply
	10.3.2 Data Management Contract
1:	1 Contingency Plan for Program Termination36
	11.1Introduction
	11.2Termination by SBCCA
12	Appendix A: City of Solana Beach Resolution No. 2017-163 (Adopting Implementation Plan) 38

# 1 Introduction

The City of Solana Beach ("City" or "Solana Beach"), located within San Diego County, is pursuing the implementation of a community choice aggregation program ("CCA"), which has been temporarily named Solana Beach CCA (the "Program" or "SBCCA"). SBCCA will offer service to all eligible customers within the City's geographic boundaries.

This Implementation Plan and Statement of Intent ("Implementation Plan") describes the City's plans to implement a voluntary CCA program for electric customers within the jurisdictional boundaries of Solana Beach that currently take bundled electric service from San Diego Gas and Electric ("SDGE"). The Program will provide electricity customers the opportunity to jointly procure electricity from competitive suppliers, with such electricity being delivered over SDGE's transmission and distribution system. The planned start date for the Program is June 1, 2018. All current SDGE customers within the City's service area will receive information describing the SBCCA Program and will have multiple opportunities to opt out and choose to remain full requirement ("bundled") customers of SDGE, in which case they will not be enrolled. Thus, participation in the SBCCA Program is completely voluntary. However, customers, as provided by law, will be automatically enrolled according to the anticipated schedule later described in Chapter 5 unless they affirmatively elect to opt-out.

Implementation of SBCCA will enable customers within Solana Beach's service area to take advantage of the opportunities granted by Assembly Bill 117 ("AB 117"), the Community Choice Aggregation Law. Solana Beach's primary objectives in implementing this Program are to procure an electric supply portfolio with higher renewable content than SDGE; to provide cost competitive electric services; and to sustain long-term rate stability for residents and businesses through local control. The prospective benefits to consumers include increased renewable energy options, stable and competitive electric rates, and the opportunity for public participation in determining which technologies are utilized to meet local electricity needs.

To ensure successful operation of the Program, the City has contracted with a not-for-profit energy services company that will procure SBCCA's initial supply portfolio in the open market. Information regarding the procurement process is contained in Chapter 10.

The California Public Utilities Code provides the relevant legal authority for the City to become a Community Choice Aggregator and invests the California Public Utilities Commission ("CPUC" or "Commission") with the responsibility for establishing the cost recovery mechanism that must be in place before customers can begin receiving electrical service through the SBCCA Program. The CPUC also has responsibility for registering the City as a Community Choice Aggregator and ensuring compliance with basic consumer protection rules. The Public Utilities Code requires adoption of an Implementation Plan at a duly noticed public hearing. The plan must then be filed with the Commission.

On November 15, 2017 the City, at a duly noticed public hearing, introduced and adopted this implementation Plan, through Resolution No. 2017-163 (a copy of which is included as part of Appendix A).

The Commission has established the methodology to use to determine the cost recovery mechanism, and SDGE has approved tariffs for imposition of the cost recovery mechanism. Having accomplished this

milestone, the City submits this Implementation Plan to the CPUC. Following the CPUC's certification of its receipt of this Implementation Plan and resolution of any outstanding issues, the City will take the final steps needed to register as a CCA prior to initiating the customer notification and enrollment process.

#### 1.1 STATEMENT OF INTENT

The content of this Implementation Plan complies with the statutory requirements of AB 117. As required by Public Utilities Code Section 366.2(c)(3), this Implementation Plan details the process and consequences of aggregation and provides the City's statement of intent for implementing a CCA program that includes all of the following:

- Universal access;
- Reliability;
- > Equitable treatment of all customer classes; and
- > Any requirements established by state law or by the CPUC concerning aggregated service.

#### 1.2 ORGANIZATION OF THIS IMPLEMENTATION PLAN

The remainder of this Implementation Plan is organized as follows:

Chapter 2: Aggregation Process

Chapter 3: Organizational Structure

Chapter 4: Startup Plan & Funding

Chapter 5: Program Phase-In

Chapter 6: Load Forecast & Resource Plan

Chapter 7: Financial Plan

Chapter 8: Rate setting

Chapter 9: Customer Rights and Responsibilities

**Chapter 10: Procurement Process** 

Chapter 11: Contingency Plan for Program Termination

Appendix A: City of Solana Beach Resolution No. 2017-163 (Adopting Implementation Plan)

The requirements of AB 117 are cross-referenced to Chapters of this Implementation Plan in the following table.

#### **AB 117 Cross References**

AB 117 REQUIREMENT	IMPLEMENTATION PLAN CHAPTER
Statement of Intent	Chapter 1: Introduction
Process and consequences of aggregation	Chapter 2: Aggregation Process
Organizational structure of the program, its operations and funding	Chapter 3: Organizational Structure
operations and runding	Chapter 4: Startup Plan & Funding
	Chapter 7: Financial Plan
Disclosure and due process in setting rates and	Chapter 8: Rate setting
allocating costs among participants	
Rate setting and other costs to participants	Chapter 8: Rate setting
	Chapter 9: Customer Rights and
	Responsibilities
Participant rights and responsibilities	Chapter 9: Customer Rights and
	Responsibilities
Methods for entering and terminating	Chapter 10: Procurement Process
agreements with other entities	
Description of third parties that will be	Chapter 10: Procurement Process
supplying electricity under the program, including information about financial,	
technical and operational capabilities	
Termination of the program	Chapter 11: Contingency Plan for Program
, , , , , , , , , , , , , , , , , , ,	Termination

# 2 AGGREGATION PROCESS

# 2.1 Introduction

This Chapter describes the background leading to the development of this Implementation Plan and describes the process and consequences of aggregation, consistent with the requirements of AB 117.

In early 2016 Solana Beach engaged the assistance of California Clean Power to evaluate the feasibility of Solana Beach operating a standalone CCA program. The initial study revealed that a CCA program was viable, offering customers rates competitive with SDGE. The City has subsequently contracted with EES to validate the results of the initial feasibility study as some time had passed. EES also found a Solana Beach CCA to be viable. Finally, in 2017, the City contracted with The Energy Authority (TEA) to be its wholesale services provider. TEA has refreshed the feasibility analysis and finds SBCCA to be feasible as reflected in this implementation plan.

The City created SBCCA with the following objectives: 1) procure a power supply with greater renewable content than SDGE; 2) help meet the goals of the Climate Action Plan to reduce GHG emissions; 3) provide cost-competitive electric services to the residents of Solana Beach; 4) gain local control of the City's energy procurement needs; and 5) provide local clean energy programs and benefits.

The City released a draft Implementation Plan in September 2017, which described the planned organization, governance and operation of the CCA Program. Following consideration of comments related to the draft document, a final Implementation Plan was prepared and duly adopted by the Solana Beach City Council.

The SBCCA Program represents a culmination of planning efforts that are responsive to the expressed needs and priorities of the residents and business community within Solana Beach. The City plans to expand the energy choices available to eligible customers through creation of innovative new programs for voluntary purchases of renewable energy and net energy metering to promote customer-owned renewable generation.

#### 2.2 PROCESS OF AGGREGATION

Before they are enrolled in the Program, prospective SBCCA customers will receive two written notices in the mail, from Solana Beach, that will provide information needed to understand the Program's terms and conditions of service and explain how customers can opt-out of the Program, if desired. All customers that do not follow the opt-out process specified in the customer notices will be automatically enrolled, and service will begin at their next regularly scheduled meter read date following the date of automatic enrollment, subject to the service phase-in plan described in Chapter 5. The initial enrollment notices will be provided to customers in the March, 2018, with a second notice being provided in April, 2018.

Customers enrolled in the SBCCA Program will continue to have their electric meters read and to be billed for electric service by the distribution utility (SDGE). The electric bill for Program customers will show separate charges for generation procured by SBCCA as well as other charges related to electricity delivery and other utility charges assessed by SDGE.

After service cutover, customers will have approximately 60 days (two billing cycles) to opt-out of the SBCCA Program without penalty and return to the distribution utility (SDGE). SBCCA customers will be advised of these opportunities via the distribution of two additional enrollment notices provided within the first two months of service. Customers that opt-out between the initial cutover date and the close of the post enrollment opt-out period will be responsible for program charges for the time they were served by SBCCA but will not otherwise be subject to any penalty for leaving the program. Customers that have not opted-out within thirty days of the fourth enrollment notice will be deemed to have

elected to become a participant in the SBCCA Program and to have agreed to the SBCCA Program's terms and conditions, including those pertaining to requests for termination of service, as further described in Chapter 8.

#### 2.3 Consequences of Aggregation

#### 2.3.1 Rate Impacts

SBCCA Customers will pay the generation charges set by the City and no longer pay the costs of SDGE generation. Customers enrolled in the Program will be subject to the Program's terms and conditions, including responsibility for payment of all Program charges as described in Chapter 9.

The City's rate setting policies described in Chapter 7 establish a goal of providing rates that are competitive with the projected generation rates offered by the incumbent distribution utility (SDGE). The City will establish rates sufficient to recover all costs related to operation of the Program, and the Solana Beach City Council will adopt actual rates.

Initial SBCCA Program rates will be established following approval of the City's inaugural program budget, reflecting final costs from the SBCCA Program's energy procurement. The City's rate policies and procedures are detailed in Chapter 7. Information regarding final SBCCA Program rates will be disclosed along with other terms and conditions of service in the pre-enrollment and post-enrollment notices sent to potential customers.

Once Solana Beach gives definitive notice to SDGE that it will commence service, SBCCA customers will generally not be responsible for costs associated with SDGE's future electricity procurement contracts or power plant investments. Certain pre-existing generation costs and new generation costs that are deemed to provide system-wide benefits will continue to be charged by SDGE to CCA customers through separate rate components, called the Cost Responsibility Surcharge and the New System Generation Charge. These charges are shown in SDGE's electric service tariffs, which can be accessed from the utility's website, and the costs are included in charges paid by both SDGE bundled customers as well as CCA and Direct Access customers.<sup>1</sup>

#### 2.3.2 Renewable Energy Impacts

A second consequence of the Program will be an increase in the proportion of energy generated and supplied by renewable resources. The resource plan includes procurement of renewable energy in excess of California's renewable energy procurement mandate, and SDGE's forecast renewable percentage, for all enrolled customers. SBCCA customers may also voluntarily participate in a higher renewable supply option, potentially up to 100%. To the extent that customers choose SBCCA's voluntary renewable energy option, the renewable content of SBCCA's aggregate supply portfolio will further increase. Initially, requisite renewable energy supply will be sourced through over-the-counter energy transactions. Over time, however, the City will consider independent development of new renewable generation resources.

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<sup>&</sup>lt;sup>1</sup> For SDGE bundled service customers, the Power Charge Indifference Adjustment element of the Cost Responsibility Surcharge is contained within the CCA-CRS rate tariff.

#### 2.3.3 Greenhouse Gas Reduction

A third consequence of the Program will be an anticipated reduction in the greenhouse gas emissions attributed to the SBCCA supply portfolio. An important objective of the SBCCA formation is to support the City's Climate Action Plan. Therefore, SBCCA will set aggressive GHG-emissions reduction targets and acquire zero or low GHG emitting supply to achieve those targets.

### 3 Organization and Governance Structure

This section provides an overview of the organizational structure of SBCCA and its proposed implementation of the CCA program. Specifically, the key agreements, governance, management, and organizational functions of SBCCA are outlined and discussed below.

#### 3.1 Organizational Overview

The Solana Beach City Council is responsible for establishing SBCCA Program policies and objectives and overseeing SBCCA's operation. The Solana Beach City Manager will serve as the SBCCA Executive Director to manage the operations of SBCCA in accordance with policies adopted by the City Council.

#### 3.2 GOVERNANCE

The SBCCA Program will be governed by the Solana Beach City Council. SBCCA is the CCA entity that will register with the CPUC, and it is responsible for implementing and managing the program pursuant to the City Council's direction. The City Council is comprised of five councilmembers, one of which, the Mayor, serves as the presiding officer at all meetings. The SBCCA Program will be operated under the direction of an Executive Director (City Manager) appointed by the City Council.

The City Council's primary duties are to establish program policies, approve rates and provide policy direction to the Executive Director, who has general responsibility for program operations, consistent with the policies established by the City Council. The City may form various standing and ad hoc committees, as appropriate, which would have responsibility for evaluating various issues that may affect the City and its customers, including rate-related and power contracting issues, and would provide analytical support and recommendations to the City Council in these regards.

#### 3.3 MANAGEMENT

The SBCCA Executive Director has management responsibilities over the functional areas of Administration & Finance, Marketing & Public Affairs, Power Resources & Energy Programs, and Government Affairs. In performing the defined obligations to SBCCA, the Executive Director may utilize a combination of internal staff, partnerships with other CCA agencies, and/or contractors. Certain specialized functions needed for program operations, namely the electric supply and customer account management functions described below, will be performed by experienced third-party contractors.

Major functions of SBCCA that will be managed by the Executive Director are summarized below.

#### 3.4 Administration

SBCCA's Executive Director will be responsible for managing the organization's human resources and administrative functions and will coordinate with the City Council, as necessary, with regard to these functions. The functional area of administration will include oversight of any employee hiring and termination, compensation and benefits management, identification and procurement of requisite office space and various other issues. It is likely that existing City staff will assist with this function.

#### 3.5 FINANCE

The Executive Director is also responsible for managing the financial affairs of SBCCA, including the development of an annual budget, revenue requirement and rates; managing and maintaining cash flow requirements; arranging potential bridge loans as necessary; and other financial tools.

Revenues via rates and other funding sources (such as a rate stabilization fund, when necessary) must, at a minimum, meet the annual budgetary revenue requirement, including recovery of all expenses and any reserves or coverage requirements set forth in bond covenants or other agreements. The City will have the flexibility to consider rate adjustments, administer a standardized set of electric rates, and may offer optional rates to encourage policy goals such as encouraging renewable generation and incentivizing peak demand reduction, provided that the overall revenue requirement is achieved.

In conjunction with the City's Finance Manager, SBCCA's finance function will be responsible for preparing the annual budget, arranging financing necessary for any capital projects, preparing financial reports, managing required audits and ensuring sufficient cash flow for successful operation of the SBCCA Program. The finance function will play an important role in risk management by monitoring the credit of energy suppliers so that credit risk is properly understood and mitigated. In the event that changes in a supplier's financial condition and/or credit rating are identified, the City will be able to take appropriate action, as would be provided for in the electric supply agreement(s).

#### 3.6 Marketing & Public Affairs

The marketing and public affairs functions include general program marketing and communications as well as direct customer interface ranging from management of key account relationships to call center and billing operations. The City will conduct program marketing to raise consumer awareness of the SBCCA Program and to establish the SBCCA "brand" in the minds of the public, with the goal of retaining and attracting as many customers as possible into the SBCCA Program. Communications will also be directed at key policy-makers at the state and local level, community business and opinion leaders, and the media.

In addition to general program communications and marketing, a significant focus on customer service, particularly representation for key accounts, will enhance the SBCCA's ability to differentiate itself as a highly customer-focused organization that is responsive to the needs of the community. SBCCA, through its data services provider, will also establish a customer call center designed to field customer inquiries and routine interaction with customer accounts.

The customer service function also encompasses management of customer data. Customer data management services include retail settlements/billing-related activities and management of a customer database. This function processes customer service requests and administers customer enrollments and departures from the SBCCA Program, maintaining a current database of enrolled customers. This function coordinates the issuance of monthly bills through the distribution utility's billing process and tracks customer payments. Activities include the electronic exchange of usage, billing, and payments data with the distribution utility and SBCCA, tracking of customer payments and accounts receivable, issuance of late payment and/or service termination notices (which would return affected customers to bundled service), and administration of customer deposits in accordance with credit policies of the City.

The customer data management services function also manages billing-related communications with customers, customer call centers, and routine customer notices. The City has contracted with an experienced third party to perform the customer account and billing services functions.

#### 3.7 Power Resources & Energy Programs

Solana Beach must plan for meeting the electricity needs of its customers utilizing resources consistent with its policy goals and objectives as well as applicable legislative and/or regulatory mandates. SBCCA's long-term resource plans (addressing the 10-20 year planning horizon) will comply with California Law and other pertinent requirements of California regulatory bodies. The City may develop and administer complementary energy programs that may be offered to SBCCA customers, including green pricing, energy efficiency, net energy metering and various other programs that may be identified to support the overarching goals and objectives of the City.

SBCCA will develop integrated resource plans that meet program supply objectives and balance cost, risk and environmental considerations. Such integrated resource plans will also conform to applicable requirements imposed by the State of California. Integrated resource planning efforts of SBCCA will make use of demand side energy efficiency, distributed generation and demand response programs as well as traditional supply options, which rely on structured wholesale transactions to meet customer energy requirements. Integrated resource plans will be updated and adopted by the City Council on an annual basis.

#### 3.7.1 Electric Supply Operations

Electric supply operations encompass the activities necessary for wholesale procurement of electricity to serve end use customers. These highly specialized activities include the following:

- > Electricity Procurement assemble a portfolio of electricity resources to supply the electric needs of Program customers.
- Risk Management application of standard industry techniques to reduce exposure to the volatility of energy and credit markets and insulate customer rates from sudden changes in wholesale market prices.
- Load Forecasting develop load forecasts, both long-term for resource planning, short-term for the electricity purchases, and sales needed to maintain a balance between hourly resources and loads.
- Scheduling Coordination scheduling and settling electric supply transactions with the California Independent System Operator ("CAISO").

The City has contracted with a third party not-for-profit wholesale energy services firm to perform most of the electric supply operations for the SBCCA Program. These requirements include the procurement of energy, capacity and ancillary services, scheduling coordinator services, short-term load forecasting and day-ahead and real-time electricity trading.

#### 3.8 GOVERNMENTAL AFFAIRS & LEGAL SUPPORT

The SBCCA Program will require ongoing regulatory and legislative representation to manage various regulatory compliance filings related to resource plans, resource adequacy, compliance with California's Renewables Portfolio Standard ("RPS"), and overall representation on issues that will impact the City and SBCCA customers. The City will maintain an active role at the CPUC, the California Energy Commission, the California Independent System Operator, the California legislature and, as necessary, the Federal Energy Regulatory Commission.

The City may retain outside legal services, as necessary, to administer SBCCA, review contracts, and provide overall legal support related to activities of the SBCCA Program. In addition, SBCCA's wholesale services provider will assist with regulatory filings related to wholesale procurement.

#### 4 STARTUP PLAN AND FUNDING

This Chapter presents the City's plans for the start-up period, including necessary expenses and capital outlays. As described in the previous Chapter, Solana Beach will utilize a mix of internal staff and contractors in its CCA Program implementation and operation.

#### 4.1 STARTUP ACTIVITIES

The initial program startup activities include the following:

- > Hire staff and/or contractors to manage implementation
- Identify qualified suppliers (of requisite energy products and related services) and negotiate supplier contracts
  - Electric supplier and scheduling coordinator
  - Data management provider (if separate from energy supply)
- Define and execute communications plan
  - Customer research/information gathering
  - Media campaign
  - Key customer/stakeholder outreach
  - Informational materials and customer notices
  - Customer call center
- > Post CCA bond and complete requisite registration requirements
- Pay utility service initiation, notification and switching fees
- Perform customer notification, opt-out and transfers
- Conduct load forecasting
- > Establish rates
- Legal and regulatory support
- Financial management and reporting

Other costs related to starting up the SBCCA Program will be the responsibility of the SBCCA Program's contractors (and are assumed to be covered by any fees/charges imposed by such contractors). These may include capital requirements needed for collateral/credit support for electric supply expenses, customer information system costs, electronic data exchange system costs, call center costs, and billing administration/settlements systems costs.

#### 4.2 STAFFING AND CONTRACT SERVICES

Personnel in the form of City staff or contractors will be utilized as needed to match workloads involved in forming SBCCA, managing contracts, and initiating customer outreach/marketing during the preoperations period. During the startup period, minimal personnel requirements would include an Executive Director, legal support, and other personnel needed to support regulatory, procurement, finance, legal, and communications activities. This support will come from using existing city staff and contractors. Following this period, additional staff and/or contractors may be retained, as needed, to support the rollout of additional value-added services (e.g., efficiency projects) and local generation projects and programs.

#### 4.3 CAPITAL REQUIREMENTS

The start-up of the CCA Program will require capital for three major functions: (1) staffing and contractor costs; (2) deposits and reserves; and (3) operating cash flow. Based on the City's anticipated start-up activities and implementation schedule, a total need of \$1,350,000 has been identified to support the aforementioned functions. Out of the \$1,350,000 in capital requirements, \$225,000 is related to the implementation/startup efforts (i.e., rate setting, power procurement and contract negotiations, marketing and communications, regulatory compliance, CPUC bond, SDGE security deposit, etc.) in order to serve customers by the June 2018. \$500,000 may be required as collateral for CAISO. The remaining \$625,000 is the "float" required for SBCCA to pay its monthly bills before the program generates enough internal cash to self-fund its working capital needs.

The finance plan in Chapter 7 provides additional detail regarding the City's expected capital requirements and general Program finances. All the capital required for start-up is provided through SBCCA's contracts with its service providers – through deferred fees and direct loans.

Related to the City's initial capital requirement, this amount is expected to cover staffing and contractor costs during startup and pre-startup activities, including direct costs related to public relations support, technical support, and customer communications. Requisite deposits and operating reserves are also reflected in the initial capital requirement, including the following items: 1) operating reserves to address anticipated cash flow variations; 2) deposit with the CAISO prior to commencing market operations (if required); 3) CCA bond (posted with the CPUC); and 4) SDGE service fee deposit, if required.

Operating revenues from sales of electricity will be remitted to SBCCA beginning approximately sixty days after the initial customer enrollments. This lag is due to the distribution utility's standard meter reading cycle of 30 days and a 30-day payment/collections cycle. SBCCA will need working capital to support electricity procurement and costs related to program management, which is included in the SBCCA's initial \$1,350 thousand capital requirement.

#### 4.4 FINANCING PLAN

SBCCA's initial capital requirement will be met through credit supplied by the wholesale energy management services and data management services vendors. Solana Beach will pay back the principal and interest costs associated with the start-up funding via retail generation rates charged to SBCCA customers. It is anticipated that the start-up costs will be fully recovered through such customer

generation rates within the first several years of operations. Other needs will be met using existing city staff and resources.

# 5 PROGRAM PHASE-IN

The plan is for Solana Beach will roll out its service offering to all eligible customers in a single phase at start-up. Given that there are only about 7200 eligible customer accounts within the City's boundaries, a one phase roll-out is reasonable and the most efficient way for SBCCA to serve customers beginning in June 2018. It is possible that NEM customers may be enrolled over multiple periods to mitigate the impact of SDGE NEM true-up treatment.

#### 6 LOAD FORECAST & RESOURCE PLAN

#### 6.1 INTRODUCTION

This Chapter describes the planned mix of electric resources that will meet the energy demands of SBCCA customers using a diversified portfolio of electricity supplies. Several overarching policies govern the resource plan and the ensuing resource procurement activities that will be conducted in accordance with the plan. These key polices are as follows:

- Develop a portfolio with more renewables and lower greenhouse gas emissions than SDGE
- Manage a diverse resource portfolio to increase control over energy costs and maintain competitive and stable electric rates.

The plan described in this section would accomplish the following:

- Procure Competitive Supply: Procure energy, RA, renewables and low-GHG supply through competitive processes in the open market using the enabling agreements and credit supplied by the City's wholesale services adviser.
- Use Best Practices Risk Management: Maintain rate competitiveness by using a dollar-cost-averaging approach with particular attention to the methodology used in the power charge indifference adjustment calculation. Use stochastic modeling to measure and achieve risk management objectives.
- Achieve Environmental Objectives: Procure supply to offer two distinct generation rate tariffs:

  1) a voluntary 100% renewable energy offered to SBCCA customers on a price premium basis relative to the SBCCA default retail option; and 2) a default SBCCA service option that includes a proportion of renewable energy greater than SDGE.
- Provide NEM Tariff: Encourage distributed renewable generation in the local area through the offering of a net energy metering tariff that is more remunerative than SDGE's NEM tariff.

SBCCA will comply with regulatory rules applicable to California load serving entities. SBCCA will arrange for the scheduling of sufficient electric supplies to meet the demands of its customers. Solana Beach will adhere to capacity reserve requirements established by the CPUC and the CAISO designed to address uncertainty in load forecasts and potential supply disruptions caused by generator outages and/or transmission contingencies. These rules also ensure that physical generation capacity is in place to serve SBCCA's customers, even if there were a need for the SBCCA Program to cease operations and return customers to SDGE. In addition, the City will be responsible for ensuring that its resource mix contains sufficient production from renewable energy resources needed to comply with the statewide RPS mandate (33 percent renewable energy by 2020, increasing to 50 percent by 2030). The resource plan will meet or exceed all of the applicable regulatory requirements related to resource adequacy and the RPS.

#### 6.2 RESOURCE PLAN OVERVIEW

To meet the aforementioned objectives and satisfy the applicable regulatory requirements pertaining to SBCCA's status as a California load serving entity, Solana Beach's resource plan includes a diverse mix of power purchases, renewable energy, and potentially, new energy efficiency programs, demand response, and distributed generation. A diversified resource plan minimizes risk and volatility that can occur from over-reliance on a single resource type or fuel source, and thus increases the likelihood of rate stability. The planned power supply is initially comprised of power purchases from third party electric suppliers and, in the longer-term, may include renewable generation assets owned and/or controlled by SBCCA.

Once the SBCCA Program demonstrates it can operate successfully, Solana Beach may begin evaluating opportunities for investment in renewable generating assets, subject to then-current market conditions, statutory requirements and regulatory considerations. Any renewable generation owned by SBCCA or controlled under long-term power purchase agreement with a proven public power developer, could provide a portion of Solana Beach's electricity requirements on a cost-of-service basis. Depending upon market conditions and, importantly, the applicability of tax incentives for renewable energy development, electricity purchased under a cost-of-service arrangement can be more cost-effective than purchasing renewable energy from third party developers, which will allow the SBCCA Program to pass on cost savings to its customers through competitive generation rates. Any investment decisions will be made following thorough environmental reviews and in consultation with qualified financial and legal advisors.

As an alternative to direct investment, Solana Beach may consider partnering with an experienced public power developer and could enter into a long-term (15-to-30 year) power purchase agreement that would support the development of new renewable generating capacity. Such an arrangement could be structured to reduce the SBCCA Program's operational risk associated with capacity ownership while providing its customers with all renewable energy generated by the facility under contract.

Solana Beach's indicative resource plan for the years 2017 through 2026 is summarized in the following table. Note that SBCCA's projections reflect a portfolio mix of renewable energy compliant with the annual RPS requirement and all other supply coming in the form of conventional resources or CAISO system power.

Table 1: Proposed Resource Plan

City of Solana Beach Proposed Resource Plan (MWh) 2018-2027										
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Demand (MWh)										
Retail Demand	44,239	65,941	66,600	67,266	67,939	68,619	69,305	69,998	70,698	71,405
Losses	2,079	3,099	3,130	3,162	3,193	3,225	3,257	3,290	3,323	3,356
Wholesale	46,319	69,040	69,731	70,428	71,132	71,844	72,562	73,288	74,021	74,761
Supply (MWh)										
Renewable	22,120	32,971	33,300	33,633	33,970	34,309	34,652	34,999	35,349	35,702
System	24,199	36,070	36,430	36,795	37,163	37,534	37,910	38,289	38,672	39,058
Total Supply	46,319	69,040	69,731	70,428	71,132	71,844	72,562	73,288	74,021	74,761
Net Position (MWh)	0	0	0	0	0	0	0	0	o	0

#### 6.3 SUPPLY REQUIREMENTS

The starting point for Solana Beach's resource plan is a projection of participating customers and associated electric consumption. Projected electric consumption is evaluated on an hourly basis, and matched with resources best suited to serving the aggregate of hourly demands or the program's "load profile." The electric sales forecast and load profile will be affected by Solana Beach's plan to introduce the SBCCA Program to customers in one single phase and the degree to which customers choose to remain with SDGE during the customer enrollment and opt-out period. The City's rollout plan and assumptions regarding customer participation rates are discussed below.

#### 6.4 CUSTOMER PARTICIPATION RATES

Customers will be automatically enrolled in the SBCCA Program unless they opt-out during the customer notification process conducted during the 60-day period prior to enrollment and continuing through the 60-day period following commencement of service. The City anticipates an overall customer participation rate of approximately 90 percent of eligible SDGE bundled service customers, based on reported opt-out rates for already operating CCAs. It is assumed that customers taking direct access service from a competitive electricity provider will continue to remain with their current supplier.

The participation rate is not expected to vary significantly among customer classes, in part because the City will offer two distinct rate tariffs that will address the needs of cost-sensitive customers as well as the needs of both residential and business customers that prefer a highly renewable energy product. The assumed participation rates will be refined as Solana Beach's public outreach and market research efforts continue to develop.

#### 6.5 CUSTOMER FORECAST

Once customers enroll, they will be transferred to service by SBCCA on their regularly scheduled meter read date over an approximately thirty-day period. Approximately 240 service accounts per day will be

transferred during the first month of service. The number of accounts anticipated to be served by Solana Beach at the end of the enrollment period is shown in Table 2.

Table 2: Total Customer Counts at the end of First Month of Operation, here presuming enrollment occurs in June, 2018.

	<u>Jun-18</u>
Residential	6,140
Commercial & Agriculture	1,116
Street Lighting & Traffic	9
Total	7,266

The City assumes that customer growth will generally offset customer attrition (opt-outs) over time, resulting in a relatively stable customer base (1% annual growth) over the noted planning horizon. While the successful operating track record of California CCA programs continues to grow, there is a relatively short history with regard to CCA operations, which makes it difficult to anticipate the actual levels of customer participation within the SBCCA Program. The City believes that its assumptions regarding the offsetting effects of growth and attrition are reasonable in consideration of the historical customer growth within the City and the potential for continuing customer opt-outs following mandatory customer notification periods. The following table shows the forecast of service accounts (customers) served by Solana Beach for each of the next ten years.

Table 3: Customer Accounts by Year

Residential	<u>2018</u> 6,140	<u>2019</u> 6,201	<u>2020</u> 6,263	<u>2021</u> 6,326	<u>2022</u> 6,389	<u>2023</u> 6,453	<u>2024</u> 6,518	<u>2025</u> 6,583	<u>2026</u> 6,649	<u>2027</u> 6.715
Commercial & Agriculture	1,116	1,127	1,139	1,150	1,161	1,173	1,185	1,197	1,209	1.221
Street Lighting & Traffic	9	9	10	10	10	10	10	10	10	10
Total	7,266	7,338	7,412	7,486	7,561	7,636	7.713	7.790	7.868	7.946

#### 6.6 SALES FORECAST

The City's forecast of kWh sales reflects the rollout and customer enrollment schedule shown above. Annual energy requirements is shown in Table 4.

Table 4: Demand Forecast in MWh, 2018-2027

Demand (MWh)	<u>2018</u>	2019	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	2027
Retail Demand	44,239	65,941	66,600	67,266	67,939	68,619	69,305	69.998	70.698	71,405
Losses	2,079	3,099	3,130	3,162	3,193	3,225	3,257	3,290	3,323	3,356
Wholesale	46,319	69,040	69,731	70,428	71,132	71,844	72,562	73,288	74.021	74,761

#### 6.7 CAPACITY REQUIREMENTS

The CPUC's resource adequacy standards applicable to the SBCCA Program require a demonstration one year in advance that SBCCA has secured physical capacity for 90 percent of its projected peak loads for each of the five months May through September, plus a minimum 15 percent reserve margin. On a month-ahead basis, Solana Beach must demonstrate 100 percent of the peak load plus a minimum 15 percent reserve margin.

A portion of SBCCA's capacity requirements must be procured locally, from the San Diego – Imperial Valley local capacity area as defined by the CAISO. The City would be required to demonstrate its local capacity requirement for each month of the following calendar year. The local capacity requirement is a percentage of the total (SDGE service area) local capacity requirements adopted by the CPUC based on Solana Beach's forecasted peak load. Solana Beach must demonstrate compliance or request a waiver from the CPUC requirement as provided for in cases where local capacity is not available.

SBCCA is also required to demonstrate that a specified portion of its capacity meets certain operational flexibility requirements under the CPUC and CAISO's flexible resource adequacy framework.

The estimated forward resource adequacy requirements for 2017 through 2019 are shown in the following tables<sup>2</sup>:

<sup>&</sup>lt;sup>2</sup> The figures shown in the table are estimates. Solana Beach's resource adequacy requirements will be subject to modification due to application of certain coincidence adjustments and resource allocations relating to utility demand response and energy efficiency programs, as well as generation capacity allocated through the Cost Allocation Mechanism. These adjustments are addressed through the CPUC's resource adequacy compliance process.

Table 5: Forward Capacity Requirements (Total) for 2018-2020 in MW, presuming service starts in June, 2018

Month	<u>2018</u>	<u> 2019</u>	<u>2020</u>
January		13.3	13.5
February		14.8	14.3
March		13.7	13.8
April		12.1	12.2
May		12.1	12.7
June	12.9	13.6	13.2
July	16.2	15.8	15.9
August	16.4	16.6	17.4
September	19.0	19.2	18.6
October	13.5	13.6	13.7
November	14.8	15.0	15.8
December	12.4	12.6	12.2

Solana Beach's plan ensures that sufficient reserves will be procured to meet its peak load at all times. The projected SBCCA annual capacity requirements are shown in the following table:

Table 6: Annual Maximum Capacity Requirements 2018-2027

Max Wholesale Demand	<u>2018</u> 16.5	<u>2019</u> 16.7	<u>2020</u> 16.2	<u>2021</u> 16.4	<u>2022</u> 16.5	<u>2023</u> 16.7	<u>2024</u> 17.6	<u>2025</u> 17.0	<u>2026</u> 17.2	<u>2027</u> 17.4
Reserve Requirement (15%)	2.5	2.5	2.4	2.5	2.5	2.5	2.6	2.6	2.6	2.6
Total Capacity Requirement	19.0	19.2	18.6	18.8	19.0	19.2	20.2	19.6	19.8	20.0

Local capacity requirements are a function of the SDGE area resource adequacy requirements and Solana Beach's projected peak demand. SBCCA will need to work with the CPUC's Energy Division and staff at the California Energy Commission to obtain the data necessary to calculate its monthly local capacity requirement. A preliminary estimate of SBCCA's annual maximum local capacity requirement for the ten-year planning period ranges between 7-9 MW as shown in Table 7.

Table 7: Annual Maximum Local Capacity Requirements 2018-2027

	<u>2018</u>	2019	2020	2021	2022	2023	2024	2025	<u>2026</u>	2027
Total Capacity Requirement	16.5	16.7	16.2	16.4	16.5	16.7	17.6	17.0	17.2	17.4
Local Capacity (% of Total)	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
San Diego - IV (MW)	12.4	12.5	12.1	12.3	12.4	12.5	13.2	12.8	12.9	13.0

The CPUC assigns local capacity requirements during the year prior to the compliance period; thereafter, the CPUC provides local capacity requirement true-ups for the second half of each compliance year.

SBCCA will coordinate with SDGE and appropriate state agencies to manage the transition of responsibility for resource adequacy from SDGE to Solana Beach during CCA program phase-in. For system resource adequacy requirements, SBCCA will make month-ahead showings for each month that SBCCA plans to serve load, and load migration issues would be addressed through the CPUC's approved procedures. Solana Beach will work with the California Energy Commission and CPUC prior to commencing service to customers to ensure it meets its local and system resource adequacy obligations through its agreement(s) with its chosen electric supplier(s).

#### 6.8 RENEWABLES PORTFOLIO STANDARDS ENERGY REQUIREMENTS

#### 6.8.1 Basic RPS Requirements

SBCCA will be required by law and ensuing CPUC regulations to procure a certain minimum percentage of its retail electricity sales from qualified renewable energy resources. For purposes of determining Solana Beach's renewable energy requirements, many of the same standards for RPS compliance that are applicable to the distribution utilities will apply to SBCCA.

California's RPS program is currently undergoing reform. On October 7, 2015, Governor Brown signed Senate Bill 350 ("SB 350"; De Leon and Leno), the Clean Energy and Pollution Reduction Act of 2015, which increased California's RPS procurement target from 33 percent by 2020 to 50 percent by 2030 amongst other clean-energy initiatives. Many details related to SB 350 implementation will be developed over time with oversight by designated regulatory agencies. However, it is reasonable to assume that interim annual renewable energy procurement targets will be imposed on CCAs and other retail electricity sellers to facilitate progress towards the 50 percent procurement mandate. For planning purposes, SBCCA has assumed straight-line annual increases (1.7 percent per year) to the RPS procurement target beginning in 2021, as the state advances on the 50 percent RPS. SBCCA will also adopt an integrated resource plan in compliance with SB 350. Solana Beach understands that various details related to this planning requirement have yet to be developed, and Solana Beach intends to monitor and participate, as appropriate, in pertinent proceedings to promote the preparation and submittal of a responsive planning document. Furthermore, SBCCA will ensure that all long-term renewable energy contracting requirements, as imposed by SB 350, will be satisfied through appropriate transactions with qualified suppliers and will also reflect this intent in ongoing resource planning and procurement efforts.

#### 6.8.2 Solana Beach's Renewables Portfolio Standards Requirement

SBCCA's annual RPS procurement requirements, as specified under California's RPS program, are shown in Table 8.

Table 8: Renewable Procurement Obligation and Target Percentages and Volumes 2018-2027

Retail Load (MWh) RPS % Target RPS Obligation (MWh) SBCCA % Target	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
	44,239	65,941	66,600	67,266	67,939	68,619	69,305	69,998	70,698	71,405
	29%	31%	33%	35%	36%	38%	40%	42%	43%	45%
	12,829	20,442	21,978	23,341	24,730	26,144	27,583	29,049	30,541	32,061
	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
SBCCA Target (MWh)	22,120	32,971	33,300	33,633	33,970	34,309	34,652	34,999	35,349	35,702

<sup>\*</sup>Note: Specific details related to SB 350 implementation have yet to be identified. For purposes of this table, the City assumed a straight-line increase from California's 33 percent RPS procurement mandate in 2020 to California's new, 50 percent RPS procurement mandate in 2030.

#### 6.9 Purchased Power

Power purchased from power marketers, public agencies, generators, and/or utilities will be a significant source of supply during the first several years of SBCCA Program operation. Solana Beach will initially contract to obtain all of its electricity from one or more third party electric providers under one or more power supply agreements, and the supplier(s) will be responsible for procuring the specified resource mix, including the City's desired quantities of renewable energy, to provide a stable and cost-effective resource portfolio for the SBCCA Program.

#### 6.10 RENEWABLE RESOURCES

SBCCA will initially secure necessary renewable power supply from its third party electric supplier(s). Solana Beach may supplement the renewable energy provided under the initial power supply contract(s) with direct purchases of renewable energy from renewable energy facilities or from renewable generation developed and owned by SBCCA. At this point in time, it is not possible to predict what projects might be proposed in response to future renewable energy solicitations administered by Solana Beach, unsolicited proposals or discussions with other agencies. Renewable projects that are located virtually anywhere in the Western Interconnection can be considered as long as the electricity is deliverable to the CAISO control area, as required to meet the Commission's RPS rules and any additional guidelines ultimately adopted by the City. The costs of transmission access and the risk of transmission congestion costs would need to be considered in the bid evaluation process if the delivery point is outside of SBCCA's load zone, as defined by the CAISO.

#### 6.11 ENERGY EFFICIENCY

SBCCA does not currently anticipate running locally managed energy efficiency programs. In the future, should SBCCA expand its service territory it may become feasible to apply to become EE program administrators. In the meantime, SBCCA will support already existing energy efficiency efforts within its service territory.

#### 7 FINANCIAL PLAN

This Chapter examines the monthly cash flows expected during the startup and customer phase-in period of the SBCCA Program and identifies the anticipated financing requirements. It includes estimates of program startup costs, including necessary expenses and capital outlays. It also describes the requirements for working capital and long-term financing for the potential investment in renewable generation, consistent with the resource plan contained in Chapter 6.

#### 7.1 DESCRIPTION OF CASH FLOW ANALYSIS

The City's cash flow analysis estimates the level of capital that will be required during the startup and phase-in period. The analysis focuses on the SBCCA Program's monthly costs and revenues and the lags between when costs are incurred and revenues received.

#### 7.2 COST OF CCA PROGRAM OPERATIONS

The first category of the cash flow analysis is the Cost of CCA Program Operations. To estimate the overall costs associated with CCA Program Operations, the following components were taken into consideration:

- > Electricity Procurement;
- Ancillary Service Requirements;
- Exit Fees;
- Staffing and Professional Services:
- Data Management Costs:
- Administrative Overhead:
- Billing Costs;
- Scheduling Coordination;
- Grid Management and other CAISO Charges;
- CCA Bond and Security Deposit; and,
- Pre-Startup Cost Reimbursement.

#### 7.3 REVENUES FROM CCA PROGRAM OPERATIONS

The cash flow analysis also provides estimates for revenues generated from CCA operations or from electricity sales to customers. In determining the level of revenues, the analysis assumes the customer phase-in schedule described herein, and assumes that Solana Beach charges a standard, default electricity tariff similar to the generation rates of SDGE for each customer class and an optional renewable energy tariff (with a renewable energy content that exceeds the SBCCA default retail option) at a premium reflective of incremental renewable power costs. More detail on SBCCA Program rates can be found in Chapter 8.

#### 7.4 Cash Flow Analysis Results

The results of the cash flow analysis provide an estimate of the level of capital required for the City to move through the CCA startup and phase-in periods. This estimated level of capital is determined by examining the monthly cumulative net cash flows (revenues from CCA operations minus cost of CCA operations) based on assumptions for payment of costs or other cash requirements (e.g., deposits) by Solana Beach, along with estimates for when customer payments will be received. This identifies, on a monthly basis, what level of cash flow is available in terms of a surplus or deficit.

The cash flow analysis identifies funding requirements in recognition of the potential lag between revenues received and payments made during the phase-in period. The estimated financing requirements for the startup and phase-in period, including working capital needs associated with the customer enrollments, was determined to be \$1,350,000. Out of the \$1,350,000 in capital requirements, \$225,000 is related to the implementation/startup efforts (i.e., rate setting, power procurement and contract negotiations, marketing and communications, regulatory compliance, CPUC bond, SDGE security deposit, etc.) in order to serve customers by June 2018. \$500,000 is required as collateral to CAISO. The other \$625,000 is the "float" required for SBCCA to pay its monthly bills before the program generates enough internal cash to self-fund its working capital needs. Working capital requirements peak soon after enrollment of all SBCCA customers.

#### 7.5 CCA Program Implementation Pro Forma

In addition to developing a cash flow analysis that estimates the level of working capital required to move Solana Beach through full CCA phase-in, a summary pro forma analysis that evaluates the financial performance of the CCA program during the phase-in period is shown in Table 9. The difference between the cash flow analysis and the CCA pro forma analysis is that the pro forma analysis does not include a lag associated with payment streams. In essence, costs and revenues are reflected in the month in which service is provided. All other items, such as costs associated with CCA Program operations and rates charged to customers remain the same. Cash provided by financing activities are not shown in the pro forma analysis, although payments for loan repayments are included as a cost item.

The results of the pro forma analysis is shown in Table 9. In particular, the summary of CCA program startup and phase-in addresses projected SBCCA Program operations for the period beginning January 2018 through December 2027. The City has also included a summary of Program reserves, which are expected to accrue over this same period.

Table 9: Pro Forma including Reserves Accumulation 2018-2027

Revenues from Operations (\$)	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	2022	<u> 2023</u>	<u>2024</u>	<u>2025</u>	2026	<u>2027</u>
Electric Sales Revenues Uncollected Accounts Total Revenues	3,223,816 (9,671) 3,214,144	4,626,572 (13,880) 4,612,693	4,412,264 (13,237) 4,399,027	4,500,761 (13,502) 4,487,259	4,707,547 (14,123) 4,693,424	4,826,713 (14,480) 4,812,233	4,843,288 (14,530) 4,828,758	4,890,499 (14,671) 4,875,827	5,103,581 (15,311) 5,088,270	5,352,349 (16,057) 5,336,292
Cost of Operations (\$)										
Staffing & Consulting	183,333	191,667	150,000	150,000	150,000	100,000	100,000	100,000	100.000	100,000
Wholesale Services	140,667	217,330	223,850	230,565	237,482	244,607	251,945	259,503	267,288	275.307
Data Management Services	75,562	117,911	122,663	127,606	132,748	138,098	143,663	149,453	155,476	161,742
IOU Fees	130,527	46,711	47,650	48,608	49,585	50,581	51,598	52,635	53,693	54,772
Energy Procurement	2,318,193	3,365,799	3,486,395	3,639,177	3,780,781	3,846,792	3,998,861	4,154,902	4.316.046	4,483,554
Total Operations	2,848,282	3,939,417	4,030,557	4,195,956	4,350,596	4,380,079	4,546,068	4,716,494	4,892,503	5,075,375
Net Program Revenues	365,862	673,275	368,470	291,303	342,828	432,154	282,690	159,333	195,767	260,917
Cumulative Reserves	365,862	1,039,137	1,407,607	1,698,910	2,041,738	2,473,893	2,756,583	2,915,916	3,111,683	3,372,600

The surpluses achieved during the phase-in period serve to build SBCCA's net financial position and credit profile and to provide operating reserves for SBCCA in the event that operating costs (such as power purchase costs) exceed collected revenues for short periods of time.

#### 7.6 SBCCA FINANCINGS

It is not anticipated that SBCCA will need any additional financing for its start-up activities. SBCCA arranged that its service providers will amortize their start-up costs over the subsequent months following when revenues begin flowing. In addition, the wholesale service provider will float the initial power supply costs for the CCA and allow SBCCA to repay over the first 12 months of service. Subsequent capital requirements will be self-funded from accrued SBCCA financial reserves.

#### 7.7 RENEWABLE RESOURCE PROJECT FINANCING

Solana Beach may consider project financings for renewable resources, likely local wind and solar projects. These financings would only occur after a sustained period of successful SBCCA Program operation and after appropriate project opportunities are identified and subjected to appropriate environmental review.

In the event that such financing occurs, funds would include any short-term financing for the renewable resource project development costs, and would likely extend over a 20 to 30-year term. The security for such bonds would be the revenue from sales to the retail customers of Solana Beach.

# 8 RATE SETTING, PROGRAM TERMS AND CONDITIONS

#### 8.1 Introduction

This Chapter describes the initial policies proposed for Solana Beach in setting its rates for electric aggregation services. These include policies regarding rate design, rate objectives, and provision for due process in setting Program rates. Program rates are ultimately approved by the Solana Beach City Council. The City would retain authority to modify program policies from time to time at its discretion.

#### 8.2 RATE POLICIES

The City will establish rates sufficient to recover all costs related to operation of the SBCCA Program, including any reserves that may be required as a condition of financing and other discretionary reserve funds that may be approved by Solana Beach. As a general policy, rates will be uniform for all similarly situated customers enrolled in the SBCCA Program throughout the City.

The primary objectives of the rate setting plan are to set rates that achieve the following:

- > Rate competitive tariff option (default service offering), including a proportionate quantity of renewable energy in excess of California's prevailing renewable energy procurement mandate;
- Voluntary renewable energy supply option (renewable content greater than the SBCCA default retail service offering));
- Rate stability;
- Equity among customers in each tariff;
- Customer understanding; and
- Revenue sufficiency.

Each of these objectives is described below.

#### 8.3 RATE COMPETITIVENESS

The primary goal is to offer competitive rates for electric services that SBCCA would provide to participating customers. For participants in the SBCCA standard Tariff, the goal would be for SBCCA Program rates to be initially one to five percent below, subject to actual energy product pricing and decisions of the City Council, similar generation rates offered by SDGE. For participants in the SBCCA Program's voluntary renewable energy Tariff, the goal would be to offer the lowest possible customer rates with an incremental monthly cost premium reflective of the actual cost of additional renewable energy supply required to serve such customers.

Competitive rates will be critical to attracting and retaining key customers. In order for SBCCA to be successful, the combination of price and value must be perceived as superior when compared to the bundled utility service alternative. As planned, the value provided by the SBCCA Program will include a community focus and local investment and control.

As previously discussed, the SBCCA Program will increase renewable energy supply to program customers, relative to the incumbent utility, by offering two distinct rate tariffs. The default tariff for SBCCA Program customers will be the standard tariff, which will increase renewable energy supply while maintaining generation rates that are generally comparable to SDGE's. The initial renewable energy content provided under SBCCA's standard tariff will at a minimum meet California's prevailing renewable energy procurement mandate. SBCCA will also offer its customers a voluntary renewable energy tariff, which will supply participating customers with renewable energy above the minimum RPS mandate and potentially up to 100 percent, at rates that reflect SBCCA's cost for procuring related energy supplies.

Participating qualified low- or fixed-income households, such as those currently enrolled in the California Alternate Rates for Energy ("CARE") program, will be automatically enrolled in the standard tariff and will continue to receive related discounts on monthly electricity bills through SDGE.

#### 8.4 RATE STABILITY

SBCCA will offer stable rates by hedging its supply costs over multiple time horizons and by including renewable energy supplies that exhibit stable costs. Rate stability considerations may prevent SBCCA Program rates from directly tracking similar rates offered by the distribution utility, SDGE, and may result in differences from the general rate-related targets initially established for the SBCCA Program. Solana Beach plans to offer the most competitive rates possible after all Program operating costs are recovered and reserve targets are achieved.

#### 8.5 Equity among Customer Classes

Initial rates of the SBCCA Program will be set based on cost-of-service considerations with reference to the rates customers would otherwise pay to SDGE. Rate differences among customer classes will reflect the rates charged by the local distribution utility as well as differences in the costs of providing service to each class. Rate benefits may also vary among customers within the major customer class categories, depending upon the specific rate designs adopted by the City.

#### 8.6 CUSTOMER UNDERSTANDING

The goal of customer understanding involves rate designs that are relatively straightforward so that customers can readily understand how their bills are calculated. This not only minimizes customer confusion and dissatisfaction but will also result in fewer billing inquiries to the SBCCA Program's customer service call center. Customer understanding also requires rate structures to reflect rational rate design principles (i.e., there should not be differences in rates that are not justified by costs or by other policies such as providing incentives for conservation).

#### 8.7 REVENUE SUFFICIENCY

SBCCA Program rates must collect sufficient revenue from participating customers to fully fund the annual SBCCA operating budget. Rates will be set to collect the adopted budget based on a forecast of electric sales for the budget year. Rates will be adjusted as necessary to maintain the ability to fully recover all costs of the SBCCA Program, subject to the disclosure and due process policies described

later in this chapter. To ensure rate stability, funds available in SBCCA's rate stabilization reserve may be used from time to time to augment operating revenues.

#### 8.8 RATE DESIGN

SBCCA will generally match the rate structures from SDGE's standard rates to avoid the possibility that customers would see significantly different bill impacts as a result of changes in rate structures that would take effect following enrollment in the SBCCA Program.

#### 8.9 NET ENERGY METERING

As planned, customers with on-site generation eligible for net metering from SDGE will be offered a net energy metering rate from SBCCA. Net energy metering allows for customers with certain qualified solar or wind distributed generation to be billed on the basis of their net energy consumption. Solana Beach's net energy metering tariff will apply to the generation component of the bill, and the SDGE net energy metering tariff will apply to the utility's portion of the bill. SBCCA plans to pay customers for excess power produced from net energy metered generation systems in accordance with the rate designs adopted by the City. The goal is to offer a higher payout for surplus generation than SDGE.

### 8.10 DISCLOSURE AND DUE PROCESS IN SETTING RATES AND ALLOCATING COSTS AMONG PARTICIPANTS

Initial program rates will be adopted by Solana Beach following the establishment of the first year's operating budget prior to initiating the customer notification process. Subsequently, SBCCA will prepare an annual budget and corresponding customer rates. Following the commencement of service, any proposed rate adjustment will be made to the City Council and ample time will be given to affected customers to provide comment on the proposed rate changes.

After proposing a rate adjustment, SBCCA will furnish affected customers with a notice of its intent to adjust rates, either by mailing such notices postage prepaid to affected customers, by including such notices as an insert to the regular bill for charges transmitted to affected customers, or by including a related message directly on the customer's monthly electricity bill (on the page addressing SBCCA charges). The notice will provide a summary of the proposed rate adjustment and will include a link to the SBCCA Program website where information will be posted regarding the amount of the proposed adjustment, a brief statement of the reasons for the adjustment, and the mailing address of the SBCCA Program to which any customer inquiries relative to the proposed adjustment, including a request by the customer to receive notice of the date, time, and place of any hearing on the proposed adjustment, may be directed.

#### 9 CUSTOMER RIGHTS AND RESPONSIBILITIES

This Chapter discusses customer rights, including the right to opt-out of the SBCCA Program and the right to privacy of customer usage information, as well as obligations customers undertake upon agreement to enroll in the CCA Program. All customers that do not opt out within 30 days of the fourth enrollment notice will have agreed to become full status program participants and must adhere to the obligations set forth below, as may be modified and expanded by the City Council from time to time.

By adopting this Implementation Plan, the City will have approved the customer rights and responsibilities policies contained herein to be effective at Program initiation. The City retains authority to modify program policies from time to time at its discretion.

#### 9.1 CUSTOMER NOTICES

At the initiation of the customer enrollment process, four notices will be provided to customers describing the Program, informing them of their opt-out rights to remain with utility bundled generation service, and containing a simple mechanism for exercising their opt-out rights. The first notice will be mailed to customers approximately sixty days prior to the date of automatic enrollment. A second notice will be sent approximately thirty days later. The City will likely use its own mailing service for requisite enrollment notices rather than including the notices in SDGE's monthly bills. This is intended to increase the likelihood that customers will read the enrollment notices, which may otherwise be ignored if included as a bill insert. Customers may opt out by notifying SBCCA using the SBCCA Program's designated telephone-based or Internet opt-out processing service. Should customers choose to initiate an opt-out request by contacting SDGE, they would be transferred to the SBCCA Program's call center to complete the opt-out request. Consistent with CPUC regulations, notices returned as undelivered mail would be treated as a failure to opt out, and the customer would be automatically enrolled.

Following automatic enrollment, at least two notices will be mailed to customers within the first two billing cycles (approximately sixty days) after SBCCA service commences. Opt-out requests made on or before the sixtieth day following start of SBCCA Program service will result in customer transfer to bundled utility service with no penalty. Such customers will be obligated to pay charges associated with the electric services provided by SBCCA during the time the customer took service from the SBCCA Program, but will otherwise not be subject to any penalty or transfer fee from SBCCA.

Customers who establish new electric service accounts within the Program's service area will be automatically enrolled in the SBCCA Program and will have sixty days from the start of service to opt out if they so desire. Such customers will be provided with two enrollment notices within this sixty-day post enrollment period. Such customers will also receive a notice detailing SBCCA's privacy policy regarding customer usage information. Solana Beach will have the authority to implement entry fees for customers that initially opt out of the Program, but later decide to participate. Entry fees, if deemed necessary, would aid in resource planning by providing additional control over the SBCCA Program's customer base.

#### 9.2 TERMINATION FEE

Customers that are automatically enrolled in the SBCCA Program can elect to transfer back to the incumbent utility without penalty within the first two months of service. After this free opt-out period, customers will be allowed to terminate their participation but may be subject to payment of a Termination Fee, which Solana Beach reserves the right to impose, if deemed necessary. Customers that relocate within SBCCA's service territory would have SBCCA service continued at their new address. If a customer relocating to an address within SBCCA's service territory elected to cancel CCA service, the Termination Fee could be applied. Program customers that move out of Solana Beach's service territory would not be subject to the Termination Fee. If deemed applicable by Solana Beach, SDGE would collect the Termination Fee from returning customers as part of SBCCA's final bill to the customer.

If adopted, the Termination Fee would be clearly disclosed in the four enrollment notices sent to customers during the sixty-day period before automatic enrollment and following commencement of service. The fee could also be changed prospectively by Solana Beach subject to applicable customer noticing requirements. Other CCAs have adopted small or zero-dollar termination fees, and SBCCA would likely do the same.

Customers electing to terminate service after the initial notification period would be transferred to SDGE on their next regularly scheduled meter read date if the termination notice is received a minimum of fifteen days prior to that date. Such customers would also be liable for the nominal reentry fees imposed by SDGE (currently \$1.12) and would be subject to SDGE's current terms and conditions, including being required to remain on bundled utility service for a period of one year, as described in the utility CCA tariffs.

#### 9.3 CUSTOMER CONFIDENTIALITY

Solana Beach will establish policies covering confidentiality of customer data that are fully compliant with the required privacy protection rules for CCA customer energy usage information, as detailed within Decision 12-08-045. SBCCA will maintain the confidentiality of individual customers' names, service addresses, billing addresses, telephone numbers, account numbers, and electricity consumption, except where reasonably necessary to conduct business of the SBCCA Program or to provide services to customers, including but not limited to where such disclosure is necessary to (a) comply with the law or regulations; (b) enable Solana Beach to provide service to its customers; (c) collect unpaid bills; (d) obtain and provide credit reporting information; or (e) resolve customer disputes or inquiries. SBCCA will not disclose customer information for telemarketing, e-mail, or direct mail solicitation. Aggregate data may be released at Solana Beach's discretion.

#### 9.4 RESPONSIBILITY FOR PAYMENT

Customers will be obligated to pay SBCCA Program charges for service provided through the date of transfer including any applicable Termination Fees. Pursuant to current CPUC regulations, SBCCA will not be able to direct that electricity service be shut off for failure to pay SBCCA bills. However, SDGE has the right to shut off electricity to customers for failure to pay electricity bills, and SDGE Electric Rule 23 mandates that partial payments are to be allocated pro rata between SDGE and the CCA. In most circumstances, customers would be returned to utility service for failure to pay bills in full and customer deposits (if any) would be withheld in the case of unpaid bills. SDGE would attempt to collect any

outstanding balance from customers in accordance with Rule 23 and the related CCA Service Agreement. The proposed process is for two late payment notices to be provided to the customer within 30 days of the original bill due date. If payment is not received within 45 days from the original due date, service would be transferred to the utility on the next regular meter read date, unless alternative payment arrangements have been made. Consistent with the CCA tariffs, Rule 23, service cannot be discontinued to a residential customer for a disputed amount if that customer has filed a complaint with the CPUC, and that customer has paid the disputed amount into an escrow account.

#### 9.5 CUSTOMER DEPOSITS

Under certain circumstances, SBCCA customers may be required to post a deposit equal to the estimated charges for two months of CCA service prior to obtaining service from the SBCCA Program. A deposit would be required for an applicant who previously had been a customer of SDGE or SBCCA and whose electric service has been discontinued by SDGE or SBCCA during the last twelve months of that prior service arrangement as a result of bill nonpayment. Such customers may be required to reestablish credit by depositing the prescribed amount. Additionally, a customer who fails to pay bills before they become past due as defined in SDGE Electric Rule 11 (Discontinuance and Restoration of Service), and who further fails to pay such bills within five days after presentation of a discontinuance of service notice for nonpayment of bills, may be required to pay said bills and reestablish credit by depositing the prescribed amount. This rule will apply regardless of whether or not service has been discontinued for such nonpayment<sup>3</sup>. Failure to post deposit as required would cause the account service transfer request to be rejected, and the account would remain with SDGE.

<sup>3</sup> A customer whose service is discontinued by Solana Beach is returned to SDGE generation service.

#### **10 PROCUREMENT PROCESS**

#### 10.1 Introduction

This Chapter describes Solana Beach's initial procurement policies and the key third party service agreements by which the City will obtain operational services for the SBCCA Program. By adopting this Implementation Plan, the City will have approved the general procurement policies contained herein to be effective at Program initiation. Solana Beach retains authority to modify Program policies from time to time at its discretion.

#### 10.2 PROCUREMENT METHODS

Solana Beach will enter into agreements for a variety of services needed to support program development, operation and management. It is anticipated that SBCCA will generally utilize Competitive Procurement methods for services but may also utilize Direct Procurement or Sole Source Procurement, depending on the nature of the services to be procured. Direct Procurement is the purchase of goods or services without competition when multiple sources of supply are available. Sole Source Procurement is generally to be performed only in the case of emergency or when a competitive process would be an idle act.

SBCCA will utilize a competitive solicitation process to enter into agreements with entities providing electrical services for the program. Agreements with entities that provide professional legal or consulting services, and agreements pertaining to unique or time sensitive opportunities, may be entered into on a Direct Procurement or Sole Source basis at Solana Beach's discretion. Authority for terminating agreements will generally mirror the authority for entering into such agreements.

#### 10.3 Key Contracts

#### 10.3.1 Electric Supply

Solana Beach has signed an agreement with a wholesale services provider whereby that provider will procure energy and capacity on SBCCA's behalf through competitive solicitation in the over-the-counter electricity markets. The provider has enabling agreements with over a hundred counterparties and will procure standard market products to hedge SBCCA's financial risk, meet its capacity obligations and achieve its environmental objectives. Typically, energy procurement can be done within hours while Resource Adequacy and Renewable Energy take several days. Procurement will commence once this implementation plan has been approved and the Solana Beach City Council has made the final determination to proceed to going live with the CCA.

Procurement will be an ongoing process in order to achieve desired levels of risk mitigation by dollar-cost-averaging supply costs. In addition, particular strategies will be employed to mitigate the risk of changes to the PCIA impacting SBCCA's rate competitiveness. Specifically, this entails procuring a certain amount of supply annually during the month of October when the PCIA market price benchmark is set for the coming year.

SBCCA's wholesale services provider will also serve as the Scheduling Coordinator for scheduling loads, resources and Inter-SC trades into the CAISO market. In addition, the provider will be responsible for ensuring Solana Beach's compliance with all applicable resource adequacy and regulatory requirements imposed by the CPUC or FERC.

#### 10.3.2 Data Management Contract

A data manager will provide the retail customer services of billing and other customer account services (electronic data interchange or EDI with SDGE, billing, remittance processing, and account management). The data management contract has been awarded to an experienced data management services provider.

The data manager is responsible for the following services:

- Data exchange with SDGE;
- Technical testing;
- Customer information system;
- Customer call center:
- Billing administration/retail settlements; and
- Settlement quality meter data reporting
- Reporting and audits of utility billing.

Utilizing a third party for account services eliminates a significant expense associated with implementing a customer information system. Such systems can impose significant information technology costs and take significant time to deploy. Separation of the data management contract from the energy supply contract provides the City with greater flexibility to change energy suppliers, if desired, without facing an expensive data migration issue.

#### 11 CONTINGENCY PLAN FOR PROGRAM TERMINATION

#### 11.1 Introduction

This Chapter describes the process to be followed in the case of SBCCA Program termination. By adopting the original Implementation Plan, the City will have approved the general termination process contained herein to be effective at Program initiation. In the unexpected event that the City would terminate the SBCCA Program and return its customers to SDGE service, the proposed process is designed to minimize the impacts on its customers and on SDGE. The proposed termination plan follows the requirements set forth in SDGE's tariff Rule 27 governing service to CCAs. The City retains authority to modify program policies from time to time at its discretion.

#### 11.2 TERMINATION BY SBCCA

Solana Beach will offer services for the long term with no planned Program termination date. In the unanticipated event that the City decides to terminate the Program, the City Council would vote on Program termination.

After any applicable restrictions on such termination have been satisfied, notice would be provided to customers six months in advance that they will be transferred back to SDGE. A second notice would be provided during the final sixty-days in advance of the transfer. The notice would describe the applicable distribution utility bundled service requirements for returning customers then in effect, such as any transitional or bundled portfolio service rules.

At least one year advance notice would be provided to SDGE and the CPUC before transferring customers, and SBCCA would coordinate the customer transfer process to minimize impacts on customers and ensure no disruption in service. Once the customer notice period is complete, customers would be transferred *en masse* on the date of their regularly scheduled meter read date.

Solana Beach will post a bond or maintain funds held in reserve to pay for potential transaction fees charged to the Program for switching customers back to distribution utility service. Reserves would be maintained against the fees imposed for processing customer transfers (CCASRs). The Public Utilities Code requires demonstration of insurance or posting of a bond sufficient to cover reentry fees imposed on customers that are involuntarily returned to distribution utility service under certain circumstances. The cost of reentry fees are the responsibility of the energy services provider or the community choice aggregator, except in the case of a customer returned for default or because its contract has expired. SBCCA will post financial security in the appropriate amount as part of its registration materials and will maintain the financial security in the required amount, as necessary.

If program termination occurred during the period and under the terms of the initial services contracts, any financial obligations for services and power procurement incurred by SBCCA that remain after discontinuation of service would fall upon the "lockbox" that will be established to protect the City's general

fund

from

SBCCA's

liabilities.

## 12 APPENDIX A: CITY OF SOLANA BEACH RESOLUTION No. 2017-163 (ADOPTING IMPLEMENTATION PLAN)

**RESOLUTION 2017 - 163** 

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SOLANA BEACH, CALIFORNIA, DIRECTING THE CITY MANAGER TO SUBMIT THE APPROVED COMMUNITY CHOICE AGGREGRATION IMPLEMENTATION PLAN REQUIRED BY PUBLIC UTILITIES CODE SECTION 366.2(C)(3)

WHEREAS, the City of Solana Beach is pursuing alternative energy solutions in hopes of improving the current and future environmental and economic conditions of its community and region; and

WHEREAS, the City has been actively investigating options to procure and provide electric power to its citizens with the intent of achieving greater local involvement over the provision of electric services, increasing the renewable energy percentage content and promoting competitively priced renewable energy; and

WHEREAS, a technical study concluded that a Community Choice Aggregation Program would serve the City and provide benefits to include the use of renewable energy at or above the required Renewable Portfolio Standard level while providing competitive rates and economic benefits to the City; and

WHEREAS, an Implementation Plan and Statement of Intent was drafted and presented to the Solana Beach City Council at a duly noticed public hearing for its consideration and adoption on November 15, 2017; and

**WHEREAS**, pursuant to Public Utilities Code Section 366.2(c)(12)(A), the City Council introduced Ordinance No. 483 electing to implement a community choice aggregation program within the City's jurisdiction after having conducted a noticed public hearing and considering all materials and evidence presented.

NOW, THEREFORE, the City Council of the City of Solana Beach, California, resolve as follows:

- 1. That the above recitations are true and correct.
- 2. That the Solana Beach Implementation Plan and Statement of Intent is approved.
- 3. That the City Manager is directed to file the Implementation Plan and Statement of Intent with the California Public Utilities Commission for certification.

**PASSED AND ADOPTED** this 15th day of November, 2017, at a special meeting of the City Council of the City of Solana Beach, California by the following vote:

	AYES:	Councilmembers -		
	NOES:	Councilmembers –		
	ABSTAIN:	Councilmembers –		
	ABSENT:	Councilmembers –		
				MIKE NICHOLS, Mayor
APPROVE	D AS TO FO	ORM:	ATTES	ST:
JOHANNA	N. CANLAS	S, City Attorney		ANGELA IVEY, City Clerk

#### **RESOLUTION 2017 - 163**

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**PASSED AND ADOPTED** this 15th day of November, 2017, at a special meeting of the City Council of the City of Solana Beach, California by the following vote:

AYES: Councilmembers – NOES: Councilmembers – ABSTAIN: Councilmembers – ABSENT: Councilmembers –	
	MIKE NICHOLS, Mayor
APPROVED AS TO FORM:	ATTEST:
JOHANNA N. CANLAS, City Attorney	ANGELA IVEY, City Clerk



## STAFF REPORT CITY OF SOLANA BEACH

TO: FROM: Honorable Mayor and City Councilmembers

Gregory Wade, City Manager

MEETING DATE: ORIGINATING DEPT: November 15, 2017 City Manager's Office

SUBJECT:

FY 2017-18 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 September 27, 2017 City Council Meeting, the City Council authorized the Fiscal Year (FY) 2017-18 Community Grant Program. The FY 2017-18 Adopted Budget contains an appropriation in the amount of \$25,000 to fund the Community Grants Program. The City receives a combined \$10,000 in contributions from EDCO and Waste Management as part of their community enhancement efforts, which is used to fund a portion of this program.

Following the approval of the FY 2017-18 Community Grant Program, Staff distributed a request for proposals for community grants. Staff utilized the City's "e-blast" notification system, social media accounts (Facebook and Twitter), the City's website and City Council Mayor's Announcements to notify the community that the request for proposals application period had started. The deadline for submission was October 31, 2017.

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 September 27, 2017 was incorporated into the application guidelines of the "Request for Financial Assistance" document for FY 2017-18 (Attachment 1). The highlights of the application are as follows:

#### Application Criteria

1.	Preferences wil	I be given	towards	non-profits	that provide	services/goods	s to Solana
	Beach groups of	r individua	ls with sp	ecial econo	mic needs th	at are not being	g met in the

CITY COUNCIL ACTION:	

economic environment. These can be non-profits whose funding has been reduced or eliminated and are unable to serve the populations in need.

- 2. A non-profit 501(c)3, community-based organization serving the Solana Beach community.
- 3. Fair and justifiable program costs (budget required).
- 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 current and prior operating year.
- 7. Completion of project between the date of grant approval through December 31, 2018.
- 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 taxexempt status for the 501c3 certification.

#### Threshold Qualifying Criteria

Request for Financial Assistance Applications are limited to secular 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 2017-18

The following ten (10) applications were received by the City during the solicitation period (in alphabetical order).

Applicant	Amount Requested
American Association of University Women	\$1,000 - \$5,000
Assistance League Rancho San Dieguito	\$3,000
Boys and Girls Club of San Dieguito	\$5,000
Casa De Amistad	\$5,000
Community Resource Center	\$5,000
La Colonia de Eden Gardens	\$5,000
North Coast Repertory Theatre	\$5,000
North County Immigration & Citizenship Center	\$5,000
Reality Changers	\$5,000
Solana Beach Civic and Historical Society	\$5,000
Total	\$44,000 - \$48,000

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

#### Santa Fe Christian (SFC) Schools Cooperation

Six years ago, the City and SFC created a unique partnership to more efficiently and effectively assist the non-profit organizations that specifically serve the Eden Gardens community. This partnership, which has included a \$15,000 contribution from SFC in past years, has allowed for 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 they will be partnering with the City again this year but as of the time of writing this Staff Report, the City has not heard back whether or not SFC will be participating again this year. Once the City receives confirmation of whether or not SFC will participate again this year, Staff will relay the information to the Council.

#### **CEQA COMPLIANCE STATEMENT:**

Not a project as defined by CEQA.

#### FISCAL IMPACT:

The FY 2017-18 Adopted Budget contains an appropriation in the amount of \$25,000 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 001-5000-5100-6532 — 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 December 13, 2017 City Council Meeting for Council's grant allocations.

#### **CITY MANAGER RECOMMENDATION:**

Approve Department Recommendation

Gregory Wade, City Manager

#### Attachments:

- City of Solana Beach Community Grant Program "Request for Financial Assistance" FY 2017 -18
- 2. Grant Applications (Separate Binder)



#### City of Solana Beach Community Grant Program

Request for Financial Assistance FY 2017-18

#### **APPLICATION GUIDELINES**

The City of Solana Beach is soliciting grant applications until **5:00 p.m., Tuesday, October 31, 2017.** The City Council has a total of \$25,000 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 \$5,000.

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



#### **Grant Application & Documents Required**

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

- · Summary of organization's (overall) budget
- Proposed program budget detailing costs which are fair and reasonable.
- Financial Statements including the Balance Sheet and Revenue/Expenditure Statement, and the Tax Statements filed for the prior year.
- W-9 Form
- Calif. Nonprofit Corp. certificate or California Certification Number
  - Non-Profit Organizations

Nonprofit organizations which have officially filed as a nonprofit with the State of California must attach a copy of its current year 501 (c) 3 nonprofit certification form. 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. 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. Tuesday, October 31, 2017

Completed forms should be received at City of Solana Beach, Office of the City Manager, 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program. The City will

accept applications via e-mail as well.

Email applications should be sent to <a href="mailto:dking@cosb.org">dking@cosb.org</a> and copied to <a href="mailto:pletts@cosb.org">pletts@cosb.org</a>.

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:

- 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 these populations in need.
- 2. Program costs that are fair and justifiable.
- Program originality (new and unique).
- 4. Consideration may be given to applications that collaborate or partner with other organizations.
- 5. Consideration may be given to applications which receive matching funds from other organizations.
- 6. Consideration may be given to applications as decided by the City Council.
- 7. 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 \$25,000.

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 December 31, 2018). Grantees will be <u>required</u> to maintain records to support claimed expenditures and project accomplishments. Funds for the proposed project must not be used to replace or offset funding sources normally available for any portion of the project, nor be used by the applicant to fund/supplement its own monetary giving.

#### **Final Report and Receipts:**

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



#### **PROGRAM FY 2017-18 KEY DATES:**

October 2, 2017

Distribute Grant Program Application, have it available and solicit for applications.

October 31, 2017

<u>**DEADLINE**</u> for Request for Financial Assistance Applications (5:00pm). The City Manager's Office will review each application and make recommendations based upon:

- Completed application;
- 2) Clear indication of the grant amount requested;
- Receipt of grant application before the deadline WITH attachments;
- 4) Benefit to Solana Beach community and conformity with threshold criteria.

November 15, 2017

<u>First Council Review</u>: All eligible grant applications for Fiscal Year 2017-18 will be considered by City Council. Review and public comment/presentations will be accepted.

**December 13, 2017** 

<u>Final Council Review</u>: 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.

**December 1, 2018** 

Letter will be sent to FY 2017-18 grant recipients reminding them to submit their reports and copies of receipts by October 31, 2018. (Exception to the 10/31/18 completion date can be made with proof of good cause.)

**December 31, 2018** 

All FY 2017-18 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.



# SOLANA BEACH COMMUNITY GRANTS FISCAL YEAR 2017-2018



## CITY OF SOLANA BEACH COMMUNITY GRANT AWARD PROGRAM

1. AMERICAN ASSOCIATION OF UNIVERSITY WOMEN	\$5,000.00
2. ASSISTANCE LEAGUE OF RANCHO SAN DIEGUITO	\$3,000.00
3. BOYS AND GIRLS CLUBS OF SAN DIEGUITO	\$5,000.00
4. CASA DE AMISTAD	\$5,000.00
5. COMMUNITY RESOURCE CENTER	\$5,000.00
6. LA COLONIA DE EDEN GARDENS	\$5,000.00
7. NORTH COAST REPERTORY THEATER	\$5,000.00
8. NORTH COUNTY IMMIGRATION & CITIZENSHIP CENTER	\$5,000.00
9. REALITY CHANGERS	\$5,000.00
10. SOLANA BEACH CIVIC & HISTORICAL SOCIETY	\$5,000.00



#### City of Solana Beach Community Grant Program

### Request for Financial Assistance FY 2017-18 APPLICATION

All Applications MUST BE RECEIVED by 5:00 p.m. Tuesday, October 31, 2017.

Please Print Clearly or Type

All requests will be determined by the following criteria:

Name	of Organization: American Asso	oc. of University Women, Del Ma	r-Leucadia Branch
Mailing	g Address: P.O. Box 543		
City	Solana Beach	State_CA	Zip <u>92075</u>
Contac	ct Person: <u>Dr. Andrea Henne, C</u>	Co-President	
	ng Phone: 858-361-5002		<u> </u>
Email	address: <u>president@aauwdm</u> l	l.org	
1.	W-9 must be attached		
	Summary of organization's bud	lget must be attached	
	Proposed program budget mus		
		lication Guidelines) must be atta	iched
	, , ,	•	
2.	A copy of the certificate of Cali	fornia Nonprofit Corporation mu	st be attached
	Or, Calif. Non-profit 501 (c) 3 (	Corporation Certification Number	: _01-0563236
3.		financial assistance from the Ci	ty before?
	Yes No X		
	If yes, what activities and which	:h fiscal year?	
4.	Amount requested for FY 2017	-18 \$ 1,000,00 to \$5,000,00	
**	Autourie requested for 11 2017	10 \$ <u>1,000.00 to \$3,000.00</u>	
5.	Proposed Total Program Costs:	It costs \$1,000,00 per student	for AAI IM/'s Tech
		rek-sandiego.aauw.net/) to cove	
		s, housing and meals for the one	
		to fund 8-10 students. Please s	ee Tech Trek budget
	item on attached budget docur	· · · · · · · · · · · · · · · · · · ·	
	(Includes all estimated costs to	conduct proposed activity/progr	ram.)
_	Title of Business I Business IC	deed Took Took OTTO 1/0 :	<b>-</b>
6.		vice: <u>Tech Trek STEM (Science,</u>	rechnology,
	Engineering, Math) Program		

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

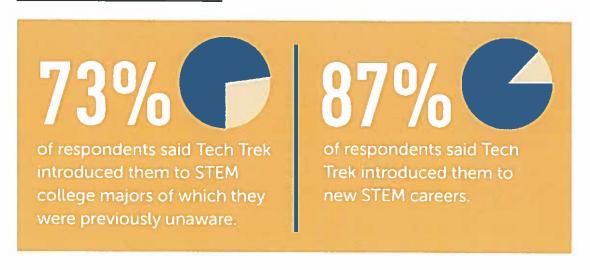
The project that we are seeking support through the Solana Beach Community Grant Program is to promote education in STEM (Science, Technology, Engineering and Math) for middle-school girls in the community through AAUW's Tech Trek program.

We are a local branch of the American Association of University Women. Our branch was founded in 1955 to serve the San Diego North County coastal communities of La Costa, Leucadia, Encinitas, Olivenhain, Cardiff-by-the-Sea, Rancho Santa Fe, Solana Beach, Del Mar, and Carmel Valley.

AAUW of California member Marie Wolbach founded Tech Trek in 1998. Since then, AAUW has helped change girls' lives through Tech Trek, an experiential summer camp backed by research and designed to make STEM exciting and accessible to girls in middle school--the age when research shows girls' participation in these fields drops. For many girls, the weeklong camp sparks their curiosity and places them on a path toward success.

A 2013 survey of AAUW Tech Trek alumnae from California demonstrates the program's lasting effects on many levels, including interest and confidence in STEM fields, decision to pursue those fields, and future career plans.

AAUW Tech Trek alumnae surpass the national average in most advanced math and science courses: Girls learn about STEM careers that align with their passions and help them solve big problems.



Source: http://www.aauw.org/what-we-do/stem-education/tech-trek/

- Estimated number of S.B. residents to be served by proposed program:\_
   8-10 local middle school students
- 9. Program Dates/Location:

Tech Trek STEM Camp is scheduled for one week in July 2018 at the UCSD Campus

10. Anticipated Program Objectives or Accomplishments:

Whether it's building rockets or extracting DNA, campers are involved in daily math or science classes and hands-on workshops.

Girls see STEM in action. A daylong field trip and professional meet-and-greet offer girls an up-close view of a STEM career and a way to connect with role models.

Girls see themselves going to college — literally. Campers spend a week on a local college or university campus, so envisioning themselves in college four years later is easy.

The camp is cutting edge. Every camp takes advantage of the latest technology.

Developed by a group of leading experts, the course will teach girls the foundation of real-world tech skills for future tech professions.

<u>Local support for Solana Beach middle schools</u>. AAUW members work with teachers, parents, campuses, and local STEM professionals to personalize the program for the community.

The methods are proven. Girls learn how to perform basic coding in an MIT-developed mobile app inventor course.

<u>Supports Diversity</u>. Thanks to sponsors and donors, we can ensure that girls from a range of backgrounds are able to attend.

Your grant funding will support these bright young women as they pursue their dreams.

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

The City of Solana Beach's financial contribution to our Tech Trek STEM camp activity will be acknowledged in several ways to express our gratitude. Tech Trek sponsors will be recognized on our website at <a href="http://delmarleucadia-ca.aauw.net/programs/techtrek/">http://delmarleucadia-ca.aauw.net/programs/techtrek/</a>, in our Coastline newsletter that is distributed quarterly to the branch members, in articles published in the local newspapers, on our Facebook page at <a href="https://www.facebook.com/AAUWDML/">https://www.facebook.com/AAUWDML/</a>, and at our annual Tech Trek program in May 2018, where the families and community members are invited.

12. 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?

If awarded this grant, matching funds will be provided by our branch treasury through fundraising activities and by AAUW member donations to sponsor the Tech Trek STEM program so that we are able to send 8-10 students.

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

Yes, AAUW members, parents and teachers volunteer at the Tech Trek STEM camp to help reduce the expenses.

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

If awarded partial funding, we will make our best effort to send as many students as possible. Our goal of sending 8-10 girls, at a total cost of \$8,000.00 - \$10,000.00 may need to be scaled back, but we will still move forward with supporting as many students as we can.

**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.

_ Cindren Henre	October 17, 2017
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.

Net Worth	4/19/2012	3/20/2013	4/4/2014	4/4/2015 x/x/2016	5/10/2017
Assets					
Operating Account	\$15,415.50	\$13,765.57	\$11,029.52	\$11,469.18	\$17,707.23
Funds					
Amazon Fund			-\$29.81	\$1,066.99	\$1,062.89
Angel Fund			\$574.00	\$447.00 \$446.00	\$446.00
LAF Fund	\$3,319.07	\$2,019.07	\$459.07	\$1,144.08	
AAUW Fund					\$1,332.98
Misc Funds					\$472.02
Scholarship Fund	\$4,700.80	\$75.80	\$0.00	\$1,381.58	\$1,841.63
Tech Trek Fund	\$886.19	\$166.19	\$0.00	\$3,691.58	\$2,089.46
Total	\$24,321.56	\$16,026.63	\$12,032.78	\$19,200.41	\$22,862.75

2012-2015 Betty's #s

	~~~		20	2016-2017	2017-2018		
			Щ.	Budget	Budget	adopt 9/16/17	
			E.	-     -			
Operating Income:		no ( spoto )	*** Il Abrini II donne	e-   2-04		-	
	Net membership Income (100 mbr)		69	2,300.00	\$ 2,300.00		
	Misc. Income (Seacrest/donat/inter) Installation Lunch		မာ	930.00	\$ 230,00		
	Angel Fund carryover/income					\$446	just keep for specific use
	Amazon		69	1,100.00	1,200.00		
		Total Income	w	4,330.00	3,730.00		
Operating Expense:	Anna			\$0.00	80 00		
	Branch Directory		-	\$225.00	\$250.00		
	CA Atty General Annual Registration			\$25.00	\$25.00		didn't owe this year
	Incorporation Taxes			\$20.00	\$20.00		
	Insurance through AAUW CA		SP-Stade - V a	\$400.00	\$400 00		
	Interbranch Dues			\$70.00	\$70.00		
	Membership dues passed on			\$86.00	290 00		price went up to \$90
	Misc. Expense			\$49.00	\$30.00		have \$81 spent so far
	Philanthropy (AAUW Fund Donation)		-/	\$750.00	80.00		no need at this time but might if membership drops
	Hegistration Fees (Mtgs/Convention)			\$700.00	\$600.00		
	Mombashin Canada			\$75.00	00.000		
	Prorams			\$500.00	\$480.00		Snent approx \$100
	Programs Meeting Room Fees		-	\$700.00	\$840.00		spent \$530 after reimbursal
	Programs Installation Brunch		_	\$100.00	\$150.00		
	Public Policy		-	\$100.00	\$65.00		spent approx \$25
	Treasurer			\$150.00	\$75.00		spent approx \$40
	Social Events			\$50.00	\$50.00		Sperii dipirox a 130
		Total Expense		\$4,330.00	\$3,730.00		
Philanthropic Income:	1						
	General (non-event, donations,			67 500 00	0000		was along to \$14,000 this was
	AAUW Fund (branch contribution)		-	\$750.00 \$			sent \$1350 this year (concert)
	AAUW Fund (carryover)						
	College Scholarships (carryover)				1 711 63	-	
	Tech Trek (carryover from 2015/6)		_	\$3,370.00	2316.46		

\$16,300.00 \$ \$2,350.00 \$4,700.00 \$9,250.00	Sudget         Budget         adopt 9/16/17           \$16,300.00         \$ 16,295.07           \$2,350.00         \$1,600.00           \$4,700.00         \$5,420.07           \$9,250.00         \$9,275.00           \$16,300.00         \$16,295.07	Total Income	AAUW Fund (Named Gift Honorees + CA Annual Fund Assessment)	College Scholarships (3 @ \$1500 + \$200)	Tech Trek (10 campers @\$900 + \$250)	Total Expense
		\$16,300.00 S	\$2,350.00	\$4,700.00	\$9,250.00	\$16,300.00

			201	2015-2016	F-2017	2016-2017	2017-2018	2017-2018	018	
			¥	Actual	deet	Actual	Budget	Actual		t100
						ş —   ···			and the same of th	
Operating Income:										
	Operating Fund Carryover			12,663.88						
	Net membership Income (100 mbr)		69	6,139.50 \$	2,300.00	2,078.98	2,300.00	\$	714.00	
	Room reimbursal					455.00		49	4	atrodo-
	Misc. Income (Seacrest/donat/inter)		S	1,151.54 \$	930.00	5 510.94 \$	230.00	49	0.55	
	Installation Lunch		w	745.00	67	\$ 1,394.85		49		
	Event income 3/12/16			3,160.00					oursis of the second	-
	Angel Fund carryover/income		43	446.00		446.00			446.00   subtr	subtract amount
	Amazon		<del>6/3</del>	1,114.02 \$	1,100.00   \$	3 1,416.91 \$	1,200.00	69	349.44	_
		Total Income	\$	25,419.94 \$	4,330.00 \$	6,302.68 \$	3,730.00	5 1,5	1,509.99	
Operating Expense:				-	many i					
	Angel Fund			\$1.00	\$0.00	\$0.00	\$0.00		\$22.00	
	Branch Directory		18014	\$220.46	\$225.00	\$222.32	\$250.00	3	\$248.47	
	CA Atty General Annual Registration			\$25.00	\$25.00	\$0.00	\$25.00		\$0.00	-
	Incorporation Taxes		_	\$20.00	\$20.00	\$0.00	\$20.00		\$0.00	_
	Insurance through AAUW CA		_	\$390.56	\$400.00	\$370.00	\$400.00		\$378.76	
	Interbranch Dues			\$20.00	\$70.00	\$70.00	\$70.00		\$70.00	_
	Mailbox			\$86.00	\$86.00	\$30.00	\$90.00		\$0.00	000
	Membership dues passed on		69	3,995.00		1-2-				
	Misc. Expense			\$0.00	\$49.00	\$81.40	\$90.00		\$0.00	_
	Philanthropy (AAUW Fund Donation)			\$1,500.00	\$750.00	\$0.00	\$0.00		\$0.00	-
	Registration Fees (Migs/Convention)		-	\$299.00	\$700.00	\$549.00	\$600.00		\$0.00	-
	President Expenses		p-2+ -	\$7.56	\$75.00	\$0.00	\$75.00		\$0.00	
	Membership Expenses		-unites	\$49.26	\$100.00	\$0.00	\$200.00		\$0.00	
	Programs		-	\$372.34	\$500.00	\$100.34	\$480.00		\$0.00	-
	Programs Meeting Room Fees	britan	_	\$185.00	\$700.00	\$940.00	\$840.00	25	\$735.00	
	Event 3/12/16		_	\$1,199.64						_
	Programs Installation Brunch		83	\$1,002.56	\$100.00	\$1,473.97	\$150.00		\$0.00	
	Public Policy		-	\$47.62	\$100.00	\$23.80	\$65.00		\$0.00	-
	Treasurer			\$107.46	\$150.00	\$48.55	\$75.00		\$12.79	_
	Marketing		_	\$119.88	\$230 00	\$157.52	\$250.00	97	\$41.95	_
	Social Events			\$0.00	\$20.00	\$65.00	\$50.00		\$0.00	
		Total Expense		\$9,648.34	\$4.330.00	\$4,191,90	\$3,730,00	2.15	\$1.508.97	
		and the second	•					-		

			֡	/	/**			
			Actual	Budget	Actual	Budget	-	
	General (non-event donations							-
	fundraisers, etc.)			\$ 7,500.00	\$ 14,647.80	\$ 11,000.00	00 \$ 14,647.80	0
	Tech Trek		\$8,251.00					
	College scholarship		\$2,655.00					
	Undesignated		\$9,530.00					
	Besos Concert		\$0.00	\$0	\$ 2,058.00		\$0	140-00000-0
	AAUW Fund (branch contribution)		\$1,935.00	\$ 750.00	-	69	- \$ 50.00	0
	AAUW Fund (carryover)		\$1,144.08	\$ 1,440.00	\$ 1,440.00	↔	98 \$ 1,266.98	8
	College Scholarships (carryover)		\$3,686.84	\$ 3,240.00	\$ 3,240.00	\$ 1,711.63	-	က္က
	Tech Trek (carryover from 2015/6)		\$4,328.25	\$ 3,370.00		<b>↔</b>	G	9
		Total Income	\$31,530.17	\$ 16,300.00	\$ 24,805.80	\$ 16,295.07	07 \$ 19,992.86	ထ္ထ
Philanthropic Expense:		MINISTER OF COLUMN		ł				
	AAUW Fund (Named Gift Honorees + CA Annual Fund Assessment)		\$1,640.01	\$2,350.00	\$533.02	\$1,600.00	.00 \$533.02	8
	College Scholarships (3 @ \$1500 + \$200)		\$3,100.00	\$4,700.00	\$7,665.26	\$ \$5,420.07		\$0.00
	Tech Trek (10 campers @\$900 + \$250)		\$9,260.13	\$9,250.00	\$9,267.43	\$ \$9,275.00		\$0.00
	General (non-event, donations, fundraisers, etc)		\$9,530.05					
	Besos Concert				\$1,980.00			
		Total Expense	\$23,530.19	\$16,300.00	\$19,445.70	\$16,295.07	.07 \$533.02	22
Event: Tech Trek	Tech Trek (carryover from last year)				\$ 3,370.00		\$ 2,316.46	9
	Tech Trek (funds raised this year)				\$ 8,213.88		٠ <del>ده</del>	
	Tech Trek scholarships given	subtotal		\$ 11,583.88	\$ 9,000.00	\$ 2,316.46	↔	00 08
		Total			\$ 2,316.46		\$ 2,316.46	9
Event: College Scholar	College Scholarship (carryover)				\$ 3,240.00		\$ 1,711.63	0
	College Scholarship (this year funds)				\$ 6,136.88		\$ 100.00	9
		subtotal	\$0.00	\$ 9,376.88		\$ 1,811.63	-	
	College Scholarships given				\$ 7,500.00		₩	
	other college scholarship expenses				\$165.26			\$0.00
		Total			£ 171163		C 181163	•

## Operating Expenses

2017/2018

COMMENTS	next year raise budget to \$275 same check with funds assess (total \$443.76)	Comments		
AMOUNT	\$0.00 \$735.00 \$24.00 \$17.95 \$17.95 \$378.76 \$70.00	\$1,508.97	\$22.00 \$248.47 \$0.00 \$378.76 \$70.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$41.95 \$0.00 \$1,508.97
CATEGORY	Misc. Expense Programs Meeting Room Fees Marketing Angel Fund Marketing Branch Directory Insurance through AAUW CA Interbranch Dues Treasurer			
PURPOSE	initial payment for room rentals branch domain names take \$22 from Angel Fund for Cheryl Alden branch bookmarks print directory liability insurance interbranch annual assessment stamps (\$9.80 and envetopes	Total Cost by Category:	Angel Fund Branch Directory CA Atty General Annual Registration Incorporation Taxes Insurance through AAUW CA Interbranch Dues Mailbox Misc. Expense Philanthropy (AAUW Fund Donation) President Expenses Membership Expenses Programs Meeting Room Fees Programs Installation Brunch Public Policy Treasurer	Marketing Social Events Sum by Category
PAYEE	dummy fine City of Encinitas Linda Quinby branch Linda Quinby Del Mar Blue Print AAUW AAUW/SDIBC Katherine White end line			
Date	7/24/17 7/25/17 7/25/17 8/29/17 9/20/17 10/1/17			
Check#	1274 1275 1276 1278 1279 1281			

# DO NOT TOUCH THESE CELLS BELOW

Angel Fund
Branch Directory
CA Atty General Annual Registration
Incorporation Taxes
Insurance through AAUW CA
Interbranch Dues
Mailbox
Misc. Expense
Philanthropy (AAUW Fund Donation)
Registration Fees (Mtgs/Convention)
President Expenses
Membership Expenses
Programs
Programs
Programs Meeting Room Fees
Programs Installation Brunch
Public Policy
Trassurer
Marketing
Social Events

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2017/2018

COMMENTS	for 16 members check #1273 deposit group #1	deposit group #2	check total was \$192 with rest donation needs \$22 from Angel Fund for 6 members check #1277	for 2 members check #1280
AMOUNT	\$0.00 \$138.00 -\$1,104.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00	\$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00	\$92.00 \$43.00 \$70.00 \$77.58 \$0.19 \$59.54 \$92.00 \$92.00 \$23.00	\$69.00 \$23.00 \$110.39 \$0.19 \$0.17 \$0.00 \$1,063.99
CATEGORY	Miscellaneous Income Membership income	Membership Income	Membership income Membership income Membership income Amazon Miscellaneous income Amazon Membership income Membership income Membership income	Membership Income Membership Income Membership Income Amazon Miscellaneous Income Amazon Miscellaneous Income Amazon Ascellaneous Income AAUW Fund Branch Contribution
PURPOSE	dummy line Membership deposit to AAUW for part of membership dues Membership dues (\$92)	Membership dues (\$92)	Membership dues (\$92) membership dues for life member membership dues (\$92) autodeposit interest Amazon Smile autodeposit to AAUW for part of membership dues Membership dues (\$92) Membership dues (\$92)	to AAUW for part of membership dues Membership dues (\$23) Membership dues (\$92) autodeposit interest autodeposit interest
FROM	AAUW branch Dale Ordas Ariene Lighthall Charlotte Gumbrell Susan Kaloustian Laura Eliz Pasquale Judith Newton Barbara Mead Jane Fenyo	Marlene Gale Janet English Ruth Vermilyaa Nancy Hand Frances Moore Donna Golich Constance Yanicka Carol Smith Norelynn Pion-Goureau Mary Dobrin	Karen Anastast-Gallegher Vera Wilkene Emrick Cheryl Bastian Aden Amazon Unton Bank Amazon Smile branch Lynne D'Agostino Susan Stahl Donna Lilly	branch Muriel Roth Dianne Nichols Amazon Union Bank Amazon Union Bank TBD
Deposit Date	712517 712517 712517 712517 712517 712517 712517		72547 72547 72547 73317 711777 717277 7172577	8/29/17 9/4/17 8/29/17 8/31/17 9/29/17
Check Date	7/23/17 7/1/17 6/27/17 6/26/17 6/25/17 6/25/17 6/21/17	6/10/17 6/10/17 6/10/17 6/15/17 6/16/17 6/16/17 6/16/17	6/29/17 6/20/17 6/20/17 8/29/17 8/31/17 8/31/17	9/20/17 9/29/17 9/29/17

## Income and Cost by Category:

Membership income Room Reimbursal Miscellaneous Income Amazon Installation Brunch

\$714.00 \$0.00 \$0.55 \$349.44 \$0.00

\$1,063.99

Sum by Category

Comments

COMMENTS	same check with liability insurance (total \$443.76)		Comments		
AMOUNT	\$0.00	865.00		\$0.00 \$0.00 \$0.00 \$0.00 \$65.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
CATEGORY	General Income AAUW Fund				
PURPOSE	dummy line funds assessment	Total	Expense and Cost by Category:	General Income AAUW Fund Branch Contribution AAUW Fund Carryover College Scholarship Carryover TechTrek Carryover AAUW Fund College Scholarships TechTrek Besos de Coco	
PAYEE	AAUW				
Date	9/20/2017				
heck #	1279				

2017/2018

Philanthropic Expenses

Check #

# Philanthropic Income

2017/2018

COMMENTS	lotal check amount was \$192 (thank you sent 7/25) in memory of Gary Barr (brother of Linda Quinby) (thank you sent 7/25) thank you sent 10/1/17		Comments
AMOUNT	\$0.00 \$1,266.98 \$1,711.63 \$2,316.46 \$100.00 \$100.00 \$0.00 \$0.00	\$5,595.07	\$100.00 \$1,266.98 \$1,711.63 \$2,316.46 \$100.00 \$100.00 \$0.00 \$0.00
САТЕВОНУ	General Income AAUW Fund Carryover College Scholarship Carryover TechTrek Carryover College Scholarships AAUW Fund General Income TechTrek College Scholarships	AAUW Fund Branch Contribution	
PURPOSE	dummy line carryover from 2016/7 carryover from 2016/7 carryover from 2016/7 carryover from 2016/7 r local scholarship (with dues check) in memory of Linda's brother donation from Melinda Smith non- event from spreadsheet non event from spreadsheet non-event from spreadsheet	Total	Income and Cost by Category:  General Income AAUW Fund Branch Contribution AAUW Fund Carryover College Scholarship Carryover TechTrek Carryover AAUW Fund College Scholarships TechTrek Besos de Coco
FROM	carryover carryover carryover Karen Anastasi-Gallagher Karen J Dellinger Fidelity Charitable	ТВО	
Deposit Date	7/1/16 7/1/16 7/25/17 7/7/1/17/17		

## Non-event 2017/2018

Dep Date

COMMENTS			Comments		
AMOUNT Thankyou	0.0		ţ <del>e</del>	2222	
AMOUNT	\$0.00	\$0.00		\$0.00 \$0.00 \$0.00 \$0.00	\$0.00
CATEGORY	General Income AAUW Fund Branch Contribulion		ategory:	it vent	
PURPOSE	dummy line	Total	Income and Cost by Category:	General Non-event Tech Trek non-event College Scholar non-event Non-event misc	Sum by Category
FROM	TBD				

							1 1 1 1 1	
			2015-2016 Actual	2016-2017 Budget	×	2016-2017 Actual	2016-2017 Actual	comment
Operating Fund Carryover	- valentier - Norwe	69	12.663.88					
Net membership Income (100 mbr)	-     -	69	6,139.50 \$	2,300.00	69 6	2,078.98		
Hoom reimbursal		4			A 6	455.00		
Misc. Income (SeacresVooravinter)		A 6	1,131,34	930.00	9 6	1 204 95		
Installation Lunch		A) 6	745.00		A	1,394.85		
Appeal Eurol Company Company		9 4	3,190.00		G	448.00		
iger rund camyover/mounte		9 6	1 114 00 @	1 100 00	9 4	1 416.00		
Alliazoli	The Property	9	- -		9-			
	Total Income	49	25,419.94 \$	4,330.00	49	6,302.68		
Appel Fund		-	\$1.00	\$0.00		\$0.00		-t
Branch Directory			\$220.46	\$225.00		\$222.32		
CA Atty General Annual Registration		_	\$25.00	\$25.00		\$0.00		didn't owe this year
Incorporation Taxes			\$20.00	\$20.00		\$0.00		
Insurance through AAUW CA			\$390.56	\$400.00		\$370.00		
Interbranch Dues			\$20.00	\$70.00		\$70.00		
Mailbox			\$86.00	\$86.00		\$90.00		
Membership dues passed on		€9	3,995.00			***************************************		
Misc. Expense			\$0.00	\$49.00		\$81.40		
Philanthropy (AAUW Fund Donation)		_	\$1,500.00	\$750.00		\$0.00		
Registration Fees (Mtgs/Convention)			\$299.00	\$700.00		\$549.00		
President Expenses			\$7.56	\$75.00		\$0.00		
Membership Expenses			\$49.26	\$100.00		\$0.00		
Programs			\$372.34	\$500.00		\$100.34		
Programs Meeting Room Fees		10-0	\$185.00	\$700.00		\$940.00	\$485.0	\$485.00 adjusted
Event 3/12/16			\$1,199.64					
Programs Installation Brunch		_	\$1,002.56	\$100.00		\$1,473.97	\$79.1	\$79.12 adjusted
Public Policy		_	\$47.62	\$100.00		\$23.80		
Treasurer			\$107.46	\$150.00		\$48.55		
Marketing		·	\$119.88	\$230.00		\$157.52		
Social Events		being 4-	\$0.00	\$50.00		\$65.00		
	Total Expense		\$9,648.34	\$4,330.00	L	\$4,191.90		
				and a select				

			2015-2016	2016-2017	2016-2017	
			Actual	Budget	Actual	
Philanthropic Income:				1		
	General (non-event, donations, fundraisers, etc)			\$ 7,500.00 \$	14,647.80	
	Tech Trek					
	College scholarship		\$2,655.00			
	Undesignated		\$9,530.00	9	00 058 00	
	AALIW Fund (hearth contribution)		\$1 935 00	750 00	50.00	nius neneral A41 IW Fund
	AAUW Fund (carryover)		\$1,144.08	1,440.00	1,440.00	
	College Scholarships (carryover) Tech Trek (carryover from 2015/6)		\$3,686.84  \$	\$ 3,240.00 \$ \$ 3,370.00 \$		
		Total Income	\$31.530.17	\$ 16.300.00	24.805.80	
Philanthropic Expense:			-		П	
	AAUW Fund (Named Gift Honorees + CA Annual Fund Assessment)		\$1,640.01	\$2,350.00	\$533.02 s	\$533.02 subtracted donation of services
	\$200)		\$3,100.00	\$4,700.00	\$7,665.26	
	Tech Trek (10 campers @\$900 + \$250)		\$9,260.13	\$9,250.00	\$9,267,43	
	General (non-event, donations, fundraisers, etc.)		50 05			
	Besos Concert			- (	\$1,980.00	
		Total Expense	\$23,530.19	\$16,300.00	\$19,445.70	
Event: Tech Trek	Tech Trek (carryover from last year)			- 6	3,370.00	
	Tech Trek (funds raised this year)	subtotal	_	11.583.88		
	Tech Trek scholarships given				9,000.00	
		Total		* Andre I editor	2,316.46	so carryover for next year
Event: College Scholar	College Scholarship (carryover) College Scholarship (this year funds)	es Motes	8	\$ \$	3,240.00	
	College Scholarships given other college scholarship expenses		3		7,500.00	
		Total		<b>S</b>	Ш	1,711.63 so this is carryover for next year
Non-designated Income	General carryover				\$0.00	
	General income (undesignated)	Total			\$297.04	\$297.04 include the IBC luncheon income (not centerplece part) \$297.04
Event: AAUW	AAUW Fund (carryover from last year)			_ \$	1,4	
	AAUW Fund (money raised this year) AAUW money from Besos			59	\$940.00	
		subtotal	\$ 00.08	2 430 00		

		Actual	Budget	Actual	
	Expenses			\$173.02	
	F	Total		\$ 1,266.98	
Event: IBC Lunch	Income		9-80° Melan	\$189.00	
	Expenses			\$42.02 just flowers so far	
	Ė	Total		\$146.98 Money not allocated to anything yet	anything yet
Events: Besos	Income			\$2,058.00	
	amount donated to AAUW Fund			\$940.00	
	other expenses			\$1,040.00 \$ donated items not included in cost/	led in cost/
	1	Total	4-444	\$78.00	

## Operating Expenses

2016/2017

COMMENTS	check total was \$435  check total amount was 68 74  (need reciept to verity)  Fran wrole a check back for this amount because Katherine paid verus directly check total was \$135 check total was \$135 check total \$508 - paid \$49.13 thin refund\$49.13	
AMOUNT	\$0.00 \$22.49 \$825.00 \$224.00 \$226.32 \$39.51 \$39.00 \$15.83 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00	
CATEGORY	Misc. Expense Misc. Expense Misc. Expense Marketing Programs Misc. Expense Insurance/Medical Marketing CA Atty General Annual Registration Marketing Programs Meeting Room Fees Marketing Marketing Programs Installation Brunch Misc. Expense Marketing Programs Installation Brunch Misc. Expense Marketing Programs Installation Brunch Programs Installation Brunch Social Events Social Events Programs Installation Brunch	
PURPOSE	balance due on room rentals donnain maebing balance due on room rentals donnain name registration Paning of annual directory liability and bondrig insurance Donning of annual directory liability and bondrig insurance SD viretranch council annual assessments expenses ne Octobe meeting including handouts 3 st 15 strabucks cards to presenters fivers for Seacrest woided and replaced by check #1234 Meetup subscription for 6 months Attorney General's Registry of Charitable Trusts branch bookmarks to handout re meetings room rental for programs make enough postage for non-event "thank you" letters stamps for bills and Beso thank yous "letters for hills and Beso thank yous stamps/postage for non-event "thank you" letters stamps/postage for non-event "thank you" letters broom rental for 3/11/17 meeting bookmarks for membership outrach hookmarks for membership outrach projector for April meeting bookmarks for membership outrach money Ruth paid to us for March event/owed to CDV renewal of Solana Beach PO box registration for national convention fee for stopped check. Meetup aubscription for 6 months rest of installation brunch awards gift bags for brunch awards in said funch dreams rest of money for room and kunch Green Dragon postage	
PAYEE	dummy line Linda Cuinby City of Enciridas Linda Cuinby Mary Frances Maler Del Mar Blue (Frint) AAUW.SDIBC Mary Frances Maler Arty General Linda Cuinby City of Enciridas Arty General Katherine While City of Enciridas Mary Frances Maler AAUW-COV US Postal Service Linda Cuinby Union Bank Andrea Henne Mary Frances Maler AAUW-COV US Postal Service Linda Cuinby Union Bank Andrea Henne Mary Frances Maler Katherine While Katherine While Katherine While Katherine While	end line
Date	1220 7727/16 1224 8726/16 1225 8726/16 1226 9/11/16 1229 9/26/16 1229 9/26/16 1230 10/21/6 1231 11/5/16 1232 11/12/16 1233 11/12/16 1233 11/12/16 1234 11/5/16 1234 12/26/16 1235 3/27/17 1256 3/27/17 1263 3/27/17 1264 5/7/17 1265 5/7/17 1265 5/7/17 1267 6/22/17 1271 6/22/17 1271 6/22/17 1271 6/22/17 1271 6/22/17 1271 6/22/17 1271 1271 127 1271 127 1271 127 1271 127 127 127 127 127 127 127 127 127 127	
Check #	1220 1224 1225 1226 1226 1230 1230 1231 1233 1233 1233 1234 1248 1248 1255 1264 1265 1265 1265 1267 1277 1277	

Cost by Calegory:

Comments

\$1,744.53

Total

\$0.00	\$222.32	80.00	\$0.00	\$370.00	\$70.00	890.00	\$61.40	80.00	\$549.00	\$0.00	80.00	\$100.34	\$940.00	51,473.97	\$23.60	\$48.55	\$157.52	\$65.00	\$4.191.90
Angel Fund	Branch Directory	CA Atty General Annual Registration	Incorporation Taxes	Insurance through AAUW CA	Interbranch Dues	Mailbox	Misc. Expense	Philanthropy (AAUW Fund Donation)	Registration Fees (Miga/Convention)	President Expenses	Membership Expenses	Programs	Programs Meeting Room Fees	Programs Installation Brunch	Public Policy	Treasurer	Marketing	Social Events	Sum by Category

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2016/2017

COMMENTS	for 6 members for 1 member fife member Willene Emirkk - deposit amount \$595 new member e-mail 7/29/16	was deposited 8/20/16 but next business day lotal \$135 deposi was deposited 8/20/16 but next business day	for 1 members for 1 member take oif room rental expense	in second deposit with other items
AMOUNT	\$0.00 \$365.00 \$589.00 \$43.00 \$43.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00 \$92.00	\$28.65 \$70.00 \$43.00 \$92.00 \$92.00	\$70.00 \$0.00 \$0.00 \$0.00 \$1.873.00 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.19 \$0.10 \$0.19 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$0.20 \$	\$67.50 \$67.50 \$67.50 \$25.00 \$40.00
CATEGORY	Miscellaneous Income Membership Income Membership Income Miscellaneous Income Membership Income Ammbership Income Membership Income	Amazon Miscellaneous income Membership fucome Membership income Membership income Membership income	Aurazon Miscellaneous Income Membership income Membership income Membership income Membership income Miscellaneous Income Miscellaneous Income Miscellaneous Income Miscellaneous Income Membership income Miscellaneous Income Membership income Miscellaneous income Miscellaneous income Membership income	Membership Income Membership Income Membership Income Miscellaneous Income Miscellaneous income
PURPOSE	dummy line to AAUW for part of membership dues to AAUW for part of membership dues payment for programs 7/5/16 Membership dues (\$43) - deposit 7/11/16 Membership dues (\$92) - deposit 7/11/16 membership deposit	autodeposit payment for programs 8/2/16 Membership dues (\$43) - deposit 8/20/16 Membership dues (\$92) - deposit 8/20/16 Membership dues (\$92)	autodeposit payment for programs 8/16/16 interest to AAUW for part of membership dues autodeposit Membership deposit interest autodeposit Membership deposit autodeposit Membership dues AAUW for part of membership dues autodeposit interest Membership dues (\$92) Shape the Future Membership (\$67.50) interest autodeposit interest autodeposit interest autodeposit interest autodeposit interest autodeposit interest autodeposit share of the ECC room rental interest share of the ECC room rental interest share of the ECC room rental interest share the Future Membership (\$67.50)17/18 shape the Future Membership (\$67.50)17/18	shape the Future Membership (\$67.50)17/18 shape the Future Membership (\$67.50)17/18 shape the Future Membership (\$67.50)17/18 silent auction income silent auction income
FROM	branch branch Seacrest Village Willene Emerick Adrienne Fatzon Marlene Gale Nancy Hand Barbara Maad Marityn Palade Arin Appleton AAUW Amazon	Amazon Smile Searcest Village Carol Tupper N. Perry Sheridan Barbara Mendell AAUW	Amazon Seacrest Village Union Bank branch AAUW Union Bank Arnazon Union Bank Arnazon Union Bank AAUW Anazon Union Bank AAUW AAUW AAUW AAUW AAUW AAUW AAUW AMazon Union Bank Autw COV Union Bank Amazon Union Bank Autw COV Union Bank Amazon Union Bank Autw COV Union Bank Amazon Union Bank Autw COV Union Bank Amazon Union Bank Autwoorten Union Bank Amazon Union Bank Autwoorten Union Bank Amazon Union Bank	Teryl Calhoun Patricia Johnson-Khalifa Hellen Hill Mary Iou Henry Eleanor Burton
Deposit Date	7729/16 7711/16 7711/16 7711/16 7711/16 7711/16 7711/16 7711/16 7711/16	8715/16 8722/16 8722/16 8722/16 8725/16 8725/16	9729/16 9729/16 9729/16 9727/16 1073/1/16 11/1/19/16 11/1/19/16 11/1/19/16 11/1/19/16 11/1/19/16 11/1/19/16 11/29/16 11/29/16 11/29/17 12/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17 2/29/17	3/28/17 3/28/17 3/28/17 3/28/17
Check Date Deposit Date	7/8/16 7/8/16 7/1/16 6/20/16 6/20/16 6/20/16 6/20/16 6/20/16	8/1/16 7/18/16 8/10/16 8/21/16	8/25/16 8/25/16 8/25/16 11/1/16 10/10/16 10/8/16 10/8/17 2/2/17 2/1/17 1/19/17 1/19/17	2/3/17 2/11/17 2/11/17 3/12/17 3/11/17
Check #	1216 1219 105842 6894 1219 6962 2928 1591 10263 3373	106212 8226 248 6678	106253 1221 1222 1222 1237 3530 265 2340 2340 24602 7667 1048 512 2485	7543 661 5559 5644 3626

			voted 4/19/17 branch meeting				batch one of 8 checks					for Barbara Looking.		batch two of 8 checks	#10				from dend tones wiseed assessment one and then	ser plus one guest schold sing (serit dalla you)	#20 hatch 3 Sharon Corbon - spouse Boh	for muest scholarship (sent thank void)	cash payment for Nancy Kohrs (total check amount \$52)											#30		was broken C come and Man	for 16 members								deposit group 2 starts here		membership for Christopher Kohrs	Autori indianation of the property in			check amount was \$93 so \$1 donation to general fund	chack amount was \$100 on \$8 youndlook to naceral find	CRECK BITOUTH WAS 3 (UV SU 30 GUIRIMI) TO YETGIRLIUM
240 00	\$70.00 \$20.00	\$78.39	\$146.98	\$345.00	20.03	\$56.44	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	225 00	930.00	\$50.00	\$25.00	\$25.00	\$45.00	\$230.00	\$118.98	\$0.19	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	-\$1.662.50	\$92.00	\$92.00	\$92.00	\$92.00	892.00	\$92.00	\$92.00	\$92.00	\$92.00	\$92.00	\$92.00	\$92.00	\$92.00	\$92.00	\$1.00	\$8.00 \$8.00
Miscellaneous Income	Miscellaneous Income Miscellaneous Income	Amazon Miscellaneous Income	Membership Income	Membership Income	Miscellaneous Income	Amazon	Installation Brunch	Instalkation Drumon	Installation Brunch	Installation Brooth	Installation Borneth	Installation Brunch	Installation Brunch	Room Reimbursal	Membership Income	Amazon	Miscellaneous Income	Installation Brunch	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Membership Income	Miscellaneous Income Membership Income	Miscellaneous Income																		
silent auction income	sitent auction (ncome (cash consolidation) payment for March event - owe to COV	autodeposit interest	move centerpiece IBC part to operatings	membership deposit	Interest	autodeposit	installation brunch reservation	Installation brooks recoverion	installation brunch reservation	installation bythch reservation	installation beingth concentration	installation brunch reservation	installation brunch reservation	installation brunch reservation	room reimbursment for June	membership deposit	autodeposit	interest	installation brunch reservation	installation brunch reservation	installation brunch reservation	installation brinch reservation	installation brunch preparation	to AAUW for part of membership dues	Membership dues (592)	Membership dues (\$92)	Membership dues (\$92)	Membership dues (\$92) Membership dues (\$00)	Membership dues (\$92)	Membership dues (\$92)	Membership dues (\$92)	Membership dues (592)	Membership dues (\$92)	Membership dues (\$92)	Membership dues (\$92)	Membership dues (\$92)	Membership dues (\$92)	Membership dues (\$92)	extra money in membership check Membership dues (402)	membership dues (392) extra money in membership check													
Ashlav Simpkins	Mary Frances Miller Ruth Vermityea	Amazon Union Bank	branch	AAUW	Union Bank	Amazon smile	Sue Ellen Leroy	Betty Reed	Jackie Stone	Janice Muller	Arleen von Schlieder	Dancko Dol Mar Travol	Darlene Palmer	Pat Moran	Barbara Bladen	Bobbi Karnes	Linda Quinby	Dave Ouinby	Norelynn Pion-Goureau	Keron Vandanarhan	Parcy Enformise	Katherine White	Fran Miller cash for	City of Encinitas	AAUW	Amazon	Union Bank	Sharon McKenzie	Carolyn Dahi	Hebecca Hill	Jessamine Garlshv	Charlotte Gumbrell	Anne Marie Ebeling	Kathleen DeGraffenreid	Beverly Boggs	Nancy Telford	branch branch	Carolyn Dahl	Sky Magdalin	Katherine White	Domina Schwend	Barbara Stinson	Janice Muller	Karen Dorney	Rosemary DuAime	Nancy Lombard+Kohrs	Nancy Lombardi-Kohrs	Ann Appleton	Sharlene Bergart	Jackie Stone	Anne Marie Ebeling	Anne Marie Ebeling	Veronica Seay
7/BC/E	3/28/17 3/28/17	3/29/17	4/19/17	4/27/17	4/2B/1/	5/12/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/1/	2/30/17	5/20/17	5/30/17	5/30/17	5/30/17	5/25/17	5/30/17	5/31/17	6/19/17	6/19/17	71/21/2	6/19/17	6/19/17	6/19/17	6/19/17	6/19/17	6/19/17	6	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17	6/20/17
2/11/17	3/12/17						57/17	5/8/17	5/17/17	5/15/17	5/10/17	71/21/2	5/18/17	5/17/17	5/24/17	5/12/17	5/10/17	5/15/17	5/13/17	5/14/19	5/11/2	21/62/5	5/14/17	5/3/17				5/27/17	6/15/17	71/01/2	6/4/17	5/30/17	5/30/17	5/26/17	5/29/17	5/25/17	6/19/17	4/26/17	3/25/17	4/30/17	4/23/17	4/25/17	4/19/17	4/18/17	5/5/17	5/21/17	5/21/17	6/4/17	5/15/17	5/9/17	5/30/17	5/30/17	71//1/2 71//1/2
266	1464 2491						3225	1766	1324	2471	3356	1287	1200	10652	5121	6557	2375	2376	1606	2002	1133	3955	2603	05919				4841	1981	1659	958	6640	7870	2870	2505	9462	1269	1971	6353	3944	2205	5327	2452	4911	1623	1007	1006	3555	1119	1322	7866	7866	7798

check amount was \$92 so \$24.50 donation to general fund Katherine paid venue directty	Comments
\$67.50 \$24.50 \$62.50 \$5.00 \$35.00 \$229.00 \$409.65 \$96.56 \$0.18	\$5,656.68 \$2,076.98 \$455.00 \$510.84 \$1,416.91 \$1,394.85
Membership Income Miscellaneous income Membership income Membership income Installation Brunch Membership income Installation Brunch Amazon Miscellaneous Income Installation Brunch Anazon Anazon Miscellaneous Income	
shape the Future Membership (\$67.50) extra money in membership check shape the Future Membership (\$67.50) rest of money owed in cash cash jar from installation brunch Membership deposit ieturn of funds for brunch she was paid autodeposit interest pay for 4 funches for scholarships	fotal Income and Cost by Category: Membership Income Room Reimbursal Miscellareous Income Anazon Installation Brunch
Patrice Moran Patrice Moran Sue Ellen Leroy Sue Ellen Leroy Karen Vanderwerken AAUW Mary Frances Miller Amazon Union Bank	
6/20/17 6/20/17 6/20/17 6/20/17 6/23/17 6/23/17 6/23/17 6/23/17	

4/8/17 4/8/17 4/10/17 6/12/17 6/20/17

1197 1197 3222 8237 2610 6/30/17

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2016/2017

COMMENTS	iotal \$46.75 - 1/2 each donaled was \$23.76	total \$1010 Besos concert separated stage rental for Besos concert refreshments \$12 and printing \$\$35.59 gift items for Tech Trek campers	replaces ccheck #1259 which she lost check total was \$135 check total wa
AMOUNT	\$0.00 \$38.77 \$65.00 \$23.38 \$23.38 \$11.88	\$11.88 \$270.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$750.00 \$410.00 \$42.02 \$42.02 \$940.00 \$900.00 \$500.00 \$500.00 \$500.00 \$500.00	\$500.00 \$30.00 \$30.00 \$30.00 \$36.00 \$100.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$19,495.70
CATEGORY	General Income TechTrek AALW Fund College Scholarships TechTrek College Scholarships	lechi rek Besos de Coco College Scholarships College Scholarships College Scholarships College Scholarships College Scholarships College Scholarships Gollege Scholarships Besos de Coco Besos de Coco Besos de Coco Besos de Coco TechTrek College Scholarships	College Scholarships College Scholarships College Scholarships College Scholarships College Scholarships AAUW Fund College Scholarships AAUW Fund Branch Contribution
PURPOSE	dummy line stamps and mailing envelopes for Tech Trek 2016 annual fund assessment 100 stamps for non-event invitation 100 copies non-event invite	rental of room for Besos concert on 1/15/17 scholarship at Mira Costa scholarship at CSU San Marcos more room rental payment for artists for concert donated expenses for concert contribution for fund 9110 flowers for fBC luncheon Besos profit for AAUW Fund campers totals, peres, pads and notebook for campers scholarship at ABC San Marcos scholarship at CSU San Marcos	Schools by at Cost in manda so carcel check #1259 - she lost checck stop payment for check #1259 scholarship at CSU San Marcos Tech Trek programs, certificates and water bottles named git honorees at brunch note cards for named git honorees at brunch pay for 4 scholarship lunches for install. Brunch Total  Expense and Cost by Category:  General Income AAUW Fund Branch Contribution AAUW Fund Carryover TechTrek Carryover TechTrek Carryover AAUW Fund Carryover TechTrek Carryover Besos de Coco Sum by Category
PAYEE	Betty Reed AAUW CA Barbara Bladen Barbara Bladen	City of Encinitas Sophia Hemandez Carolina Quirarte Maylin Caldwell Uju Nwizu Joleno Navatta City of Encinitas Besos de Coco assorted AAUW Fund AAUW Fund Tech Trek Betty Reed Sophia Hemandez Carolina Quirarte Maylin Caldwell Uju Nwizu Joleno Navatta	Cancel Cancel Union Bank Carolina Quirarle Barbara Bladen Karen Vanderwerken TBD
Date	9/11/2016 9/11/2017 11/15/16	11/18/16 12/8/16 12/8/16 12/8/16 12/8/16 12/8/17 12/8/17 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 12/3/1/16 1	5/6/17 5/5/17 5/10/17 6/25/17 6/30/17
Check #	1227 1228 1234	1236 1238 1240 1241 1242 1244 1244 1246 1250 1250 1251 1251 1251 1251 1251 1251	1266 1267 1271 1271

\$1,040.00

Besos

## Philanthropic Income

2016/2017

COMMENTS	N. Dion-Gourve, L. Ouinbyz, E. Reed, MF Miller K. Vanderweikenz, J. Gadsby, Slone, DanielsXZ, R. Medeiros donated by Barbara - total \$2.3.76 S. Cameiro, A. vSchlieder, Z. S. Hori, N. Taflord-2, J. Schwend-2, S. Bargart, M. McNeil-2, M. Senese, C. Dahl, J. Boyd-2, J. Muller, L. Brown-2, B. Karnas, F. Miller-2 guests A. Henne-2, W. Emitsk-2, M-D Jain, cash Jane Savage check dated 12/20/16 - thank you sent check dated 12/20/16 - thank you sent check dated the Nicki Jurewicz who sent Karen cash \$20 deck dated 11/81/7 - thank you sent check dated 41/81/7 - thank you sent check dated 41/81/7 - thank you sent check dated 11/81/7 - thank you sent check dated 11/81/7 - thank you sent check date 11/81/7 - thank you sent deck date 11/81/7 - thank you sent in honor of Karen Vanderwerken's birthday in honor of Karen Vanderwerken's birthday con behalf of Armando Mendieta in honor of Karen Vanderwerken's birthday con behalf of Armando Mendieta in honor of Karen Vanderwerken's birthday con behalf of Armando Mendieta in honor of Karen vanderwerken's birthday con behalf of Armando Mendieta in honor of Karen vanderwerken's birthday con honor of Karen vanderwerken's birthday	
AMOUNT	\$0.00 \$3,240.00 \$3,240.00 \$3,370.00 \$190.00 \$11.88 \$11.88 \$11.88 \$11.88 \$240.00 \$20.00 \$20.00 \$20.00 \$20.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00 \$1	\$24,605.80
CATEGORY	General Income  AAUW Fund Carryover  College Scholarship Carryover  Besos de Coco  College Scholarships  College Scholarships  General Income  College Scholarships  General Income  General Income  TechTrek  TechTrek  TechTrek  College Scholarships	
PURPOSE	dummy line carryover from 2015/2016 carryover from 2015/2016 carryover from 2015/2016 carryover from 2015/2016 Bessos de Coco Carryover from since can't make event Bessos de Coco Carryover for college students cash donation for college students donation for college students cash donation al Bescos de Coco concert cash for Besos de Coco paid at door Bessos de Coco Bessos de Coco Bessos de Coco Bessos de Coco Cash for Besos de Coco paid at door Bessos de Coco Bessos de Coco Bessos de Coco Bessos de Coco Cash for college scholarships donation in college scholarships donation cash jar at meeting in May donation in honor of Itaher Frank Messick donation in honor of Itaher Vanderwerken non- event from spreadsheet non event from spreadsheet	Total
FROM	carryover carryover ticket sales licket sales stann Domey licket sales licket sales licket sales Ratherine White Karen Vanderwerken licket sales lic	
Deposit Date	7/1/16 7/1/16 7/1/16 11/1/4/16 11/2/16 11/2/16 12/2/16 12/2/16 12/2/16 12/2/16 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/17 12/2/2/2/2/2 12/2/2/2 12/2/2/2 12/2/2/2 12/2/2/2 12/2/2/2 12/2/2/2 12/2/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2/2 12/2 12/2 12/2/2 12/2 12/2 12/2 12/2 12/2 12/2 12/2 12/2 12/2 12/2 12/2	

Comments

General Income
AAUW Fund Branch Contribution
AAUW Fund Carryover
College Scholarship Carryover
TechTrek Carryover
AAUW Fund
College Scholarships
TechTrek
Besos de Coco

Income and Cost by Category:

Sum by Category

\$297.04 \$0.00 \$1,440.00 \$3,240.00 \$53,370.00 \$6,136.88 \$6,213.88 \$8,213.88

\$24,805.80

## Non-event 2016/2017

COMMENTS	in honor of Fran Miller in memory of Arliss Adams in memory of Doris Adrian	total check \$1000 in memory of Linda's father Fay Barr in honor of my granddaughter please show as ANONYMOUS in memory of Sadie one check and divided in honor of Hillary Clinton	recognize as Michele and Roger McNeil in memory of my mother Corda Leticia Whittenberger recognize as Fran in memory of mother Elizabeth Fitzpatrick in memory of Jo Moss	recognize Bobbi and Gene Karnes check total \$50 recognize as Jan English in memory of Shirley Weekes recognize as Judy Howerter
AMOUNT Thankyou	\$0.00 \$25.00 yes \$50.00 yes \$100.00 yes \$100.00 yes \$100.00 yes \$1,000.00 yes	\$900.00 yes \$100.00 yes \$25.00 yes \$250.00 yes \$50.00 yes	\$100.00 yes \$75.00 yes \$150.00 yes \$100.00 yes \$100.00 yes \$500.00 yes \$50.00 yes \$250.00 yes \$250.00 yes \$250.00 yes \$250.00 yes \$250.00 yes \$250.00 yes	\$50.00 yes \$100.00 yes \$200.00 yes \$250.00 yes \$250.00 yes \$250.00 yes \$25.00 yes \$25.00 yes \$25.00 yes \$25.00 yes \$25.00 yes \$25.00 yes \$250.00 yes
CATEGORY	General Income College Scholar non-event Tech Trek non-event College Scholar non-event Tech Trek non-event Tech Trek non-event Tech Trek non-event	Tech Trek non-event College Scholar non-event College Scholar non-event College Scholar non-event College Scholar non-event General Non-event General Non-event General Non-event General Non-event General Non-event Tech Trek non-event General Non-event General Non-event General Non-event General Non-event General Non-event	General Non-event Tech Trek non-event General Non-event College Scholar non-event General Non-event Tech Trek non-event Tech Trek non-event Tech Trek non-event Tech Trek non-event General Non-event General Non-event General Non-event	General Non-event Collega Scholar non-event Tech Trek non-event Collega Scholar non-event Tech Trek non-event Tech Trek non-event College Scholar non-event College Scholar non-event College Scholar non-event Tech Trek non-event Tech Trek non-event
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FROM	Jackie Stone Joanna Schwend Kathleen DeGraffenreid Karen Vanderwerken Betty Reed Nancy Adrian	Linda Quinby Linda Quinby Ruth Vermilea Beverty Boggs Marilyn Palade Katherine Larsen Laura Pasquale Sherron Simpson Salty Billig Edith Fine Edith Fine Karen Dorney Erma Cox Patricia Yeakley	Michele McNeil V. Wildene Emrick Judith Ann Newton Mary Frances Miller Sue Kaloustian Jessamine Gadsby Katherine White Mariene Gerber-Gale Artene Lighthall Andrea Henne Marjone Frye	Barbara Kames Jane Sanders Mitzi Dominguez Barbara Bladen Kathleen Zacher Dianne Kernell Dianne Nichols Janet English Janet English Janet English Judith Howarter
Dep Date	11/14/16 11/14/16 11/14/16 11/21/16 11/21/16	11/21/16 11/21/16 11/21/16 11/21/16 11/21/16 11/21/16 11/28/16 11/28/16 11/28/16 11/28/16		122316 122316 122316 122316 122316 122316 122316 122316 122316

may wish to be anonymous ???	check was undated date changed to 2016 reognized as Joan and Lou Adamo 2 scholarships plus camp supplies amount as of 2/15/17	Comments	
\$50.00 yes \$900.00 yes \$2,000.00 yes \$100.00 yes \$100.00 yes	\$100.00 yes \$25.00 yes \$2,000.00 yes \$1,000.00 yes \$1,550.00 \$1,550.00	\$13,600.00	\$0.00 \$7,975.00 \$5,625.00 \$0.00 \$13,600.00
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12/23/16 12/23/16 12/23/16 12/30/16 12/30/16 12/30/16 1/31/17 1/31/17 1/31/17 2/15/17

Form W-9
Rev. January 2003)
Department of the Treasury

## Request for Taxpayer Identification Number and Certification

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

. 60 page 2	Name  ARUW Del Mar Leucalia Branch  Business rianie il different from above	
nint or type Instructions	Check appropriate hax: ☐ Sole proprietor ☐ Corporation ☐ Partnership ☑ Othe ► 50.1	(d)(3) Exempt from backup
	Address (number street, and apt. of builte no.)  Po Box 543  City state and ZP odg	ter o name ann uddrenn luptional)
See Specific	Solz & Beach CA 92075 List appoint film here contionally	
Part	Taxpayer Identification Number (TIN)	
Howe page	your TIN in the appropriate box. For individuals, this is your social security number (SSN) ver, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on 3. For other entities, it is your employer identification number (EIN). If you do not have a number, ow to get a TIN on page 3.	Social security number
Note: to enti		Employer identification number 01/0563236

Under penalties of penury, I certify that:

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

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 4.

reasurer

Sign | Signature of | Set | Red |

Date \$ 8/12/2014

#### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct tax payer identification number (TIN) to report, for example, income paid to you real estate transactions, mortgage interest you paid acquisition or abandonment of secured property cancellation of debt, or contributions you made to an IRA

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your norrest TIM to the person requesting it (the requester) and, when applicable to

- 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.
- 3. Claim exemption from backup withholding if you are a U.S. exempt pavee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9

Foreign person. If you are a foreign person use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Norhesident Aliens and Foreign Entities)

Nonresident alien who becomes a resident alien. Generally only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items.

- 1. The freaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the Income
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

INTERNAL REVENUE SERVI P. O. BOX 250\$ CINCINNATI OH 45201

DEFARTMENT OF THE TREASUR

Date:

FEB 2 8 2007

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN DEL MAR-LEUCADIA CA BRANCH PO BOX 231098 ENCINITAS, CA 92024-0000

Employer Identification Number: 01-0563236 17053273742076

Contact Person. CHITRA MAMLATDARNA Contact Telephone Number. (877) 829-5500

ID# 52471

Public Charity Status: 509(a)(2)

Dear Applicant:

Our letter dated November 08, 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

It you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner

Director, Exempt Organizations

Rulings and Agreements



#### Session expires in 19:51

#### 199N e-Postcard - Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your e-Postcard.

We received your FTB 199N California e-Postcard on November 12, 2016 09:33 PM.

**Confirmation Number:** 

241481131704

#### **Entity Information**

**Entity ID:** 

2414811

**Entity Name:** 

AAUW, DEL MAR-LEUCADIA CALIFORNIA

**BRANCH** 

**Account Period Beginning:** 

JULY 01, 2015

Account Period Ending:

JUNE 30, 2016

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

**Gross Receipts:** 

\$23,866

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Date IRS Form 1023/1024 Filed:

N/A

FEIN:

010563236

Doing Business As:

Website Address:

HTTP://DELMARLEUCADIA-CA.AAUW.NET

#### **Entity's Mailing Address**

**PO BOX 543** 

SOLANA BEACH, CA 92075

### Principal Officer's Information

Name: LINDA QUINBY 2552 INGLETON AVENUE CARLSBAD, CA 92009

#### **Contact Information**

Name:

KATHERINE WHITE

Phone:

619.990.7967

Print

Log Out

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.

Back to Top

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### City of Solana Beach Community Grant Program

## Request for Financial Assistance FY 2017-18 APPLICATION

FY 2017-18 APPLICATION

All Applications MUST BE RECEIVED by 5:00 p.m. Tuesday, October 31, 2017.

Please Print Clearly or Type

All requests will be determined by the following criteria:

	_	sistance League of Ra							
Mailing Address: 270 F North El Camino Real, Box 368  City Encinitas State CA Zip 92024									
,									
	Contact Person: Kathy O'Leary								
-	ne Phone: 760-753-								
	Evening Phone: 760-753-1319								
Email	address: <u>alrsd100@</u>	gmail.com							
1.	W-9 must be attached								
	Summary of organi	zation's budget must	be attached						
	Proposed program	budget must be attac	ched						
		_	uidelines) must be att	ached					
2.	A copy of the certif	icate of California No	nprofit Corporation mu	ust be attached					
	Or, Calif. Non-profit 501 (c) 3 Corporation Certification Number: <u>33-0556542</u>								
3.	Has your organization received financial assistance from the City before?  Yes · No ·								
	If yes, what activities and which fiscal year? <u>In 2014, 2015, and 2016 we received</u> money for shoes events at Marshalls for students from St. Leo's Head Start Program.								
4.	Amount requested	for FY 2017-18 \$ <u>30</u>	00						
5.	Proposed Total Pro	gram Costs: \$ <u>3000</u>							
	(Includes all estima	ited costs to conduct	proposed activity/prog	gram.)					
6.	Title of Proposed Program/Service: Shoes for Preschoolers/Operation School Bell								
7.	Grant funds must be used for services or materials directly associated to proposed								
	activity. Please describe how grant funds will be used:								
	We will invite the preschool children and their families from St. Leo's Head Start Program to come to the Marshalls								
	store in Solana Beach for the shoe event. Each child will be able to buy one pair of shoes for school. Last year the								
	average cost of a pair of s	shoes was \$40. Assistance	League members will be pres	ent to help.					

8.	Estimated number of S.B. residents to be served by proposed program: 80
9.	Program Dates/Location: We will choose two dates to fit Marshall's schedule. The Marshall's store is located at 673 San Rodolfo Drive, Lomas Santa Fe Square, Solana Beach 92075.
10.	Anticipated Program Objectives or Accomplishments:
	We will invite all the students at St. Leo's. Last year we invited 62 students and 59 attended. Many of these children have never had a new pair of shoes. This is a very special opportunity for the children and their families. They know that community cares for them.
11.	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 publicity materials:  Community newsletter, the program for our spring fundraiser, other grant applications and at our Encinitas Thrift Shop.
12.	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, there are no matching funds or other grants.
	This grant pays for the entire program.
13.	Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?
	Our volunteer members will work at the Marshall's stores during the program. They are not paid.  The staff at Marshall's is not paid by us.
14.	If the proposed program or service is only awarded partial funding, will it still move forward? Will the program or 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 the program. However, fewer students would be invited.  If we received less than \$1500, we will not do the program.

#### **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	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

## Request for Financial Assistance FY 2011-12 APPLICATION

All Applications MUST BE RECEIVED by **5:30 p.m. Thursday, October 27, 2011.**Please Print Clearly or Type

All requests will be determined by the following criteria:

Mailing	of Organization: Assistance League of Rancho San Dieguito g Address: 270 F North El Camino Real, Box 368					
City: Encinitas State CA Zip 92024						
	ct Person: Kathy O'Leary					
Daytin	ne Phone: 760-753-1319					
	ng Phone: Same					
Email	address: alrsd100@gmail.com					
1.	W-9 must be attached					
	Summary of organization's budget must be attached					
	Proposed program budget must be attached					
	Financial Statements (see Application Guidelines) must be attached					
2.	A copy of the certificate of California Nonprofit Corporation must be attached Or, Calif. Non-profit 501 (c) 3 Corporation Certification Number: 33-0556542					
3.	Has your organization received financial assistance from the City before?					
	Yes ■ No □					
	If yes, what activities and which fiscal year? In 2014, 2015 and 2016 we received money for					
	shoe events at Marshall's for students from St. Leo's Head Start Program.					
4.	Amount requested for FY 2011-12 \$ 3000					
5.	Proposed Total Program Costs: \$ 3000					
	(Includes all estimated costs to conduct proposed activity/program.)					
6.	Title of Proposed Program/Service: Shoes for Preschoolers					
7.	Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used:					
	We will invite all the preschool children and their families from St. Leo's Head Start Program to the Marshall's store in Solana Beach for the shoe event. Each child will be able to buy					
	one pair of shoes for school. Last year the average cost of a pair of shoes was \$40.					
	Assistance League members will be present to help.					

(Attach extra sheet, if necessary.)

8.	Estimated number of S.B. residents to be served by proposed program: 80
9.	Program Dates/Location: We will choose two dates to fit Marshall's schedule.
10.	Anticipated Program Objectives or Accomplishments: We will invite all the students at St. Leo's. Last year we invited 62 students and 59 attended.
	Many of these children had never had a new pair of shoes. This is a very special opportunity for the children and their families. They know that the community cares for them.
11.	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 publicity materials: Community Newsletter, the program for our spring fundraiser,
	other grant applications and at our Encinitas Thrift Shop.

#### **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

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.

(Rev. December 2014) Department of the Treasury

#### **Request for Taxpayer Identification Number and Certification**

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

n Item Id	Prevenue Service									
	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									
લં	2 Business name/otsregarded entity name, it different from above									
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the folk  Individual/sote proprietor or C Corporation S Corporation single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=5  Note. For a single-member LLC that is disregarded, do not check LLC; che the tax classification of the single-member owner.  ✓ Other (see instructions) ►  501(c	Partnership Corporation, P=partners ck the appropriate box in	S						<del></del>	
무밀	5 Address (number, street, and apt. or suite no.)	<i>5) 3</i>	Requester's							
Speci	270 F North El Camino Real, Box 368							•		
See	6 City, state, and ZIP code	1								
S	Encinitas, CA 92024									
	7 List account number(s) here (optional)									
	This is a second of the second			··						
Par		lu li 1 t	alai I Sou	cial secu	udhy n	umber				
	your TIN in the appropriate box. The TIN provided must match the name up withholding. For individuals, this is generally your social security num			JIBI SUCI	7 [	I	1	1	1	
reside	ent alien, sole proprietor, or disregarded entity, see the Part I instructions	s on page 3. For other	i		ì -l		-			
	es, it is your employer identification number (EIN). If you do not have a n n page 3.	umber, see How to ge	ta L or		1 1		_			ш
	it page 3. If the account is in more than one name, see the instructions for line 1 :	and the chart on page	(F.,	ployer i	dentif	ication	numb	er :		1
	In the account is in more than one name, see the instructions for line in a lines on whose number to enter.	and the chart on page	4101				1		T	i
3			3	3 -	0	5 5	6	5 4	2	
Par	t II Certification					- 17		-		1
	r penalties of perjury, I certify that:								-	
	e number shown on this form is my correct taxpayer identification number	per (or I am walting for	a number to	o be iss	ued t	o 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					lam					
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		0 01 14 142 D	ate ▶	10	Ω4	2 //	,			
	General Instructions • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T									
Section	on references are to the internal Revenue Code unless otherwise noted.	(tultion) • Form 1099-C (cancel	ed debtl							
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.cov/lw9.										
Pur	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.									
retum	tividual or entity (Form W-9 requester) who is required to file an information with the IRS must obtain your correct taxpayer identification number (TIN)	If you do not return f to backup withholding.	See What is I	backup v					e sub	ject
numb	may be your social security number (SSN), individual taxpayer identification er (ITIN), adoption taxpayer identification number (ATIN), or employer	By signing the filled- 1: Certify that the TIN	-		rect (o	AL ADITI SI	e wait	ing for	a Direct	ber
	fication number (EIN), to report on an information return the amount paid to or other amount reportable on an information return. Examples of information	to be issued)	- ,	-g con	(0	. ,	_ vruelt			
	s include, but are not limited to, the following:	2. Certify that you an								
	n 1099-INT (interest earned or paid)	Claim exemption f     applicable, you are also								
	n 1099-DIV (dividends, including those from stocks or mutual funds)	any partnership income	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							
<ul> <li>For</li> </ul>	<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> <li>withholding tax on foreign partners' share of effectively connected income, and</li> </ul>						N			

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.

 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

Form 1099-K (merchant card and third party network transactions)

• Form 1099-S (proceeds from real estate transactions)

brokers)

## Assistance League of Rancho San Dieguito FY 2017-18 Budget Overview (revised 4/26/17) June 2017 through May 2018

	Jun '17 - May 18
Income	
4000 · Contributions	<u> </u>
Wells Fargo Credit Card Rebate	2,000.00
Amazon Smile	150.00
Fundraiser Brochure Mailer	2,000.00
Thrift Shop	375.00
OSB\ Clothing Children	3,500.00
Unrestricted to Use	2,000.00
Total 4000 · Contributions	10,025.00
4100 · Grants	
Grants - Other	2,000.00
Operation School Bell	
RSF Rotary	0.00
City of Solana Beach	3,000.00
Berkshire Hathaway Charitable	2,100.00
City of Encinitas	3,500.00
Masserini Fund	5,000.00
Neighborhood Reinvestment	0.00
Carlsbad Rotary	0.00
Wells Fargo Foundation French Fund	5 000 00
, , , , , , , , , , , , , , , , , , , ,	5,000.00
Total Wells Fargo Foundation	5,000.00
Total Operation School Bell	18,600.00
4100 · Grants - Other	0.00
Total 4100 · Grants	20,600.00 1
4201 · Thrift Shop 4202 · Sales	168,000.00
Total 4201 · Thrift Shop	168,000.00 2
4300 · Special events	
Luncheon Boutiques	400.00
San Diego County Fair	1,000.00
Spring Fundralser	85,000.00
Total 4300 · Special events	86,400.00
4500 · Investment Income	
Wells Fargo Savings	130.00
Total 4500 · Investment Income	130.00
4600 · Member-Only	
Annual Meeting/Luncheon	100.00
Aprons	240.00
Holiday Meeting/ Luncheon	100.00
Holiday Party	100.00
Member dues	
PALS Dues	270.00
Assisteens -ALRSD Chapter Dues	270.00
Member dues - Other	9,500.00
Total Member dues	10,040.00
Name Tags	100.00
Total 4600 · Member-Only	10,680.00 4
Total Income	295,835.00
Gross Profit	295,835.00

## Assistance League of Rancho San Dieguito FY 2017-18 Budget Overview (revised 4/26/17) June 2017 through May 2018

	Jun '17 - May 18
Expense 5100 · Philanthropic Programs Flowers for Seniors Assault Survivor Kits	100.00 4,800.00
Hug-a-Bear	2,000,00
Knifty Knitters Operation School Bell OSB/Clothing Children OSB/Science Camp Scholarships OSB\Pendleton	700.00 100,000.00 5,000.00 11,500.00
<b>Total Operation School Bell</b>	116,500.00
Optional Charitable Program Critters Project Optional Charitable Program - Ot	400.00 500.00
Total Optional Charitable Program	900.00
PREP Stand Up for Kids Storage Rental	150.00 500.00 3,025.00
Total 5100 · Philanthropic Programs	128,675.00
5200 · Thrift Shop Expense Advertising Business license Chamber Membership Cleaning Cost of Goods Sold Delivery Charges Furniture & Fixtures Insurance Merchant Services Printing Refurbish & Repairs Rent Storage Supplies Utilities Electric Security Telephone Total Utilities	500.00 21.00 195.00 4,160.00 200.00 1,500.00 1,000.00 3,000.00 3,600.00 300.00 1,000.00 93,940.00 1,140.00 1,800.00 3,225.00 420.00 1,100.00
Total 5200 · Thrift Shop Expense	117,101.00
5300 · Fundralsing Expense Fundraising Brochure-Mailer Grants	700.00 150.00
Total 5300 · Fundraising Expense	850.00
5600 · Special Events Expense Spring Fundraiser	20,000.00
Total 5600 · Special Events Expense	20,000.00
5800 · Management & General Internet Access/Fees Bank Charges	600.00 50.00

7:15 PM 04/26/17 crual Basis

## Assistance League of Rancho San Dieguito FY 2017-18 Budget Overview (revised 4/26/17) June 2017 through May 2018

	Jun '17 - May 18
Board Expenses	50.00
Board expense - other Corresponding Secretary	50.00 75.00
President's Expense	75.00 150.00
Recording Secretary	75.00
Treasurer	100.00
Total Board Expenses	450.00
Chapter Marketing	2.600.00
CPA Audit/Review	4,000,00
Education	
Board Development	100.00
National Conference & Meetings	8,500.00
Total Education	8,600.00
Government Fees & Licenses	115.00
Director & Officer	660.00
Total Insurance	660.00
Storage Rental	1,140.00
Website	400.00
5800 · Management & General - Oth	1,000.00
Total 5800 · Management & General	19,615.00
5900 · Member Only expense	
Cost of Aprons	240.00
Chapter Scrap Book	150.00
Circle Donation	250.00
Hall Rental	1,200.00
Hospitality	400.00
Membership Development	500.00
NAL Dues	4,600.00
Cost of Name Badges	120.00
Newsletter	100.00
Total 5900 · Member Only expense	7,560.00
Total Expense	293,801.00
Net Income	2,034.00

7:15 PM 04/26/17

## Assistance League of Rancho San Dieguito FY 2017-18 Budget Overview (revised 4/26/17)

June 2017 through May 2018

- crual Basis
- 1. Grants revised to more acurately reflect those actually received.
- 2. Thrift shop sales projected for average sales of \$14000 per month.
- 3. Spring Fundraiser increased to reflect the income earned from last FY 2016-17.
- 4. Member Only income based on current membership levels. Actual amount will vary with the addition of new members and various renewal levels.
- 5. OSB Clothing children increased to \$100,000 (from \$75,00 last FY) to better serve the increased demand from the Middle School Children.
- 6. Spring Fundraiser expense increased to better project the cost of an evening event.

### Form 990

OMB No. 1545-0047 2016

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Δ.	For the 2	2016 calone	lar year, or tax	vear begin	ining 6/0	17	20	16, and end	lna E	/31		2017
	Check if app		C C	year begin	ning 6/0	11	, 20	io, aliu enui	ing 5,	/31		2017
0			3	. T	B	-1- C		A A			•	
	$\vdash$	ss change	Assistance 270-F Nort	Leagu	e or kar	icho San	n Diegu	110			05565	
	$\vdash$	- 1	Encinitas,	כע עט רד הד ה	osa amruo ke	at #308	3			E relept	ione number	
	India) (	eturn	Elicilizeas,	Cn 32	024					858	1.523.	9279
	Fmal ret	turn/terminated										
	Ament	ted return								G Gross	receipts \$	501,481.
	Applica	ation pending	F Name and addre	ess of principa	latticer Rob	erta Wa	terman		H(a) is the	s a group retu	im for subor	
			Same As C	Above	.,,,,	0200 110			H(b) Are a	all subordinate	s included?	
ī	Tax-exen		X 501(c)(3)	501(c) (	) ◄ (ir	sert no.)	4947(a)(1)	or 527	11/10	attach a is	(see instru	ictions) —
J	Websit		w.alrsd.or						H/c) Giou	p exemption (	umbei le	4176
K			X Corporation	Trus:	Association	Other ►		L Year of form				at domicite   CA
		Summary	<u> </u>	17431	Histociation	- Outer		E real or lotter	2001 13	93   111	State or leg	at domicie. CA
1			r se the organizat	ion's miss	ion or most i	innificant a	activities: R		- T		D	- C
	n n	iemito	ie an all	-170 1110	FOOT	pprofit	ores. M	SSIStan	ce Lead	que or	Kancn	o san
Activities & Governance	1 2:	nakin	is an all g a positi	voluii	ference	in the	ordan.	e child	MITORE	member	ž are	dedicated
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Æ	2 2	ock this ha	x >   if the c	ira boy	ETLY.	ed its opera				2507 -7 4-		
ŝ	3 Nu	mber of vo	ling members o	f the gove	rning hadv (l	eu its opera Part VI. line	alloris or u alal	spused of fi	iore man	2076 OF ItS	3	
ంభ	4 Nu	inber of inc	dependent votin	a member:	s of the gove	erning body	. (Part VI. I	ine lb)			4	12
. <u>.</u> 2	5 To	tal number	of individuals e	moloved in	calendar ve	ear 2016 (P	art V. line	2a)			5	12 0
Ξ	6 To	tal number	of volunteers (e	estimate if	necessary)			/			6	158
닿	7a Tol	tal unrelate	d business reve	nue from I	Part VIII, col	umn (C), lir	ne 12				7a	0.
_			business taxab						- 111		7b	0.
										Prior Year	-1	Current Year
	8 Co	ntributions	and grants (Pai	rt VIII. line	1h)					238,		250,625.
Revenue		8 Contributions and grants (Part VIII, line 1h)								230,	002.1	230,023.
Ver			come (Part VIII,								120.	135.
Re			(Part VIII, colu				and 11e)				826.	56,004.
			- add lines 8 t							263,		306,764.
			milar amounts p					, , , , , , , , , , , , , , , , , , , ,		110,		99,468.
	h		to or for memb				-,,			110,	117.	33,400.
	1		r compensation				ime (A) lie	on E 10)		···		<u></u>
Ø1	12 00						шит (А), ви	les 3-10)				
Expenses	162 21	olessional i	undraising fees	(Part IX c	column (A),	ine He)						
- dx	b Tol	tal fundrais	ıng exp <mark>enses (</mark> F	Part IX, col	lumn (D) lin	e 25) 🟲		118,052	.			
ш	17 Of	her expense	es (Part IX, colu	umn (A), lii	nes 11a-11d	11f-24e)				151,	R41.	150,594.
	18 Tol	tal expense	s. Add lines 13	-17 (must -	equal Part I)	C. column (/	A), line 25			261,		250,062.
			expenses. Sub								648.	56,702.
5 8			<del>:</del>						Panion	ing of Curre		End of Year
ints or	20 Tol	tal assets (	Part X, line 16)						Deyma	328,		
Aes	21 To		s (Part X, line 2						1		963.	395,883.
Not Ass Fund Bal	22 Ne		fund balances.			20			-			15,380.
				Subtract II	ne 21 Hom I	ine zu	1			323,	801.	380,503.
	<u>_</u>	<u>Signature</u>										
- Unde	er penalties o plete : Declar	of perply, I detailed about the	ciare that I have examer fother than officer	mined this returns has based oil	uru, including act	tompanying sch	nedules and si	atements and to	o the best of	my knowledge	e and belief,	disting cones, and
		A	10 10	-/2						9	19	17
٠.		Signator	e of officer	a						Total	111	11
Şiç	gn			-						Date		
He	re		ida Seitz						Trea	asurer		
_			post name and title					-		-	1	
		Prof Type or	eparer s name	علمينات	Ter sing some	interest of	Marino.	Date		Check	V	IN
Pa	id	Natr	renne	JIUUL	KULL	MUVO	WW.	9.15	. 7	self-eit plo	yed Y	00858780
Pro	eparer	Firm's name	Kather	ine Gli	uck, CPA							
Us	e Only	Furn's address		er Ave						Fams EiN	-	
					h, CA 90	254-394	9					06.62.56
Mar	y the IRS	discuss the	s return with th							1. 1.010 10	ודיטוע	10.
	,			- hinbaid		a face mg						X Yes No

## Form **990**

QMB No. 1545 0047

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Δ	For the 2016 cale	ndar year, or tax year beginning 6/01 , 2016, and ending	g 5/3	1		2017
	Check if applicable.	C , 2010, and deginning 67.01				lication number
5 (		1 -		33-0	05565	542
	Address change	Assistance League of Rancho San Dieguito 270-F North El Camino Real #368	-	E Telephor		
	Name change	Encinitas, CA 92024				
	Initial return	Elicinicas, CA 72024	-	858.	. 523.	. 9279
	Final return/terminated					
	Amended return			G Gross re		
	Application peridin	It is upone and accress or burnelpp ource. KUPOLEN MALGLEST	H(a) Is this a			H
		Same As C Above	H(b) Are all s It 'No,' a	ubordinates ittach a list	moluded (see inst	? Yes Ho
1	Tax-exempt status	X 501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) or   527			,000	,
<u>.</u>			H(c) Group e	xemplion nu	ımber ➤	4176
<del>K</del>	Form of organization	10.01100.019				egat domicile: CA
Pa		ry ribe the organization's mission or most significant activities Assistance	n I nami	a of I	Panc'	ho San
e,	Diednii	o is an all-volunteer, nonprofit organization w	Wose mi	emner s	are	fected by
Governance	to maki	ng a positive difference in the lives of childr	'eii aiio	_auuii	72 ai	Tecced DA
틸	<u>trauma,</u>	violence and poverty.				
ò	2 Check this	ox > If the organization discontinued its operations or disposed of mo	ore than 25	370 DI RS	neras	12
	3 Number of	voting members of the governing body (Part VI, line 1a)		7611	4	12 12
Activities &	4 Number of	ndependent voting members of the governing body (Part VI, line 1b)	1111111111	X10531	5	12
itie		er of individuals employed in calendar year 2016 (Fart V, line 2a)	Manager 1	15-141-1	6	158
it.		ted business revenue from Part VIII, column (C), line 12			7a	0.
A					7b	0.
	b Net unrelate	ed business taxable income from Form 990-T, line 34				Current Year
			PI	rior Year		
es :		s and grants (Part VIII, line 1h)	-	238,6	162.	250,625.
Revenue		rvice revenue (Part VIII, line 2g)				105
376		income (Part VIII, column (A), lines 3, 4, and 7d)			120.	135.
Ĕ		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	24,8	56,004.	
		ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		263,6		306,764.
	13 Grants and	similar amounts paid (Part IX, column (A), lines 1-3)		110,1	19.	99,468.
	14 Benefits pa	id to or for members (Part IX, column (A), line 4)				
	15 Salaries, of	her compensation, employee benefits (Part IX, column (A), lines 5-10)				
50		I fundraising fees (Part IX, column (A), line 11e)			i	
Expenses	169 FIDIESSION			-		
- dx	<b>b</b> Total fundr	aising expenses (Part IX, column (D), line 25)   118, 052.				
ů.	17 Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,8	341.	150,594.
	18 Total exper	ises. Add lines 13-17 (must equal Part IX, column (A), line 25)	.	261,9	<del>3</del> 60.	250,062.
	19 Revenue la	ss expenses. Subtract line 18 from line 12		1.6	648.	56,702.
0 a				ng of Curre	nt Year	End of Year
ta c	20 Total asset	s (Part X, line 16)		328,		395,883.
Sal.	21 Total liabili	ties (Part X, line 26)			963.	15,380.
Net Assets Frend Bolan	21 10101 112011					
		or fund balances. Subtract line 21 from line 20		323,8	30T.	380,503.
		ure Block				
Und	ter penalties of perjury,	declare that I have examined this return, including accompanying schedules and statements, and to parer (other than officer) is based on all information of which preparer has any knowledge.	the best of m	ty know idge	a and be	iel it is true, correct, and
TOIT	iplete Declaration of pr	sparer (other than others) is based on an intornation of when preparer has any knowledge			-	
Si	gn Sigr	ature of officer	Đa	ile		
	_	enda Seitz	Treas	surer		
		or print name and blie			1	
-	Pius/Tys	e preparer's name Presping squanture Ad Date		Check	Vill	PTIN
	Ko	thering Gluck Willel Swar 9.15	בו.	self-employ	ved	100x5x7x0
	aid	The state of the s		20.000		1 44 0 70 140
	reparer Film's n			Euro - Elli	le .	
US	se Only Firm's a	100 100 100	-	Fum s EIN		IN . 1-9 CY-
_		Hermosa Beach, CA 90254-3949		Phone no	210-	106.68.56
Ma	by the IRS discuss	this return with the preparer shown above? (see instructions).		exekters.		X Yes No
BA	A For Paperwor	Reduction Act Notice, see the separate instructions.	EA0113L 11/	116/16		Form 990 (2018

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		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		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х.
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		х_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	1.	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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	х	
	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	116		х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	110		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	110		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111	х	
12	2a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	121		x
	3 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	4a 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	145		x
1:	5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		х
1	6 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		х
1	7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	B 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.		х	
1	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			х
_				10016

			Yes	No
20:	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	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 It	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28Ь		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	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 t	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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	x	
BA	A	Forr	n <b>990</b>	(2016

Form 990 (2016) Assistance League of Rancho San Dieguito

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

_	Check in Schedule O Contains a response or note to any line in this Part V		+ + + + +	
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
Ė	h Enter the number of Forms W 20 instituted at the property of	-		
				( and
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
	b If at least one is reported on line 2a, did the organization file all required federal emptoyment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			4
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	b !! Yes, has it filed a Form 990-T for this year? If No' to line 3b, provide an explanation in Schedule O	3 b		
4	a 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)?	4 a		х
	b if 'Yes,' enter the name of the foreign country: ►		E 9	105
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			3
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
	a 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?	6 a		x
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь	_	
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?	7 a	X	
	bilf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	-
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
	d if Yes, indicate the number of Forms 8282 filed during the year	103	7-17	1
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	-	X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		1000
	organization have excess business holdings at any time during the year?	8		
	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?	9 Ь		
	Section 501(c)(7) organizations. Enter:	1		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:	10.3		
	a Gross income from members or shareholders	1 10		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			TOP
	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	- 4		
	c Enter the amount of reserves on hand	1		
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	Mr.	X
200	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14Ь		1
AA	TEEA0105L 11/16/16	Form	990 (	2016)

33-0556542 Page 6 Form 990 (2016) Assistance League of Rancho San Dieguito 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 in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1 a 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 in Schedule O. 12 b Enter the number of voting members included in line 1a, above, who are independent..... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by See Schedule O the following: X a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body?..... 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in 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...... 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12<sub>b</sub> to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... See Schedule O X 120 13 X 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? 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 15b X b Other officers or key employees of the organization ...... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year? . . . . b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > \_CA Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Other (explain in Schedule O) X Another's website X Upon request X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

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

Brenda Seitz 270-F North El Camino Real #368 Encinitas CA 92024 858.523.9279

See Schedule O

the public during the tax year.

Form 990 (2016)	Assistance	League	of	Rancho	San	Dieguito
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33-0556542

Page 7

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

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

#### 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	1	Position (do not check more than one box, unless person is both an officer and a director/trustee)						180		
(A) Name and Title	(B) Average flours				ifficer (truste	and a		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Roberta Waterman	40	.,		.,						
President	0	X		X				0.	0.	0.
(2) Stella Ramos Vice President	_ <u>15</u> _	X		Х				0.	0.	0.
(3) Pat Talmon	5									
Vice President	0	X		X		<u> </u>		0.	0.	0.
(4) Carol Jones Vice President	$-\frac{15}{0}$	x		X				0.	0.	0.
(5) Claudette Chaisson	15	1		~	_				0.	0.
Vice President		X		X				0.	0.	0.
(6) Judy White	77									
Secretary	0	X		X				0.	0.	0.
(7) Loie Pinch	5	1								
Secretary	0	X		X				0.	0.	0.
(8) Suzie Perry	_ 10 _					1				
Secretary	0	X		X				0.	0.	0.
(9) Brenda Seitz	15_									
Treasurer	0	X		X				0.	0.	0.
(10) Judy Zinger-Weiss	20_								,	
Board Member	0	X		X	_		_	0.	0.	0.
(11) Gail Sachs	10_					İ				
Board Member	0	X		X		_		0.	0.	0.
(12) Mitzi Lobelson	5							_		
Board Member	0	X		X				0.	0.	0.
(13) Jan McEachern	5			. <i>.</i>						
Board member	0	X	-	X	-		-	0.	0.	0.
(14)										
	1.	1	<u> </u>	ļ	1	ļ.	1	1	!	

Part VII   Section A. Officers, Directors, Tru	istees,	Key	Em	plo	ye	es, a	anc	l Highest Com	pensated Emp	loyees	(contin	ued)
,	(B)	Ĺ		((					· · · · · · · · · · · · · · · · · · ·			
(A) Name and title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	Reportable compensation from calable constants	amou	(F) timated int of oth pensation	er n			
	(Irst any hours for	individual to or director	Inslib	Since Since	₹ Q	Highes	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org.	om the snization i related	ı
	- fiOi12	individual trustee or director	ional	-	Table 1	/eo	4	ļ			nizalion	
	below dolted line)	Sice	institutional Inustee		8	Highest compensated employee						
						ě						
<u>(15)                                    </u>									<u>-</u>			
(16)										!		
מים								10				
(18)									1			
(19)		$\vdash$			_	$\vdash$				-		
			Ш		_							
(20)									5			
(21)									· <del>-</del>			
(22)			П							No.		
(23)						-						
(24)		-	$\vdash$		$\vdash$	$\vdash$				ļ <u>.</u>		
		<u> </u>		_	1		_		<u> </u>	-		
(25)												
1 b Sub-total							<b>*</b>	0.	<u> </u>			0.
d Total (add lines 1b and 1c)							>	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	d to those	listed	abo	ve)	who	recei	ved	more than \$100,00	10 of reportable com	pensatio	n	
Total the organization	-										Yes	No
3 Did the organization list any former officer, dire- on line 1a? If 'Yes,' complete Schedule J for sur	ctor, or tri ch individ	ustee. u <i>al</i>	, ke	y er	nplo	yee,	or I	highest compensa	led employee	3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	if reportat	ole co 150.0	mpe 00?	ensa If '	alior Yes	n and	l oth	ner compensation ete Schedule J for	from			
such individual			• • • •		• • • •					. 4	-	X
5 Did any person listed on line 1a receive or according services rendered to the organization? If 'Ye Section B. Independent Contractors	s.' compl	ete S	che	dule	Ji	or su	ch p	person		. 5		X
Complete this table for your five highest compecompensation from the organization. Report compe	nsaled inc	leper	nden	it co	ontra	actors	s tha	at received more	than \$100,000 of			
(A) Name and business add		tine t	.giçi	luoi	yes	i end	ing	(B Description			C)	
Name and business au	71.522			_				Description	UI SELVICES	- Compi	1130110	,,,,
2 Total number of independent contractors (including	but get les	nited I	lo Ih	050	liete	nd ahr	ופער	who received more	e than			
\$100,000 of compensation from the organization					-1315			TITIS TOURITED THUS				

Form 990 (2016)

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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)** (C) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue 1 a Federated campaigns....... Contributions, Gifts, Grants and Other Similar Amounts 1a 1 b b Membership dues..... 11,432 c Fundraising events ....... 1 c 21,485 d Related organizations..... 1 d 1 e e Government grants (contributions).... 6,500 f All other contributions, gifts, grants, and similar amounts not included above. . . 211,208 n Noncash contributions included in lines 1a-1f: \$ 191,088 h Total. Add lines 1a-1f..... 250,625 **Business Code** Program Service Revenue f All other program service revenue . . . g Total. Add lines 2a-2f..... Investment income (including dividends, interest and other similar amounts)..... 135. 135 Income from investment of tax-exempt bond proceeds. (i) Real (ii) Personal 6a Gross rents ..... b Less: rental expenses. c Rental income or (loss).... d Net rental income or (loss)....... (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses..... c Gain or (loss) ...... d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue 21,485. (not including . \$\_ of contributions reported on line 1c). See Part IV, line 18 75,130 b Less: direct expenses ..... b 19,126 56,004. c Net income or (loss) from fundraising events 56.004 9 a Gross income from gaming activities. See Part IV, line 19...... a b Less: direct expenses..... b c Net income or (loss) from gaming activities ...... 10a Gross sales of inventory, less returns and allowances. ..... a 175,591 b Less: cost of goods sold ..... b c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Rusiness Code** d All other revenue..... e Total. Add lines 11a-11d. 56,139 Total revenue. See instructions..... 0. 306,764 0

TEEA0109L 11/16/16

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 ..... (D) (C) Do not include amounts reported on lines **Fundraising** Total expenses Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 7,100 7,100 Grants and other assistance to domestic individuals. See Part IV, line 22..... 92,368 92,368 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors. 0 0. 0 0 trustees, and key employees..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0. 0 0 0 Other salaries and wages 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 (non-employees): a Management..... b Legal..... 4,000 c Accounting. 4.000. 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 856 856 (A) amount, list line 11g expenses on Schedule 0.) 413. 12 Advertising and promotion 1,889 2,302 13 Office expenses.... 2,330. 2,330 14 Royalties ... 15 1,200 92,236. 93,436 16 17 Travel . . Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 1,884 1.884. 3,768 19 Interest..... 20 5,260 5,260. Payments to affiliates ..... 21 108 108 22 Depreciation, depletion, and amortization.... 2,711. 630 3,341 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6.827 6.827 Program supplies \_\_\_\_ 3.012 1.039 1,040. 5,091 b Storage rental 4,886. c Repairs & maintenance 4,886 4,343. 4,343 d Utilities\_\_ 3,877 10,093. 76 14,046. 20,743. 118,052. 111,267 25 Total functional expenses. Add lines 1 through 24e ... 250,062. 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 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	59,188.	7	33,265.
	2	Savings and temporary cash investments	224,404.	2	295,977.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	35,660.	8	52,994.
ĕ	9	Prepaid expenses and deferred charges	2,412.	9	6,744.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 8, 184	1,176.	10 c	978.
	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		15	5, 925.
	16	Total assets. Add lines 1 through 15 (must equal line 34).	328,764.	16	395,883.
_	17	Accounts payable and accrued expenses.	4,348.	17	6,295.
	18	Grants payable	-,,,,,,,	18	
	19	Deferred revenue	615.	19	9,085.
	20	Tax-exempt bond liabilities		20	
(0)	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties.		23	<u> </u>
	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	4,963.	26	15,380.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ė	27	Unrestricted net assets	314,801.	27	368,503.
32	28	Temporarily restricted net assets	9,000.	28	12,000.
Þ	29	Permanently restricted net assets		29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			<del></del>
20	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
e	33	Total net assets or fund balances	323,801.	33	380,503.
~	34	Total liabilities and net assets/fund balances	328,764.	34	395,883.
RΔ	۸				Form 990 (2016)

Form	990 (2016) Assistance League of Rancho San Dieguito 33-05565		12	Pa	ge 12
Par	t 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).	$\rightarrow$		306,7	164.
2	Total expenses (must equal Part IX, column (A), line 25)		2	<u>250, (</u>	)62 <u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1			56,7	702.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	323,8	301.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O).	9 _			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		380,5	503.
Par	t XII   Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	<u></u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:    X	wed on a			
- 1	Were the organization's financial statements audited by an independent accountant?		28	3	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	arate			
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	lit.	20		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		İ		
	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?	******	3:	a	X
I	of the tyes, did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit			
BAA			For	m 990	(2016)

#### SCHEDULE A (Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Employer Identification number Name of the organization Assistance League of Rancho San Dieguito 33-0556542 Part | 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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 10 June 30, 1975, See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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). (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) is the organization listed in your governing document? (i) Name of supported organization (ii) EIN support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) Œ) 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.)

Sect	ion A. Public Support						
begin	dar year (or fiscal year ning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership lees received. (Do not include any 'unusual grants.')						
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
Sec	ion B. Total Support						
Cale	ndar year (or fiscal year nning in) >	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				ļ		
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 activ	villes, etc. (see i	nstructions)		+ 4 + 4 - 4 + 4 - 4 + 4 4 4 4 4	12	
13	First five years. If the Form 990 is organization, check this box and	1 stop here		hird, fourth, or fifth	tax year as a sect	on 501(c)(3)	41111111111
Sec	tion C. Computation of Pu	blic Support	Percentage				
14	Public support percentage for 2	016 (line 6, colu	mn (f) divided by I	ine 11, column (f)		14	<u>%</u>
	Public support percentage from						
	33-1/3% support test-2016. If and stop here. The organization	r qualifies as a p	ublicly supported	organization		********	CERTARES 4
t	33-1/3% support test—2015. If to and stop here. The organization	he organization on qualifies as a p	did not check a bo publicly supported	x on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more, o	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	mode the 'farte	and circumstance.	oc'test check thi	is hox and stop hi	ere. Explain in Pari	t Vilhow
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-a	neels the fact: nd-circumstance:	s-and-circumstanc s' lest. The organi	es' test, check thi zation qualifies as	is box and stop n s a publicly suppo	rted organization	t vi now the
18	Private foundation. If the organ	nization did not c	heck a box on line	13, 16a, 16b, 17	a, or 17b, check t	his box and see in	structions
RΔ					S	chedule A (Form 9	90 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	sis tisted select, p	reduce complete t	art n.y			
Calend	lar year (or fiscal year beginning in) >	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1		196,468.	217,678.	218, 327.	238,662.	256, 625.	1,127,760.
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	170,400.	217,070.	210, 321.	230,002.	230,023.	0.
	Gross receipts from activities that are not an unrelated trade or business under section 513.	33,155.	45,527.	47,847.	37,854.	69,130.	233,513.
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	229,623.	263,205.	266,174.	276,516.	325,755.	1.361.273.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,815.	1,485.	1,700.	1,650.	3,400.	10,050.
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.
_	Add lines 7a and 7b		<del></del>	1,700.	1,650.	3,400.	10,050.
8	Public support. (Subtract line 7c from line 6.).	1,815.	1,485.	1,700.	1,030.	3,400.	1,351,223.
Sec	tion B. Total Support						1,351,223.
-	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	229,623.	263,205.	266,174.	276,516.	325,755.	1,361,273.
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	279.	187.	167.	120.	135.	888.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					135	0.
_	Add lines 10a and 10b	279.	187.	167.	120.	135.	888.
11	Nat income from unrelated business activities not included in 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.
	Total support. (Add lines 9, 10c, 11, and 12.)	229,902.	263,392.	266,341.	276,636.	325,890.	
14	First five years, If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pul	olic Support P	ercentage				
15	Public support percentage for 20	16 (line 8, column	n (f) divided by lir	ie 13, column (f))		15	99.20 %
16	Public support percentage from 3	2015 Schedule A.	Part III, line 15.	(21111111) (0) (0)	on out of the same	16	99.25 %
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				
17	Investment income percentage for				mn (f))		0.07 %
18	Investment income percentage for	rom 2015 Schedul	le A. Part III, line	17		18	0.09 %
	33-1/3% support tests-2016. If it is not more than 33-1/3%, check	he organization d	lid not check the longer	oox on line 14, ar	nd line 15 is more as a publicly supp	than 33-1/3%, a orted organizatio	п
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%	the organization d	id not check a bo and stop here. Th	x on line 14 or lir e organization qu	ne 19a, and line 1 nalifies as a public	6 is more than 33 by supported orga	3-1/3%, and anization ►
	Private foundation. If the organization	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	I see instructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I, If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
	W		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 (b) and (c) below.	3a_		
t	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.	3с		
42	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
t	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		
(	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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		
ı	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		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
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 (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 or 990-EZ).	7		
8	Did the organization make a toan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ).	8		
9	a 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 in 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 in 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	_	
10	a 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 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	<u> </u>	2) 201

No

Yes

Yes No

Yes

Yes

No

No

11a 116

11c

1

2

1

2

3

	Yes	No							
2a									
2b									
3a									
3b	00.57	2016							

substantially all of its activities.

organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI.

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

b Did the activities described in (a) 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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

	dule A (Form 990 or 990-EZ) 2016 Assistance League of Rancho Sa			56542 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying transcriptions. All other Type III non-functionally integrated supporting organization.	ust on No ions mus	v. 20, 1970 (explain in Lomplete Sections A	n Part VI). See through E.
Sec	tion A Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year):	rt		
a	Average monthly value of securities	1a		- 20
t	Average monthly cash balances	16		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount clauned 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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	•	
Sec	tion C Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		

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

5

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7

5 Income tax imposed in prior year

temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Schedule A (Form 990 or 990-EZ) 2016 Assistance League o	f Rancho San Die	equito 33-055	6542 Page 7
Part V   Type III Non-Functionally Integrated 509(a)(3) S			
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt p	urposes		
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations		
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ition is responsive (provide	details	
9 Distributable amount for 2016 from Section C, line 6	_		
10 Line 8 amount divided by Line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
Distributable amount for 2016 from Section C, line 6	19.101		
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$		=	
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			

e Excess from 2016......

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Schedule A (Form 990 or 990-EZ) 2016

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)

## **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.

2016

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Hame of the organization Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Assistance League of Rancho San Dieguito 33-0556542 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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..... Aggregate value of contributions to (during year) . . . . . . Aggregate value of grants from (during year) . . . . . . . . Aggregate value at end of year....... 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? No 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?..... No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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...... 2 b c Number of conservation easements on a certified historic structure included in (a) ........... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .......... 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 • Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year -\$ 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)? ..... No 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 SFAS 116 (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. bilf the organization elected, as permitted under SFAS 116 (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...... 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 SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X.....

Schedule D (Form 990) 2016 Assis				33-0556	<u> </u>	Page 2
Part III Organizations Maintai	ning Collection	ns of Art, Histo	rical Treasures, or	Other Similar Ass	ats (contin	uea)
3 Using the organization's acquisition, items (check all that apply):	, accession, and ot	_	•	a significant use of its o	ollection	
a Public exhibition		Н.	r exchange programs			
b Scholarly research		e [ Other				
c Preservation for future general  4 Provide a description of the organization		and explain how they	further the groanization's	exempt purpose in		
Part XIII.		and emplementative triesy	Tariffe in a di garrization o	chempt perpose in		
5 During the year, did the organizal to be sold to raise funds rather th	lion solicit or rece	ive donations of art	historical treasures, or	other similar assets	Yes	∏No
Part IV Escrow and Custodial						
line 9, or reported an	amount on For	m 990, Part X, I	ine 21.			
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or	other intermediary f	or contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement						
- Describe halance					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance					10	1 100
2 a Did the organization include an a						No
b If 'Yes,' explain the arrangement	in Part XIII. Chec	k nere if the explan	ation has been provided	on Part XIII		$\sqcup$
Part V Endowment Funds. C	amplete if the	arganization and	awarad 'Vaa' aa Ea	m 000 Part IV lie	- 10	
Fait V   Elidowillent Fullus. C	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	nee baek
1 a Beginning of year balance	(a) correin year	(u) riidi year	(c) Iwo Jears Dack	(u) tinee years back	(e) roui yea	ara Dack
b Contributions				<del></del>	<del>                                     </del>	
				<del> </del>	<del> </del>	
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	e of the current ye	ear end balance (line	e 1g, column (a)) held a	is:		
a Board designated or quasi-endowni	ent ►	*				
b Permanent endowment	*	<del></del>				
c Temporarily restricted endowmen	nt 🗠	%				
The percentages on lines 2a, 2b, ar	nd 2c should equal	100%.				
3 a Are there endowment funds not in the	he nossession of th	e organization that a	re held and administered	for the		
organization by:	, , , , , , , , , , , , , , , , , ,	e organization mat a		157 1715	Yes	No
(i) unrelated organizations					3a(i)	
(II) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ited organizations	listed as required of	n Schedule R?		3b	
4 Describe in Part XIII the intended	l uses of the orga	nization's endowme	nt funds.			
Part VI Land, Buildings, and						
Complete if the organi	ization answer	ed 'Yes' on Forn	n 990, Part IV, line	11a. See Form 99	), Part X, I	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.	2,290.		898.
d Equipment			279.	279.		0.
e Other.			5,695.	5,615.		80.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal	Form 990, Part X, c	olumn (B), line 10c.)			978.
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(a) Description of Hability	(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

See. Part XIII

Schedule D (Form 990) 2016 Assistance League of Rancho San Die	eguito 33	3-0556542	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, P		eturn. N/A	
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	2 a		
b Donated services and use of facilities	2 b	]	
c Recoveries of prior year grants	2 c	]	
d Other (Describe in Part XIII.)	2 d	]	
e Add lines 2a through 2d	*******	2 e	
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.)	4 b	]	
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P		Return. N/I	A
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments	2 b	]	
c Other losses	2 c	]	
d Other (Describe in Part XIII.)	2 d	1	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	

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.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

4b

#### Part X - FIN 48 Footnote

Part XIII Supplemental Information.

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 . . . .

c Add lines 4a and 4b.

b Other (Describe in Part XIII.)......

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, 2017, the
Organization had no substantial uncertain income tax positions.

Schedule D (Form 990) 2016

4 c

#### SCHEDULE G (Form 990 or 990-EZ)

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

Assistance League of Ranc	ho <u>San</u> Di	eguito		<u> </u>	33-055654	2
Part I Fundraising Activities. Complet	e if the organiza guired to comp	ation answe	red 'Yes' o arl.	on Form 990, Part IV, line	17.	
1 Indicate whether the organization (				owing activities. Check	all that apply.	
a X Mail solicitations			е	X Solicitation of non-	government grants	
b Internet and email solicitations	1		- 1	X Solicitation of gove	rnment grants	
c Phone solicitations				<b>局</b> 。	_	
<u> </u>			a	[V] obecies initiations		
d In-person solicitations			.051 .12			
2 a Did the organization have a written or employees listed in Form 990, Par	r oral agreemen	t with any i	ndividual (i	ncluding officers, directo	rs, trustees, or key	Yes X No
b If 'Yes,' list the 10 highest paid inc compensated at least \$5,000 by the	lividuals or enti- e organization.	ilies (fundi	aisers) pu	irsuant to agreements	under which the fundra	
	1		1220	11	(v) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custo of conti	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
	0		ļ			
3		_	<u> </u>			
4						
5		23			76	
		_	-			
6						W.
7	į				1 1 1	
8						
9		<del>                                     </del>				
-		_				
10						
Total						0.
<ol> <li>List all states in which the organizat or licensing.</li> </ol>	ion is registered	or license	1 to solicit	contributions or has been	notified it is exempt from	n registration

Sche	dule	G (Form 990 or 990-EZ) 2016 Assista	nce League of	Rancho San Dieg	uito 33-05	
Par	t II	Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts great the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$15,000 of fundraising the more than \$	event contributions	swered 'Yes' on Fo and gross income	orm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R			Spring Fundrai (event lype)	(event type)	None (total number)	through column (c))
REVERUE	1	Gross receipts	95,071.		<u></u>	95,071.
Ē	2	Less: Contributions	21,485.			21,485.
	3	Gross income (line 1 minus line 2)	73,586.			73,586.
	4	Cash prizes	1,000.			1,000.
	5	Noncash prizes			<del> </del>	
DIRECT	6	Rent/facility costs	1 <u>5,6</u> 78.			15,678.
Ç	7	Food and beverages		N		
E X P	8	Entertainment	750.			750.
EXPENSES	9	Other direct expenses	1,698.			1,698.
Š	10					
	11		om line 3, column (d).			54,460.
Pai	<u>t III</u>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Ye	s' on Form 990, Pai	rt IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add column (a) through column (c))
E N	1	Gross revenue.				
	2	Cash prizes				
DIRECT S		Noncash prizes				
A E N C S		Rent/lacility costs				
5	"					
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 the	rough 5 in column (d).			
	8	Net gaming income summary. Subtract I	ine 7 from line 1, colur	nn (d)		·
9		ter the state(s) in which the organization of the organization licensed to conduct gamin				Yes No
		Ala I avadálas				
10		ere any of the organization's gaming licens Yes,' explain:				Yes No
BA	A		TEEA3702L	09/23/16	Schedule G (Fo	rm 990 or 990-EZ) 2016
_,,,	-				·	

			onmembers?		i i	
12 is the adm	e organization a grantor, ben inister charitable gaming?.	eficiary or trustee of a trus	it, or a member of a partnersh	ip or other entity formed to	· · · · Yes	No
	ate the percentage of gaming				1	
			e organization's gaming/specie			- 10
Nam	ie ►					
Add						
15 a Doe			y from whom the organization			_
b If 'Y	es," enter the amount of ga	iming revenue received l	by the organization► \$			
org. clf 'Y	aming revenue retained by es,' enter name and addres	ss of the third party:	··			
Nan	na >					
14411						ر <sub>ا</sub>
Add	ress >					
16 Gan	ning manager information:					
Nan	ne ►					
Can	ning manager compensation					
Gail	ining manager compensation	"				
Des	cription of services provide	d ►				
	Director/officer	Employee	Independent	contractor		
17 Mar	datory distributions					
a is th	e organization required unde	r state law to make charita	able distributions from the gan	ning proceeds to retain the	Yes	Пио
			to be distributed to other exem	pt organizations or spent in		
orga	anization's own exempt act	ivities during the tax yea	ır ► \$	by Dart Line 2h. ee	lumna (iii) and	44.
Part IV	and Part III, lines 9, information. See in:	mation. Provide the , 9b, 10b, 15b, 15c, structions	explanations required 16, and 17b, as applic	able. Also provide an	y additional	(v),

 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Assistance League of Rancho San Dieguito Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

33-0556542

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See Part IV

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monitoring	the use of grant fur	nds in the United States.		See F	See Part IV	
	nce to Domestic ( , for any recipient	Organizations a	nizations and Domestic Governments. Complete if the organization answered 'Yes received more than \$5,000. Part II can be duplicated if additional space is needed.	rnments. Comple art II can be dupli	te if the organizal cated if additional	tion answered 'Y I space is needed	es' on d.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)					1		
							:
(2)							
				-			:
( <u>a)</u>							
(4)							
(5)							
							1
(9)							
(b)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	(3) and government or	ganizations listed	in the line 1 table	***************************************			0
3 Enter total number of other organizations listed in the line 1 table.	tions listed in the line	1 table	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************			0
DAA Ear Dangart Beduction Act Notice see the Instructions for Form 990	a see the Instruction	c for Form 990.		TEEA3901L 11/03/16	11/03/16	Schedul	Schedule I (Form 990) (2016)

Page 2

33-0556542

Schedule I (Form 990) (2016) Assistance League of Rancho San Dieguito Part III

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

(f) Description of noncash assistance Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. School clothing (e) Method of valuation (book, FMV, appearsal, other) Cost 89, 702. (d) Amount of noncash assistance (c) Amount of cash grant 1,968 (b) Number of recipients (a) Type of grant or assistance 1 School clothing 4 Ŋ ø N m

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

Local school district personnel identify children of need. Chapter members monitor

selection of school clothing for identified children.

Schedule I (Form 990) (2016)

## SCHEDULE M (Form 990)

# **Noncash Contributions**

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

2016

Den to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.
 Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Schedule M (Form 990) (2016)

Employer identification number

	istance League of Rancho San Di	equito			<u>-0556542</u>			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash c	(d) d of de ontribu	termini	ng nounts
1	Art – Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications				<u> </u>			
5	Clothing and household goods			191,088.	fmv			
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 organization completed Form 8283, Part IV, Don	during the tax ee Acknowle	year for contributions i	for which the	29			
							Yes	No
			and the second of the Control	t I. Irana 1 thannah 20 tha	.			
30:	During the year, did the organization receive by cont it must hold for at least three years from the date for exempt purposes for the entire holding period	e of the initia	il contribution, and wh	nich isn't required to be	used	30 a		X
ı	If 'Yes,' describe the arrangement in Part II.							
31		licy that requ	ires the review of any	nonstandard contribut	ons?	31		X
32	Does the organization hire or use third parties of	related orga	anizations to solicit, pi			32 a		Х
1	If 'Yes,' describe in Part II.							
	If the organization didn't report an amount in col describe in Part II.	umn (c) for a	type of property for	which column (a) is cho	ecked,			

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

Schedule M (Form 990) (2016) Assistance League of Rancho San Dieguito 33-0556542 Page

[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 or 990-EZ)

## 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 990-EZ.

2016

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Assistance League of Rancho San Dieguito

Employer identification number 33-0556542

#### Part VI, Section B, Questions 15a-b

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

## Form 990, Part III, Line 4a - Program Service Accomplishments

Operation School Bell (OSB) - provides new school clothing for elementary school and middle school students from low income families in 5 school districts who are identified as "in need" by their school personnel. This program is also extended to children of enlisted families in the Camp Pendleton Marine Base. OSB/Pendleton - provides the children of enlisted families at the Camp Pendleton Marine Base with school clothing and supplies. OSB/Science Camp Scholarships - grants partial scholarships to 6th grade students from low income families who are identified by school administrators. The science camp is an outdoor learning opportunity that provides students with experiential programs to enhance awareness and scientific understanding of the natural world and their connection to it. Through this experience, young learners can become problem solvers and/or leaders even if they do not excel in English and math.

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

Hug-a-Bear provides plush toy bears to comfort trauma victims. The bears are distributed through local hospitals, fire departments and service agencies.

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

new philanthropic programs. The voting membership also approves the annual budget.

Employer identification number

33-0556542

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.

# 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:

- Clothing, shoes and personal grooming items for OSB
- 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



# STATE BOARD OF EQUALIZATION

450 N STREET MIC:44, SACRAMENTO, CALIFORNIA (P. O. BOX 842679, SACRAMENTO, CA 94279-0044) TELEPHONE (918) 445-5167 FAX (916) 324-5996 JOHAN KLE). First District, Hayward

DEAN F ANDAL Second District, Stockton

> CLAUDE PARRISH Third District, Terrance

JOHN CHIANG Fourth District, Los Angeles

> KATHLEEN CONNELL Controller, Secremento

E L SORENSEN, JR Executive Director

June 30, 1999

# NON-PROFIT ORGANIZATION SALES AND USE TAX EXEMPTION

The Assistance League of Rancho San Dieguito is exempt from payment of state, local, and district sales and use taxes when purchasing tangible personal property for the purpose of donation to individuals in a distressed financial condition. The exemption does not apply to purchases that will be used in the operation of the organization, such as office supplies.

The Assistance League of Rancho San Dieguito has met the requirements for the exemption by being organized and operated for charitable purposes, having exempt status from income tax by the California Franchise Tax Board, and engaging in the relief of poverty and distress.

The exemption is valid until revoked.

Any questions may be directed to the Compliance Planning and Evaluation Section at the above address and telephone number.

Sincerely,

James E. Speed Deputy Director

Sales and Use Tax Department

JES:rc

# City of Solana Beach Community Grant Program

Request for Financial Assistance FY 2017-18 APPLICATION

Name of Organization: Boys & Girls Clubs of San Dieguito

Mailing Address: <u>533 Lomas Santa Fe Drive</u>
City <u>Solana Beach</u> State <u>CA</u> Zip <u>92075</u>

Contact Person: Ariana Criste
Daytime Phone: 858-755-0138
Evening Phone: 916.878.8216

Email address: Ariana.Criste@gmail.com

- W-9 must be attached
   Summary of organization's budget must be attached
   Proposed program budget must be attached
   Financial Statements (see Application Guidelines) must be attached
- A copy of the certificate of California Nonprofit Corporation must be attached Or, Calif. Non-profit 501 (c) 3 Corporation Certification Number: C0516240 EIN: 95-2470435
- Has your organization received financial assistance from the City before? <u>Yes</u>
   If yes, what activities and which fiscal year? <u>Yes, La Colonia Summer Program 2016 and 2016, Garden Education/ After School STEM Program 2014, College Nights 2013
  </u>
- 4. Amount requested for FY 2017-18 \$5,000.00
- Proposed Total Program Costs: \$14,500.00 (Includes all estimated costs to conduct proposed activity/program.)
- 6. Title of Proposed Program/Service: La Colonia Summer 2017
- 7. Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used:
- 8. Estimated number of S.B. residents to be served by proposed program: 120
- 9. Program Dates/Location: Boys & Girls Clubs La Colonia Clubhouse-Summer 2017
- 10. Anticipated Program Objectives or Accomplishments: Provide enrichment activities at no cost to at-risk youth in the Eden Gardens neighborhood of Solana Beach to support disadvantaged Latino youth academically and interpersonally. This will provide a safe, structured, and positive environment with adult and peer mentorship elements.
- 11. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity? The City's generous financial contribution will be recognized via our social media channels, website, and monthly newsletters, which reach thousands of people monthly.
- 12. 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?

  Boys & Girls Clubs of San Dieguito constantly searches for funding to support the La Colonia Clubhouse. The USA Swimming Foundation and Office of Justice Programs currently support these programs and we are committed to the longevity of this program. Support from the City of Solana Beach's Community Grant Program will demonstrate this program's success in reaching underserved populations to other foundations and potential donors.
- 13. Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?

Volunteers are integral in providing programs at the La Colonia Clubhouse. Mentors from the community, businesses, and other non-profits form deep bonds with La Colonia youth. Some regular Club volunteers include retired teachers who provide essential academic support. The value that they provide is immeasurable and the Club does not have an existing system to incorporate volunteer time contributions into our programmatic revenue and expenses.

14. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program or service be scaled back and/or is there a threshold at which it will not move forward? BGCSDTO is dedicated to providing positive activities to develop the education, health, self-esteem, and character of youth. We serve the youth who need it most and this is achieved by utilizing revenue from our other six Clubhouses to offset the expenses of the La Colonia Clubhouse. If this program receives partial funding, field trips and enrichment activities will be reduced to reflect our financial constraints.

**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** 

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.



## **BGCSDTO** Organizational Budget

Contributions	342,000
Fundraising Revenue	662,000
Grants	250,000
Branches	619,000
Ocean Knoll Program Revenue	
Camps	100,000
Fitness	537,000
	56,000
Center for a Healthy Lifestyle Athletics	82,000
<u> </u>	498,000
Aquatics	1,053,000
Youth Arts Academy	244,000
Montessori School	995,000
Program Fees Revenue	4,184,000
Rental/Interest/Misc	326,000
TOTAL REVENUE	5,764,000
Wages:	
Branches	500,000
Ocean Knoll Program Payroll	
Camps	59,000
Fitness	302,000
	40,000
Kids Korps Payroll	-
Center for a Healthy Lifestyle	75,000
Athletics	255,000
Aquatics	666,000
Youth Arts Academy	143,000
Montessori Schools	471,000
Program Salaries & Related	2,511,000
Administration Wages	729,000
Payroll Taxes and Workers Comp - ALL	353,000
Benefits - ALL	215,000
401k - ALL	67,000
Total Wages & Related Expense	3,875,000

# **GREAT FUTURES START HERE.**



OTHER EXPENSES:	
Direct Mail Expense	3,000
Donations Expense	· · · · · · · · · · · · · · · · · · ·
Donations Expense	6,000
Total Fundraising Expenses	409,000
Branch Program Expenses	54,000
Ocean Knoll Program expenses	3,000
Camps	71,000
Fitness	1,000
Center for a Healthy Lifestyle	17,000
Athletics Program Expenses	174,000
Aquatics Program Expenses	41,000
Youth Arts Academy Program Expenses	12,000
Montessori Program Expenses	30,000
Total Branch Program Expenses	403,000
Overhead Expenses:	
Annual Audit/Tax Return	33,000
Equip Leases	40,000
Insurance	85,000
Janitorial/Maint	170,000
Office Supplies/Postage/Printing	33,000
Merchant Service Charges	115,000
Property Taxes	5,000
Repair & Maintenance	84,000
Staff Events, Licenses/Training, etc	32,000
Utilities & Telephones	246,000
Vehicles	46,000
Technology Expense	20,000
Miscellaneous Administrative Expenses	91,000
Online Registration System Monthly Fees	25,000
Total Overhead Expenses	1,025,000
Total Expenses	5,721,000
NET INCOME (LOSS) FROM OPERATIONS	43,000

# **GREAT FUTURES START HERE.**



Interest Expense	37,000
Net Income/(Loss) before Discretionary Fund and Cap Ex	6,000
Depreciation	396,000
Net Income/(Loss) After Depreciation	(390,000)

### **BALANCE SHEET OVERVIEW JUNE 30, 2017**

Operating Cash

43,000

**TOTAL ASSETS** 

190,000

TOTAL PROPERTY / EQUIPMENT

9,908,000

TOTAL OTHER ASSETS

49,000

**TOTAL ASSETS** 

10,415,000

**CURRENT LIABILITIES & CAPITAL** 

TOTAL LIABILITIES 872,000

LONG TERM LIABILITIES 881,000 TOTAL LIABILITIES 1,753,000

CAPITAL

8,662,000

TOTAL LIABILITIES & CAPITAL 10,415,000

# **GREAT FUTURES START HERE.**

# **BOYS & GIRLS CLUBS OF SAN DIEGUITO**

La Colonia Branch Summer Programs

# PROGRAM BUDGET:

Athletics & Team Building

Equipment: balls, games, etc. \$1200

**Field Trips** 

(Del Mar Fair, Sea World, Fleet

Science Center, Etc.)

Transportation \$1500

Admission \$7000

**Educational & Developmental** 

Activities \$2000

Materials- Workbooks, Arts & Crafts,
Science Projects, SAT/ACT Preparation,

etc.

Swim Lessons & Pool Time

Safety Devices (15 youth, 15 adult) \$500 Swimsuits (60 girls/women, 60 boys/men) \$1200

TOTAL PROPOSED BUDGET

\$13400

120 youth between the ages of 5 and 17 served each day June through August 8 am-6pm.

100% of La Colonia members receive full scholarships to attend the Club.



See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493137058896

Form 990

Department of the Treasury

## **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

Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

II.EGTT31	Kevenue	Service		· ••••• > > • •••• •• • • • • • • • • •	UL (17 197)		+/+UEIII33U		Inspection
A Fo	r the 2	2014 ca	lendar year, or tax year beginning	07-01-2014 , and ending 06-3	0-2015	;		870	
		pplicable	C Name of organization BOYS AND GIRLS CLUBS OF SAN DIE	SUITO			O Emple	yer iden	tification number
_	lress ch	-					95-2	470435	
_	ne char	-	Doing business as						
Int	ial retur	m					E Teleph	one numb	er
Fin	al im/tem	ninated	Number and street (or P.O. box if ma 533 LOMAS SANTA FE DRIVE	all is not delivered to street address) Ro	oom/sud	le			
_	ended r		City or town, state or province, coun	Inc. and 710 or former postal code			(838	755-93	3/1
_		pending	SOLANA REACH, CA 92075	rry, and 21P or roreign postal code			G Gross	receipts \$	5,971,909
			F Name and address of prin	cipal officer		H(a) I	s this a group	return f	or
			MARINEKE VANDERVORT 533 LOMAS SANTA FE DRI	/ E			ubordinates?		「Yes I No
			SOLANA BEACH, CA 9207	5		H(b) A	re all subord	inates	□ Yes □ No
					_	11	ncluded?		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_		pt status		nsert no ) 4947(a)(1) or 527		I	f "No," attach	a ist (	see (nstructions)
			W BGCSANDIEGUITO ORG			H(c)	Group exemp	tion num	ber 🕨
			Corporation Trust Association	Other ▶		L Year	of formation 19	66 M S	itate of legal domicile. CA
Pa	rt I		nmary						
	18	Briefly o	escribe the organization's missio DE POSITIVE ACTIVITIES TO D	n or most significant activities	EAITH	CE1 E E	CTEEM 8 CH		TO OF VOILT
e e	-	411		ALVELOW THE EDUCATION, HE	egul fi	, 35 LT-E	SICEM & CH	AKACTI	EKOPTOUTH
Activities & Governance	2 Check this box ► if the organization discontinued its operations or disposed of more than								
e B							250		
Ž OK	2 Check this box ► if the organization discontinued its operations or disposed of more that							net ass	ets
پ ≥6	3 N	Number	of voting members of the governi	ng body (Part VI, line 1a)				3	22
es es			of independent voting members o					4	22
Ē	5 T	otal nu	mber of individuals employed in c	alendar year 2014 (Part V, line :	2a) .			5	318
Ž.	6 T	otal nu	mber of volunteers (estimate if ne	cessary)				6	178
_			related business revenue from Pa					7a	0
	P V	let unr	elated business taxable income fr	om Form 990-T, line 34				7b	0
Ravenue						-	Prior Year		Current Year
	8		ibutions and grants (Part VIII, lin				1,542,	733	1,088,731
	9		gram service revenue (Part VIII, line 2g)		-	3,455,		3,827,618	
	10 11		estment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<u> </u>	-105,649 342,324		
	12		revenue—add lines B through 11			<b>—</b>	342,	324	767,039
		12)			- 7, 11116		5,234,	523	5,683,388
	Grants and similar amounts paid (Part IX, column )							0	0
	14 Benefits paid to or for members (F					<u> </u>		0	0
	15	Saları 5-10	nes, other compensation, employee benefits (Part IX, column (A), lines ))		3,127,057		057	3,570,905	
enses	16a	•				<b>—</b>		0	0
<u> </u>	ь	Professional fundraising fees (Part IX, column (A), line 11e)							
西	17					<u> </u>			
	18		expenses (Part IX, column (A), li	· · · · · · · · · · · · · · · · · · ·		<del></del>	1,802,	_	1,929,481
	19		expenses Add lines 13-17 (mus ive less expenses. Subtract line 1			<b>—</b>	4,929,	_	5,500,386
는 R					• •		304,813 eginning of Current		183,002 End of Year
Not Assets or Fund Balances	30	T	anne de la la la la la la la la la la la la la			<u> </u>	Year		
A.S.	20		assets (Part X, line 16) liabilities (Part X, line 26)		• •	<u> </u>	10,760,		10,870,969
Z S	22		ssets or fund balances Subtract (			-	2,541,		2,199,624
	tII		ature Block				8,219,	/	8,671,345
Under my kr prepa Sign	r penal nowled rer has	Ities of ge and s any k	perjury, I declare that I have exa belief, it is true, correct, and com nowledge  alure of officer	mined this return, including acco plete Declaration of preparer (ot	ompany ther the	ing sche an officei	dules and sta ) is based on 2016-05-06 Date	tements all infor	, and to the best of mation of which
Here	•		INEKE VANDERVORT CEO						
		I P	Print/Type preparer's name	Preparer's signature	Da	le	Chart E	PTIN	
Paic	1	L	ELSA A ROMERO	ELSA A ROMERO		16-05-06	Check if self-employed	P004850	21
	pare:		Firm's name ► AKT LLP			¥	Firm's EIN ➤ 9	3-0623286	
	Onl		finn's address ► 5946 PRIESTLY DRIVE S	UITE 200			Phone no (760	) 431-844	0
			CARLSBAD, CA 92008						
May t	ne IRS	discu	ss this return with the preparer sh	own above? (see instructions)					✓ Yes No
ror P	abetw:	UTK KEC	luction Act Notice, see the separa	te instructions.		Cat No	11282Y		Form <b>990</b> (2014)

>

1	
	Accomplishments
	Service
	of Program Se
	Statement of
	Part III

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

Briefly describe the organization's mission

THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO IS AN ORGANIZATION DEDICATED TO PROVIDING POSITIVE ACTIVITIES TO DEVELOP THE EDUCATION, HEALTH, SELF-ESTEEM AND CHARACTER OF YOUTH

1	Yes / No		
Did the organization undertake any significant program services during the year which were not listed on	the prior Form 990 or 990-EZ?	If "Yes," describe these new services on Schedule O	Did the organization cease conducting, or make significant changes in how it conducts, any program
7			m

☐ Yes ☑ No

expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, Describe the organization's program service accomplishments for each of its three largest program services, as measured by the total expenses, and revenue, if any, for each program service reported

If "Yes," describe these changes on Schedule O

services? . . . .

					i	
4a	<b>4a</b> (Code	) (Expenses \$	513,920	513,920 including grants of \$	) (Revenue \$	434,627)
	BGC ATHLETIC PROGRAM PARTICIPATION IN AFTER	BGC ATHLETIC PROGRAM 1,636 MEMBERS SERVED - HELP PARTICIPATION IN AFTERSCHOOL ATHLETIC ACTIVITIES 1	ING BOYS AN	SGC ATHLETIC PROGRAM 1,636 MEMBERS SERVED - HELPING BOYS AND GIRLS ACHIEVE SUPERIORITY IN THEIR SPORT AND THEMSELVES THROUGH ARTICIPATION IN AFTERSCHOOL ATHLETIC ACTIVITIES MANY OF THESE CHILDREN RECEIVE COLLEGE SCHOLARSHIPS DUE TO THEIR PARTICIPATION	IR SPORT AND THEMSELVES - ARSHIPS DUE TO THEIR PAR	THROUGH TICIPATION

4p	<b>4b</b> (Code	) (Expenses \$	1,051,576	1,051,576 including grants of \$	) (Revenue \$	1,016,690 )
	BGC AQUATICS PROGRAM 1,572 CHILDREN SERVED + PARTICIPATION IN THE NATIONALLY RECOGNIZED RSI FURTHER THEIR SWIM CAREERS	572 CHILDREN SERVED + HI ONALLY RECOGNIZED RSD { ERS	ELPING BOYS / WIM TEAM PR	bgc aquatics program 1,572 children served - Helping boys and girls achieve superiority in their sport and themselves through Participation in the nationally recognized RSD swim team program many of our participants receive college scholarships or move on to Further their swim careers	SPORT AND THEMSELVES SEIVE COLLEGE SCHOLARS	STHROUGH HIPS OR MOVE ON TO

4	(Code	) (Expenses \$	573,406	including grants of \$	) (Revenue \$	620,614)
	BGC CAMP PROGRAM 1,99 CAN INCLUDE GANG OR 0	BGC CAMP PROGRAM 1,956 CHILDREN SERVED - GIVING CAN INCLUDE GANG OR OTHER CRIMINAL ACTIVITY	3 CHILDREN A	///ING CHILDREN AN ALTERNATIVE TO SELF DIRECTED ACTIVITIES WHEN SCHOOL IS NOT IN SESSION WHICH	VITIES WHEN SCHOOL IS NOT	IN SESSION WHICH

See Additional Data

4	Other program services (Describe in Schedule O	ces (Describe in 9	Schedule O )		
	(Expenses \$	2,335,534	including grants of \$	) (Revenue \$	1,755,687)
<b>4</b> e	Total program service expense	e expenses 🕨	4,474,436		

Form 990 (2014)

Par	t IV Checklist of Required Schedules			rage .
			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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	_	No
6		6		No
7		7		No
8		8		No
9		9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\square}$	10		No
11	VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		No
	Old 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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{\bullet}$	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 "S	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	_	No
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		No
16		16		No
17		17		No
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	Yes	
19		19		No
(	Old the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		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		No
	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	Yes	
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		No
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		No
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	-	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	i	No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
(		F	orm <b>99</b> 0	(2014)

Dart V	Statements Regarding	Other TDC Eilings	and Tay Compliance	
F 0 1 V V	Statements Reubiumu	OHIEL IRS FIIIIIUS	and las Compulance	

	Check if Schedule O Contains a response or note to any line in this Part V			
4-	Enter the number reported to Box 3 of Francisco Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 34  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
1	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2ь	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ĺ	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		No
Ь	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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5ь		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No.
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
-d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		No
	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?			
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Section 501(c)(7) organizations. Enter	9Ь		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		$\neg$	
13	Section 501(c)(29) qualified nonprofit health insurance issuers,			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ĺ	Nο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b	$\neg$	

Form	990 (	(2014)	

Part VI

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	2 3 4 5 6	Yes	No No
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 in Schedule O  Enter the number of voting members included in line 1a, above, who are independent	3 4 5 6		No No
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 in Schedule O  Enter the number of voting members included in line 1a, above, who are independent	3 4 5 6	Yes	No
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  b. Enter the number of voting members included in line 1a, above, who are independent	3 4 5 6	Yes	No
22 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 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?  6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	3 4 5 6	Yes	No
<ul> <li>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?</li> <li>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> <li>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?</li> <li>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following</li> </ul>	3 4 5 6	Yes	No
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Bud the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	4 5 6	Yes	
filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Bud the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	5 6 7a	Yes	
Did the organization have members or stockholders?	6 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?  Did the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7a		No
more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Bud the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No
year by the following	7b		No
The server he had 2	$\neg$		
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8ь	Yes	
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 in Schedule O	9		No
Section B. Policies (This Section B requests information about policies not required by the Internal Rev	vent	ie Cod	e.)
	$\Box$	Yes	No
Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10ь		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	11a		No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	一		
	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	13	Yes	
	14	Yes	
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?		103	
	15a	Yes	
	15b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			110
	16b		
Section C. Disclosure			
17 List the States with which a copy of this Form 990 is required to be filed ►CA			
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			
20 State the name, address, and telephone number of the person who possesses the organization's books and records			
►DEBI COX  533 LOMAS SANTA FE DRIVE  SOLANA BEACH,CA 92075 (858) 755-9371			

Form	990	(201	41
- 011111	7 7 V	1201	~

Page 7

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

## ction 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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	more pers and	than on is a dii	one bot ect	not box h an or/tr	offic uste	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Ke) amplo)ea	Highest compensated	Former	, white	нгэс у	and related organizations
TRICK LENIHAN	1 00	.,						_		
CHAIR	V F C D D V C C C C C C C C C C C C C C C C	X	"	×				0	0	0
(2) DAVID THOMAS SECRETARY	1 00	х		x				0	0	- 0
(3) DOUG REGNIER TREASURER	1 00	х		х				0	0	0
(4) DOUG FISHER	1 00			Т					-	
BOARD DEVELOPMENT CHAIR	A++===================================	Х						0	0	0
(5) BEN HAMSON HR CHAIR	1 00	х						0	o	0
(6) LARRY MCDONALD	1 00	,								_
BOARD MEMBER	1 00	х						0	0	0
(7) BARBARA HARPER BOARD MEMBER	1 00	х						0	0	0
(8) PATTY MAYSENT BOARD MEMBER	1 00	х						0	0	0
(9) MICHAEL WINSTEAD	1 00			$\vdash$		$\vdash$	$\vdash$			
BOARD MEMBER	***************************************	Х		L				0	0	0
(10) CORY GRANT	1 00	х						0	0	0
BOARD MEMBER (11) P MARTIN PETERS	1 00			_		├				
***************************************		х				[		O <sub>2</sub>	0	0
BOARD MEMBER (12) DOUGLAS O ALLRED	1 00			_	-	$\vdash$				
BOARD MEMBER	1 00	х						0	0	0
CALLAN	1 00	х						0	0	0
MEMBER (14) CRAIG M GARNER	1 00	-		$\vdash$	_	-			-	
BOARD MEMBER		х						0	0	0

Form 990 (2014)

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not bo: that	chec x, unle n office rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estin amount compe from	F) nated of other nsation i the
		organizations below dotted line)	Individual trustee or director	Institutional Tr	Officei	Key employee	Highest compensat	Forner	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and re	zation elated zations
		Ÿ	<u> </u>	Trustee			insched					
	1ICHAEL GROVE	1 00	<u> </u>			Н		П				
	D MEMBER	***************************************	] ×						0	(		0
	AATTHEW HOLDER	1 00				Г		П				
	MEMBER	*******************	×						0	(		0
	OHN MELICAN	1 00				Г						
	D MEMBER	*************************	×			ļ			0	(		0
	MARK LEE	1 00	T.,									
	O MEMBER	***************************************	X						0	(		0
7	(EN HOLMAN	1 00							-			
	) MEMBER	***************************************	×						0	(	]	a
,,	'ARA AGEN	1 00	T.									
	D MEMBER	***************************************	_ x						0	(	'	0
	ULIE WENZEL	1 00	l ,			П		П				
	MEMBER	**********	X						O		'	0
(22)	SARBARA ELZTROTH	1 00	x							,		
	MEMBER	***************************************	_ ^								1	0
-	AVID H CREAN	40 00			х				174 490			47.400
PRESI	DENT/CEO	***************************************			Ĺ			Ш	174,489		<u>'</u>	13,408
	OE BENJAMIN	40 00					l <sub>x</sub>		114,554	,		12,537
AQUA	TICS DIRECTOR					L					1	
							- L					
<b>1</b> b	Sub-Total		• •	•	•		♪L					
c	Total from continuation sheets to Part	•										
	Total (add lines 1b and 1c)								289,043	0		25,945
2	Total number of individuals (including b \$100,000 of reportable compensation i	ut not limited to rom the organiz	those ation	liste 2	d al	DOVE	e) who	rece	eived more than			
3	Did the organization list any <b>former</b> offi on line 1a? <i>If "Yes," complete Schedule J</i>	er, director or for such individ	trustee	e, key	em.	ploy	yee, o	r hıg	hest compensate	d employee	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations of individual	e sum of report	able c	ompe	ensa	tion	and o	ther	compensation from	om the		No
5	Did any person listed on line 1a receive services rendered to the organization?	or accrue com [f "Yes," comple	pensat te Sche	ion fi	rom <i>I fo</i> r	any suc	unrela th pers	ated on	organization or ir	idividual for 5		No
	ation B. Tadaus addish for the									_		
1	ction B. Independent Contracto Complete this table for your five highes	compensated	ındepe	nden	t co	ntra	ctors	that	received more th	an \$100,000 of		
		(A) usiness address	LION IOI	rue	care	пиа	ryear	ena		(8) In of services	(0	:)
7	The state of								Jescriptic	en at pulteres	Compe	
-	· · · · · · · · · · · · · · · · · · ·											
	Catal an anhan a first series	diameter to the										
2 !	Total number of independent contractors \$100,000 of compensation from the orga	(including but r inization ▶0	iot limi	ited t	o th	ose	listed	abo	ive) who received	more than		

Part \	/111	Statement o	f Revenue					rage 3
		Check if Sched	ule O contains a respor	ise or note to any li				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated cam	paigns . 1a	2,664				512-514
nts Ints	Ь	Membership du						
Gra	٠	Fundraising eve		9,325				
Is, I	١.			701,334				
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organiz						
ns, Sim	e	Government grant	. ,					
erie	f	All other contribution similar amounts no	ons, gifts, grants, and 1f of included above	375,408				
를등	9	Noncash contribution	ons included in lines			(//		
ng g	h	Total. Add line:	s 1a-1/		1,088,731			
				Business Code				
n le	2a	AQUATICS		900099	1,016,690	1,016,690		
Program Service Revenue	ь	MONTESSORI		900099	808,115	808,115		
e H	c	CAMPS		900099	652,666	652,666		
er M	d	REGISTRATION FE	ES	900099	589,383	589,383		
36 25	e	ATHLETIC PROGRA	WMS	900099	434,627	434,627		
<u>G</u> ra	F	All other progra	am service revenue		326,137	326,137		
<b>P</b>	٥	Total. Add lines	s 2a-2f		3,827,618			
	3		ome (including divident		3,027,010			
		and other similar	aramounts)					
100	5		stment of tax-exempt bond (					
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	339,151	(ii) i cisonat		-		
	b	Less rental expenses	0					
	c	Rental income	339,151			İ		
	d	or (loss)  Net rental incor	me or (loss)		339,151			339,151
			(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	_	Gain or (loss)						
			is)					
Other Revenue	84	* <del></del>	luding ,325 reported on line 1c)		:			
5	١.		<b>a</b> .	643,427				
		Less direct ex	penses b  (loss) from fundraising (	288,521 events	354,906			354,906
			rom gaming activities	vento p	***************************************			334,500
			ie 19					
			a	3,200				
			penses b  (loss) from gaming activ	o o	3,200			3,200
		Gross sales of						
		returns and allo						
	Ь	lace costofa	a oods sold b					
			(loss) from sales of inve	entory ▶				
		Miscellaneous		Business Code				
	11a	INSURANCE P	ROCEEDS	900099	69,782			69,782
	b							
	c							
	d	All other reveni	ue					
	e	Total. Add lines	s 11a-11d	<b>•</b> "	69,782			
	12	Total revenue.	See Instructions		5 687 788	2 977 619		

Form 990 (2014) Page 10 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 be not include amounts reported on lines 6b, (B) (C) (D) (A) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . Grants and other assistance to domestic individuals See Part IV, line 22 . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . . . . . . . . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . 188,567 54,684 82,970 50,913 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . Other salaries and wages . . 2,815,324 2,365,367 275,663 174,294 Pension plan accruals and contributions (include section 401(k)and 403(b) employer contributions) . . . . Other employee benefits . . . . . . 322,551 217.763 86,479 18,309 Payroll taxes . . . . . . . . . . . . 10 244,463 176,660 51,232 16,571 11 Fees for services (non-employees) Management . . . . . Legal . . . . . . . . Accounting . . . . . 58,275 58,275 Lobbying . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 Investment management fees . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . 59,674 \$9,674 12 Advertising and promotion . . . . 31,283 15,157 75 16,051 13 Office expenses . . . . . . . 196,645 176,633 11.845 8,167 14 Information technology . . . 15 Royalties . 16 291,638 269,892 21,724 22 17 49,891 43,812 5,288 791 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . . 19 Conferences, conventions, and meetings . . . . 20 Interest . . . . . . . . 52,842 52.842 21 Payments to affiliates . . . . . Depreciation, depletion, and amortization . . . . 22 388,321 388,321 23 89,132 77,980 11,152 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PROGRAM SUPPLIES 324,048 305,519 18,529 MISCELLANEOUS 233,120 131,539 77,353 24,228 **JANITORIAL** 124,355 118,745 5,610 STAFF DEVELOPMENT 30,257 19,848 6,675 3,734 All other expenses 25 Total functional expenses. Add lines 1 through 24e 5,500,386 4,474,436 694.341 331,609 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)

Form 990 (2014)

1	t X	Balance Sheet			
00	1	Check if Schedule O contains a response or note to any line in this Part X	<u></u>		· · · -
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	65,255	1	160,358
	2	Savings and temporary cash investments		2	-
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	23,148	4	11,775
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	İ			5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Ş	l _			6	
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	71,653	9	52,837
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 15.204,223			
	b	Less accumulated depreciation 10b 4,827,210	10,600,662	<b>10</b> c	10,377,013
	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	0	15	268,986
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,760,718	16	10,870,969
	17	Accounts payable and accrued expenses	673,394	17	543,598
	18	Grants payable		18	_
	19	Deferred revenue	472, 106	19	699,522
	20	Tax-exempt bond liabilities		20	
4	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	_
	23	Secured mortgages and notes payable to unrelated third parties	618,366	23	0
	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	777 405		052.524
	26	Total liabilities. Add lines 17 through 25	777,495 2,541,361		956,504
	120	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	2,341,361	26	2,199,624
ė.		lines 27 through 29, and lines 33 and 34.	İ		
Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since Since	27	Unrestricted net assets	8,129,345	27	8,285,514
30 10	28	Temporarily restricted net assets	90,012		385,831
<b>E</b>	29	Permanently restricted net assets		29	000,001
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
10	30	Capital stock or trust principal, or current funds		20	
ets	31	Paid-in or capital surplus, or land, building or equipment fund		30	
155	32			31	
	33	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	9.340.00*	32	0.034.045
(	33		8,219,357		8,671,345
	34	Total liabilities and net assets/fund balances	10,760,718	34	10,870,969

Page 12

Check if Schedule O contains a response or note to any line in this Part XI	•	· · · · ·
Total revenue (must equal Part VIII, column (A ), line 12)	+	885'589'5
Total expenses (must equal Part IX, column (A), line 25)	2	986,005,3
Revenue less expenses Subtract line 2 from line 1	m	183,002
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A )) $\cdot$	4	8,219,357
Net unrealized gains (losses) on investments	Ŋ	268,986
Donated services and use of facilities	9	
Investment expenses	7	
Prior period adjustments	80	
Other changes in net assets or fund balances (explain in Schedule O)	6	0
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,671,345
XIII Financial Statements and Reporting		

	Check if Schedule O contains a response or note to any line in this Part XII	•	•	_	
			Yes	§.	
Ħ	Accounting method used to prepare the Form 990 Cash Vaccrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
29	2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No	
	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				

Par

10

O

Yes **3**c c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate ☐ Both consolidated and separate basis ▼ Consolidated basis basis, consolidated basis, or both ☐ Separate basis

Yes

2

Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

☐ Separate basis

8 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the If the organization changed either its oversight process or selection process during the tax year, explain in b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit, review, or compilation of its financial statements and selection of an independent accountant? Single Audit Act and OMB Circular A-1337 . . Schedule 0 8

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

o Z

8

Software ID:

Software Version:

**EIN:** 95-2470435

Name: BOYS AND GIRLS CLUBS OF SAN DIEGUITO

# Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

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 NATURAL LOVE OF LEARNING ALONG WITH A PROGRAM LED BY WELL TRAINED, DEVOTED TEACHERS FACILITATING GROWTH ATHLETIC PROGRAMS FOR CLUB MEMBERS AND USE OF ATHLETIC FACILITIES BY COMMUNITY OUR MONTESSORI SCHOOLS THE BOYS & GIRLS CLUBS OF SAN DIEGUITO BIG EIGHT SPORTS CONFERENCE SPONSORS 10 SPORTS GIRLS VOLLEYBALL, DEVELOPMENT THE MONTESSORI MANIPULABLE MATERIALS ARE SPECIFICALLY DESIGNED TO ENHANCE THE CHILD'S CROSS COUNTRY, FLAG FOOTBALL, BOYS BASKETBALL, GIRLS FIELD HOCKEY, WRESTLING, TRACK & FIELD, GOLF, GIRLS ACTIVITIES FOR YOUTH OF ALL AGES WE ALSO OFFER SCHOOL ATHLETIC PROGRAMS IN THE AREA THE CLUB SERVES, BASKETBALL AND BOYS AND GIRLS SOCCER TEAMS COMPETE WITH LOCAL MIDDLE SCHOOLS IN-AND-OUTSIDE THE PROVIDES A NURTURING, CHILD-CENTERED ENVIRONMENT WHERE INDIVIDUAL NEEDS ARE MET AT EACH STAGE OF DISTRICT THE ATHLETIC PROGRAM OFFERS A WIDE VARIETY OF SPORTS LEAGUES, SPORTS CAMPS AND ATHLETIC (Revenue \$ including grants of \$ 2,335,534 ) (Expenses \$

## erile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493137058896

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

Inspection

Name of the organization BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number

		95-2470435								
	rt I	Reason for Publi	c Charity S	itatus (All organiza	itions must co	mplete this i	part.) See instruction	ons.		
he o	rganiz	ration is not a private f	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)			
1		A church, convention								
2		A school described in	section 170(b	)(1)(A)(ii). (Attach S	chedule E )	•				
3	Γ	A hospital or a cooper				tion 170(b)(1	)(A)(iii).			
4		A medical research or						i). Enter the		
	_	hospital's name, city,	and state							
5		and a second of a second of a second of a second of a description of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the								
	_	section 170(b)(1)(A)								
6		A federal, state, or loc								
7	Г	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the	general public		
		described in section 1 A community trust de	70(b)(1)(A)(	vi). (Complete Part II	)					
9	<u> </u>						habaaa aa aa aa a			
•	1-	An organization that n								
		receipts from activitie								
		acquired by the organ						n businesses		
-		An organization organ								
	٧'n									
-		An organization organ one or more publicly s	upported orga	nizations described in	section 509/a	oeriorm the fun V(1 ) or section	509(a)(2) See carry (	out the purposes of		
		the box in lines 11a th	rrough 11d tha	at describes the type of	of supporting or	ganization and	complete lines 11e.	11f. and 11n		
a	Г	Type I. A supporting of	rganization of	erated, supervised, or	r controlled by I	ts supported o	rganization(s), typica	lly by giving the		
		supported organization	n(s) the power	to regularly appoint o	r elect a majori	ty of the direct	ors or trustees of the	supporting		
b	Г	Type II. A supporting				with its suppo	orted areanization/c\	hu bawaa aanteel ee		
_	•	management of the su	pporting organ	ization vested in the	same persons t	hat control or i	manage the supported	by naving control or Lorganization(s) You		
	_	must complete Part I'	V, Sections A a	and C.						
C	1	Type III functionally	Integrated, A	supporting organization	n operated in c	onnection with	, and functionally inte	grated with, its		
d	Г	supported organization Type III non-function	n(s) (see instr ally integrate:	uctions) You must co	mplete Part IV	, Sections A , D,	, and E.			
_	•	not functionally integr	ated The orga	inization generally mu	st satisfy a disi	ribution requir	with its supported org	janization(5) that is		
		(see instructions) You	u must comple	te Part IV, Sections A	and D, and Par	rt V.		•		
e		Check this box if the o	rganization re	ceived a written deter	mination from t	he IRS that it i	s a Type I, Type II, T	ype III functionally		
f		integrated, or Type III Enter the number of si	i non-tunction	ally integrated suppor	ting organizatio	ın				
0		Provide the following i					* * * * * * * * * * * * * * * * * * * *			
•			mation abi	sective authorized orde	imzacion(s)					
_	(i)Na	me of supported	(ii) EIN	(iii) Type of	(iv) Is the or	ממולאלותה	(v) Amount of	(vi) Amount of		
		organization	(11)	organization	listed in your		monetary support	other support (see		
				(described on lines	docume	nt?	(see instructions)	instructions)		
				1-9 above or IRC						
				section (see instructions))						
				,,	Yes	No				

Calendar year (or fiscal year beginning

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

Cale	endar year (or fiscal year beginning in) >>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	ı						
	amount shown on line 11, column (f)			1				
6	Public support. Subtract line 5 from line 4							
	ection B. Total Support							
	endar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7 8_	Amounts from line 4 Gross income from interest,							
	lividends, payments received on ecurities 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 activiti	, ,	,			12		
13	First five years. If the Form 990 is	for the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3	3)	
	organization, check this box and streetion C. Computation of Pub	op here		<u> </u>			<u></u>	
14	Public support percentage for 2014	(line 6 column )	Ercentage	11 column (f)\		1447	<del></del>	
15	Public support percentage for 2013			11, column (1))		14		
		•	*			15		
	33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the box and stop here. The organization	ilifies as a publici organization did	ly supported orga not check a box (	nization on line 13 or 16a		-	▶□	
17a	'a 10%-facts-and-circumstances test—2014. 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.							
ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza supported organization	lization meets the	e "facts-and-circi	umstances" test,	check this box a	nd stop here.	ŕ	
18	Private foundation. If the organizationstructions	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and see	<b>▶</b> □	
1								

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

1	ction A. Public Support						
	idar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	552,234	542,170	804,471	1,542,733	1,088,73	4,530,339
2	include any "unusual grants") 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	4,457,296	4,707,870	3,387,151	3,455,115	3,827,610	19,835,050
3	Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its	<del>-</del>					
_	behalf			10			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5,009,530	5,250,040	4,191,622	4,997,848	4,916,349	24,365,389
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000	5,000	99,000	17,000	10,000	136,000
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
_	amount on line 13 for the year Add lines 7a and 7b	5,000	5,000	99,000	17,000	10,000	136,000
8	Public support (Subtract line 7c from line 6 )		3,000	73,000	17,000	10,000	24,229,389
	tion B. Total Support						
£	ndar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	5,009,530	5,250,040	4,191,622	4,997,848	4,916,349	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	347,899	341,165	378,866	283,702	339,151	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	N.					
С	Add lines 10a and 10b	347,899	341,165	378,866	283,702	339,151	1,690,783
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	251,053	209,111	74,453	14,038	354,906	903,561
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				44,777	69,782	114,559
13	Total support. (Add lines 9, 10c, 11, and 12)	5,608,482	5,800,316	4,644,941	5,340,365	5,680,188	0.5-m. 6.70m)
14	First five years. If the Form 990 is check this box and stop here			, third, fourth, or I	ifth tax year as a	section 501(c)	(3) organization,
<u>5</u>	ection C. Computation of Pub Public support percentage for 2014	(line 8 column (	f) divided by line	13 column (f))	<del> </del>	1.5	
16	Public support percentage from 20:			13, COIGMA (1))		15	89 490 %
	<del></del>					16	90 320 %
17	ction D. Computation of Inv Investment income percentage for				n (f))	147	
18	Investment income percentage from				1///	17	6 240 %
	33 1/3% support tests—2014. If the more than 33 1/3%, check this box	e organization did and <b>stop here.</b> Th	not check the bo	x on line 14, and	cly supported ord	han 33 1/3%, ai	▶ <del></del>
20	33 1/3% support tests—2013. If the 18 is not more than 33 1/3%, check Private foundation. If the organization	cthis box and <b>sto</b>	<b>p here.</b> The organ	vization qualifies	as a publicly sup	ported organizat	ion ▶

Part IV Supporting Organizations

	(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A at 11b of Part I, complete Sections A, D, and E If you checked 11c of Part I, complete Sections A, D, and E If yo	ind 8 u chec	If you c ked 11	hecked d of Part
Se	I, complete Sections A and D, and complete Part V )			<del></del>
_50	Ction A. An Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No_
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 (b) and (c) below.	3a		
	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		
	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.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
6	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 (b) and (c) 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		
	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 77 If "Yes," complete Part II 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		_
Ь	Did one or more disqualified persons (as defined in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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).	10Ъ		
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	A man an and become an an analysis (1)	11a		
(	A family member of a person described in (a) above?	11b		

A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Part IV	Supporting	Organizations	(continued)

	Contracts)						
56	ection B. Type I Supporting Organizations						
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly		Yes	No			
_	appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)	1					
	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					
-							
56	ection C. Type II Supporting Organizations						
4	Mare a resource of the assessment of description of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se		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).						
S	ection D. All Type III Connection Operations						
36	ection D. All Type III Supporting Organizations						
4	Did the accompanies are according to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of		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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of						
	the organization's governing documents in effect on the date of notification, to the extent not previously provided						
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			- 2			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2					
3	By reason of the relationship described in (2), 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		<u></u>			
S	ection E. Type III Functionally-Integrated Supporting Organizations						
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctes	et lana)				
_ a		HISTIL	ictions)				
E	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon						
•	instructions)	itity (	see				
	Activities Test Answer (a) and (b) 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 in (a) 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 (a) and (b) below.						
	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? <i>Provide details in Part VI</i> .	3a					
ь	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)

porting Organizations

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

Recoveries of prior-year distributions  Recoveries of prior-year distributions Other gross income (see instructions) Add fines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly value of securities Average monthly value of securities Fair market value of other non-exempt-use assets		1 2 4 4 2 2 1	(A) Pnor Year	(B) Current Year
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for progross income or for management, conservation, or midd for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from Adjusted Net Income (subtract lines 5, 6 and 7 from Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use instructions for short tax year or assets held for pain Average monthly value of securities  A verage monthly cash balances Fair market value of other non-exempt-use assets		8 7 6 12 4 13 7	(A) Pnor Year	(B) Current Year
		W 4 W 8 V 8	(A) Pnor Year	(B) Current Year (optional)
		4 10 6 6 6	(A) Pnor Year	(B) Current Y ear (optional)
		IN 90 1 80	(A) Pnor Year	(B) Current Year (optional)
		9 7 8	(A) Pnor Year	(B) Current Year (optional)
° •		7 89	(A) Pnor Year	(B) Current Year (optional)
•		80	(A) Pnor Year	(B) Current Year (optional)
	±		(A) Pnor Year	(9) Current Year (optional)
Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use instructions for short tax year or assets held for pa Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets	1		(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use instructions for short tax year or assets held for pa Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets				
Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets		1		
A verage monthly cash balances Fair market value of other non-exempt-use assets	1	1a		
Fair market value of other non-exempt-use assets	1	1b		
		1,		
Total (add lines 1a, 1b, and 1c)	<u> </u>	P1		
Discount claimed for blockage or other factors (explain in detail in Part VI)	rs (explain in detail in Part			
Acquisition indebtedness applicable to non-exempt use assets		2		
Subtract line 2 from line 1d		3		
Cash deemed held for exempt use Enter $1\!-\!1/2\%$ of line 3 (for greater amount, see instructions)		4		
Net value of non-exempt-use assets (subtract line 4 from line 3)		Ŋ		
Multiply line 5 by 035		9		8
Recoveries of prior-year distributions		7	:	
Minimum Asset Amount (add line 7 to line 6)		8		

## Section C - Distributable Amount

Current Year

M 4 W

- 1 Adjusted net income for prior year (from Section A, line B, Column A)
  - 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- $\Gamma$  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Cation D - Distribution	5	Current Year
1 Amounts paid to supported	d organizations to accomplish exempt purposes	
2 Amounts paid to perform a excess of income from act	ctivity that directly furthers exempt purposes of supported organizations, in	
3 Administrative expenses p	oald to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire e	xempt-use assets	
5 Qualified set-aside amoun	ts (prior IRS approval required)	
6 Other distributions (descri	be in Part VI) See instructions	
7 Total annual distributions.	Add lines 1 through 6	
8 Distributions to attentive s details in Part VI) See ins	supported organizations to which the organization is responsive (provide tructions	
9 Distributable amount for 2	014 from Section C, line 6	
10 Line 8 amount divided by	Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)	<u> </u>		
3 Excess distributions carryover, if any, to 2014	<u> </u>		
a From 2009			
From 2010			
rom 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount	-		
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7	· ·		
\$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4		1	
Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	200		
7 Excess distributions carryover to 2015. Add lines 3) and 4c			
B Breakdown of line 7	-		· · · · · · · · · · · · · · · · · · ·
a From 2010	[		
<b>b</b> From 2011			<del></del>
c From 2012			
d From 2013			
rom 2014			<del>_</del>

Schedule A (

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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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).

Facts And Circumstances Test

Return Reference

Schedule A (Form 990 or 990-EZ) 2014

Explanation

## efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493137058896

SCHEDULE D

(Form 990)

## Supplemental Financial Statements

OMB No 1545-0047

Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

ent of the Treasury ► Attach to Form 990. Open to Public Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** BOYS AND GIRLS CLUBS OF SAN DIEGUITO Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Oid 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 ☐ Yes conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area □ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 24 historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and ☐ Yes enforcement of the conservation easements it holds? □ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶** \$ 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)? 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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 If the organization elected, as permitted under SFAS 116 (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 in Form 990, Part VIII, line 1 ▶ \$ \_ (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Scho	dule D (Form 990) 2014									
7	Organizations Maintaining Co	llections of Art	His	tori	rai Trea	SUPAS OF C	)the	r Similar Ac	cate (	Page Z
7	Using the organization's acquisition, access collection items (check all that apply)									.ontinueu)
a	Public exhibition		ď	Γ	Loan or e	exchange prog	rams	;		
b	Scholarly research		е	Г	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	v the	further th	ne organizatio	n's e:	xempt purpose	ın	
5	During the year, did the organization solicit assets to be sold to raise funds rather than t	or receive donations to be maintained as	of ar	t, his	torical tre organizat	asures or othe	rsin n?	nılar	┌ Yes	□ No
Par	Part IV, line 9, or reported an ar	ements. Comple	te ıf	the i	organizai	tion answere		es" to Form 9	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for c	ontributioi	ns or other as:	ets	not	┌ Yes	□ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving t	able	_				
	0							Ar	nount	
d C	Beginning balance					-	1c			
d e	Additions during the year					-	1d			
f	Distributions during the year					-	1e			
	Ending balance						1f			
2a	Did the organization include an amount on Fo								☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XII									<del></del>
_Pal	t V Endowment Funds. Complete	ir the organization (a)Current year		Were Pnor y	ed "Yes" ear b	to Form 990	, Pai	rt IV, line 10. Three years back	(e)Four	vears back
1a	Beginning of year balance		,-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,	1	Timee years ouck	(4)1001	years back
	Contributions						$\top$			
	Net investment earnings, gains, and losses									
d	Grants or scholarships						1			
e	Other expenditures for facilities and programs						L			
f	Administrative expenses						$\perp$			
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (lin	e 1g,	column (a	a)) held as				
a	Board designated or quasi-endowment >									
Ь	Permanent endowment >									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	tion (	that a	ire held an	id administere	d for	the	Yes	No
	(i) unrelated organizations			•			•	3a		
j.	(ii) related organizations			و . في - جارت	ule B2		•	3a(		
4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization org					• • • •	•	3	D	
_	t VI Land, Buildings, and Equipme	ent. Complete if t				nswered 'Ye	s' to	Form 990, Pa	art IV, I	ine
	11a. See Form 990, Part X, line Description of property	10.			Cost or other			(c) Accumulated	(d) B	ook value
				basis	(investmen	it) basis (othe	er)	depreciation		

Schedule D (Form 990) 2014			Page 3
Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of v	sluation
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives	<del>-</del>		
(2)Closely-held equity interests Other			
<del></del>			
		<u> </u>	
<del>-</del>			
		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
		_	
	]		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Para VIII Investments—Program Related. Con	mplete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(a) Mathadafiii	- III
f-t - seculation of magazinging	(2) Book value	(c) Method of vi Cost or end-of-year	
<del></del>	1		
		<del>                                     </del>	
			_
	-	<del></del>	
(#			
	-	<del>                                       </del>	
	<del>                                       </del>	<del></del>	
Total. (Column (b) must equal Form 990, Part X, coi (8) line 13 )			2.7%
PartalX Other Assets, Complete if the organization	answered 'Yes' to Form 99	D, Part IV, line 11d See	Form 990, Part X, kne 15
(a) Descrip	tion		(b) Book value
		<del></del> -	
···			
		<u> </u>	
Total (Column (b) much and for more a con-			
Total. (Column (b) must equal form 990, Part X, col. (B) line 15		Do Form 200 Dark IV	
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	usarion alizweled Yes.	to rorm 990, Part IV, I	me 116 of 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
LINE OF CREDIT	956,504		

<sup>2.</sup> 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

				raye 4
Part	Reconciliation of Re the organization answ	evenue per Audited Financial Statements With Revenue vered 'Yes' to Form 990, Part IV, line 12a.	per Retu	rn Complete if
1	Total revenue, gains, and othe	r support per audited financial statements	1	4,356,582
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) (	on investments   2a   268,986		
b	Donated services and use of fa	acilities 2b	1 3	
c	Recoveries of prior year grants	5	1	
d	Other (Describe in Part XIII )	2d   -894,458	1	
e	Add lines 2a through 2d .		2e	-625,472
3	Subtract line $2e$ from line $1$ .		3	4,982,054
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
a	Investment expenses not incli	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	4b 701,334	1	
c	Add lines 4a and 4b		4c	701,334
5		4c. (This must equal Form 990, Part I, line 12)	5	5,683,388
Part	XII Reconciliation of En	xpenses per Audited Financial Statements With Expense swered 'Yes' to Form 990, Part IV, line 12a.	s per Re	turn. Complete
1	Total expenses and losses per	audited financial statements	1	5,660,768
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25		
a	Donated services and use of fa	rcilities		
b	Prior year adjustments		]	
c	Other losses		]	
d	Other (Describe in Part XIII )		3	
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	861,716
	Subtract line $2e$ from line $1$ .		3	4,799,052
4	Amounts included on Form 996	0, Part IX, line 25, but not on line 1:		
a	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIII )		<u> </u>	
C	Add lines 4a and 4b		4c	701,334
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 18)	5	5,500,386
Part	XIII Supplemental Inf	ormation		
Part 1		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t		ny additional
	Return Reference	Explanation		
PART	X, LINE 2	THE ORGANIZATIONS FOLLOW ACCOUNTING STANDARDS GENER UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF		

Return Reference	Explanation
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, 2015 OR 2014 AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUES PER CONSOLIDATED GAAP STATEMENTS -894,458
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES 701,334
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES PER CONSOLIDATED GAAP STATEMENTS 861,716
PART XII, LINE 4B - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENTS - ELIMINATING ENTRIES 701,334

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Part XIII Supplemental Information (continued)

Explanation							
Return Reference							

Schedule D (Form 990) 2014

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DLN: 93493137058896

S. EDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service	organizat	ion entered more than s Attach to Form 99	Open to Public Inspection		
Name of the organization		ne a (Louis 220 of 230-5	2) and as matructons is at w		ntification number
BOYS AND GIRLS CLUB	S OF SAN DIEGUITO			95-2470435	
Part I Fundraising	Activities. Complete to required to complete the	if the organizatio	n answered "Yes" to		
		·	5-II		
a Mail solicitation	e organization raised funds (				
	is iail solicitations	e	Solicitation of nor		
c Phone solicitati		r	Solicitation of gov		
d In-person solic		g	Special fundraisin	g events	
2a Did the organization	ı have a written or oral agree	ement with any indi	vidual (including office	rs, directors, trustees	_
	sted in Form 990, Part VII)			-	Γ Yes Γ No
b If "Yes," list the ter to be compensated	i highest paid individuals or at least \$5,000 by the orga	entities (fundraisei nization	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address	of (ii) Activity	(iii) Did	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
individual		fundraiser have	from activity	(or retained by)	(or retained by)
or entity (fundraise)	7	custody or control of		fundraiser listed in col (i)	organization
		contributions?		(1)	
		Yes No			
2					
3					<del></del>
4					
5					
6					
7					
8					
9					
10			<u> </u>		
Total					
3 List all states in who registration or licen	ch the organization is regist sing	tered or licensed to	solicit contributions o	r has been notified it is	exempt from
	***************************************			***************************************	***************************************
				4	

		G (Form 990 or 990-EZ) 2014	1.4 6.11	1.00		Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contributi	on answered "Yes" to ons and gross income	Form 990, Part IV, line on Form 990-EZ, line	e 18, or reported s 1 and 6b. List
			(a) Event #1 YOUTH OF THE YEAR	(b) Event #2 CHIP-IN FOR KIDS	(c) Other events	(d) Total events (add col (a) through col (c))
			GALA (event type)	GOLF (event type)	(total number)	(0)
Me	1	Gross receipts	182,975		259,967	652,752
Revenue	2	Less Contributions	4,875			9,325
ě	3	Gross income (line 1 minus line 2)	178,100			
	4	Cash prizes	178,100	205,360	259,967	643,427
	5	Noncash prizes	2,700	355		3,055
Expenses	6	Rent/facility costs		50,000		
e pe	7	Food and beverages .	38,599	12,000		, , ,
Direct	8	Entertainment	6,000			6,000
ā	9	Other direct expenses .	21,361	2,651	146,155	170,167
	10	Direct expense summary Add lin	nes 4 through 9 in column	(d)		(288,521)
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)		354,906
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, ii	rganization answered '	'Yes" to Form 990, Pa	rt IV, line 19, or repo	
Ф			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
2	1	Gross revenue				(-)/
ses	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
ш g	4	Rent/facility costs				
짇	5	Other direct expenses				
	6	Volunteer labor	☐ Yes %	「 Yes	Yes	
	7	. Direct expense summary Add line	s 2 through 5 in column (	d)		
	8	Net gaming income summary Sub-	tract line 7 from line 1, co	lumn (d)	<u> </u>	
9	Ent	er the state(s) in which the organiza	ation conducts gaming ac	tivities		
a		he organization licensed to conduc No," explain		n of these states?		. Tyes No
b		no, explain				
10-				- terres (1905)	444.0	
10a b		re any of the organization's gaming Yes," explain			the tax year?	· · 「Yes 「No

## e GRAPHIC print - DO NOT PROCESS | As Filed Data -

Pariet Ouestions Regarding Compensation

DLN: 93493137058896

.edule J (Form 990)

## **Compensation Information**

OMB No 1545-0047

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public ▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>. Inspection

Internal Revenue Service

Name of the organization BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number

95-2470435

		<del></del>	-	-	
1a	Check the appropriate box(es) if the organization provided any	of the following to or for a person listed in Form		Yes	No
11.7	990, Part VII, Section A, line 1a Complete Part III to provid	e any relevant information regarding these items			
		lousing allowance or residence for personal use			
		Payments for business use of personal residence			
		lealth or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
	If any of the boxes in line 1a are checked, did the organization reimbursement or provision of all of the expenses described a	bove? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursin directors, trustees, officers, including the CEO/Executive Directors	ng or allowing expenses incurred by all ector, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization us organization's CEO/Executive Director Check all that apply used by a related organization to establish compensation of th	Do not check any boxes for methods			
	Compensation committee     ✓ V	Vritten employment contract			
	☐ Independent compensation consultant	Compensation survey or study	:		
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, sor a related organization	Section A, line 1a with respect to the filing organization			
a	Receive a severance payment or change-of-control payment?	1	4a		No
b	Participate in, or receive payment from, a supplemental nonqu	ualified retirement plan?	4ь		No
C	Participate in, or receive payment from, an equity-based comp	pensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	t complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, d compensation contingent on the revenues of				
a	The organization?		5a		No
ь	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III			-	
6	For persons listed in Form 990, Part VII, Section A, line 1a, d compensation contingent on the net earnings of	fid the organization pay or accrue any			
a	The organization?		6a		No
ь	Any related organization?		6b		No
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, d payments not described in lines 5 and 67 If "Yes," describe in	did the organization provide any non-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or acc		-		
	subject to the initial contract exception described in Regulation Part III	ons section 53 4958-4(a)(3)? If "Yes," describe	8		No
0	If "Yes" to line 8, did the organization also follow the rebuttab	le presumption procedure described in Regulations	9		140

Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule 1, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual Pariett Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

(A) Name and Title		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 DAVID H CREAN,	Ξ	174,489	0	0	0	13,408	187,897	0
rkesiDen i/ceO	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Schedule 3 (Form 990) 2014

Partiff Supplemental Information
Provide the information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference

Schedule 3 (Form 990) 2014

Explanation

As Filed Data -C print - DO NOT PROCESS efile GRA.

DLN: 93493137058896,

OMB No 1545-0047

2014

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Open to Public

Inspection

Name of the organization BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number

95-2470435

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BY-LAWS WERE RESTATED AS OF 08/20/14
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY FINANCE COMMITTEE 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 DISCUSSE S THE PERFORMANCE REVIEW WITH THE CEO AND ESTABLISHES THE COMPANSATION 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 FEDRIVE, SOLANA BEACH, CA 92075

efile GRAF print - DO NOT PROCESS As Filed Data -SCHEDULE R

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.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection 2014

1: 9. 137058896 OMB ... 1545-0047

DLN: 97

95-2470435

Employer identification number

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

Name of the organization BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Department of the Treasury

Internal Revenue Service

(Form 990)

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

Identification of Related Tax-Exempt Organizations Complete of 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. Part II

(a) Name, address, and EIN of related organization	(b) Prmary activity	(c) Legal domicle (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?
						Yes No
(1) BOYS AND GIRLS CLUBS OF SAN DIFIGUITO FOUNDATION PO BOX 871	TO PROVIDE SUPPORT TO THE BOYS AND GIRLS	8	501(C)(3)	LINE 11C, 111-F1		No
SOLANA BEACH: CA 92025	CLUBS OF SAN DIEGUITO				N/A	
95 3201906						

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. Part III

	(d) (e) (f)	ry activity Legal Direct Predominant Share of Share of Disproprionate Code V-UBI General or Percentage	e controlling income(related, total income lend-of-year allocations? amount in box managing	entity unrelated, assets	foreign excluded from Schedule K-1	country) tax under (Form 1065)	Sections 512-	514)	Yes No Yes No	
			total income end						_	
	(e)	Predominant		unrelated,	excluded from	tax under	sections 512-	514)		
1	(p)	Direct								
	(3)	' Legal	domicile	(state or	foreign	country)				
	(p)	Primary activity								
	(a)	Name, address, and EIN of	related organization							

Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, Part IV

		No	
	(i) Section 512 (b)(13) controlled entity?	Yes	
	(h) Percentage ownership		
	total Share of end- of-year assets		
e tax year.	Share of incom		
st during th	Type of entity (C corp, S corp, or trust)		
poration or tru	(d) (e) Direct controlling Type of entity entity (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C corp, 5 (C cor		
zations treated as a corporation or trust during the tax year.	(c) tegal domicile (state or foreign country)		
ore related organi	(b) Primary activity		
line 34 because it had one or more related organizations	(a) Name, address, and EIN of related organization		

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Yes

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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

1 During the tax year, did the orgranization 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
- Gift, grant, or capital contribution to related organization(s)
- : Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 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

(d) Method of determining amount involved	
(c) Amount involv	
(b) Transaction type (a-s)	
(a) Name of related organization	

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

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference

Explanation

Schedule R (Form 990) 2014

(Rev. December 2014)

Department of the Treasury Internal Revenue Sentes

#### **Request for Taxpayer Identification Number and Certification**

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

	A North Control										
	1 Name (as shown on your Income tax return), Name is required on this line;	do not leave this line blank.									$\rightarrow$
	The Boys & Girls Clubs of San Dieguito										
ઇ	2 Business name/disregarded entity name, if different from above										_
9	8										
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the individual/sole proprietor or C Corporation S Corporation single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S	itlon Partnership		ust/estate	instr	ain ent uction	titles, Is on	not in page	ıdividu 3):	only to als; see	
은 물	Note, For a single-member LLC that is disregarded, do not check LLC:	chack the engrapide boy is	n the les	above for	1				CA rep		
# fg	the lax classification of the single-member owner.	outecy true appropriate box is	u nie slie	Spove lot		e (lí ar			_,,,_p	or on the	
프	☐ Other (see Instructions) ►					•	·· -	nahtain	ed outsic	o the U.S.)	-
票	5 Address (number, street, and apt. or suite no.)		Reques	ter's name							_
죑	533 Lomas Santa Fe Drive	2.5	1 1				(-p-				
S)	6 City, state, and ZIP code		ł								
တ္တိ	Solana Beach, CA 92075										
	7 List account number(s) here (optional)										_
- B											
Par	The particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particul										_
Enter	your TIN in the appropriate box. The TIN provided must match the na	ime given on line 1 to av	rold	Social se	curity	numb	ж				$\neg$
reside	p withholding. For individuals, this is generally your social security nunt allen, sole proprietor, or disregarded entity, see the Part I instruction	imber (SSN). However, f	ora		7	$\Box$		Т		T	Ħ
entitle	s, it is your employer identification number (EIN). If you do not have a	uns on page 3. For other Linumber, see How to de	t a		-	1		-			
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											
guidel	ines on whose number to enter,	r and the chart on page	1		Г			T		-	
				9 5	- 2	4	7	0 4	4 3	5	
Part	III Certification					Щ				Щ.	_
	penalties of perjury, I certify that:										
	e number shown on this form is my correct taxpayer identification nur										
<ol> <li>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 fallure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> </ol>						m					
3. 1 am a U.S. citizen or other U.S. person (defined below); and											
	FATCA code(s) entered on this form (if any) indicating that I am exem	not from EATCA reporte	o la com	and a							
Certifi	cation instructions. You must cross out item 2 shows if you have be	op notified by the IDC ti	iy is com	ect,	de la lace	L. I					
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				1-	_	,_					_
Here	U.S. person ►	Da	ate >	ング	() -	17	,				
Gen	eral Instructions	• Form 1098 (home mo	rtgage Int	terest), 109	3-E (st	udent	loan	intere	st), 10	98-T	_
	references are to the Internal Revenue Code unless otherwise noted,	• Form 1099-C (cancel	ed debth								
Future developments, Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/iw9,			Form 1099-A (acquisition or abandonment of secured property)								
_	ose of Form	Use Form W-9 only it provide your correct Til	N,								
return y	vidual or entity (Form W-9 requester) who is required to file an information with the IRS must obtain your correct taxpayer identification number (TIN) may be your social security number (SSN), individual taxpayer identification	If you do not return F to backup withholding.	See What	t is backup	ester v withho	vith a olding:	<i>TIN, y</i> 7 on ;	ou m page 2	ight be 2.	subjec	t
numbe	(ITIN), adoption taxpayer identification number (ATIN), or employer	By signing the filled-c									
identiho	Sation number (EiN), to report on an information return the amount paid to	<ol> <li>Certify that the TiN to be issued),</li> </ol>	you are	giving is co	rrect (d	or you	are v	vaiting	g for a	number	
you, or returns	other amount reportable on an information return. Examples of information include, but are not limited to, the following:	2. Certify that you are	a not sub-l	act to back	القاردة والارا	المراج وأروأ	- mail	_			
	1099-INT (interest earned or paid)	3. Claim exemption for	nm harbi	ren withhole	nh aug	· a KAICI	ng, o	F			
	1099-DiV (dividends, including those from stocks or mutual funds)	applicable, you are also	o centifying	a thet es a 1	J.S. D	erson.	VOUL	alloca	able sh	are of	
	- · · · · · · · · · · · · · · · · · · ·	any parthership income	from a U	I.S. trade or	· busin	633 3	not a	uiblec	t to the	a .	
	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) withholding tax on foreign partners' share of effectively connected income, and					tively (	conne	cted	ncom	e, and	

• 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

• Form 1099-S (proceeds from real estate transactions)

Form 1099-K (merchant card and third party network transactions)

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.



In reply refer to: 0248222025 Nov. 15, 2011 LTR 4168C E0 95-2470435 000000 00

00016448

BODC: TE

THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO 533 LOMAS SANTA FE DR SOLANA BEACH CA 92075-1323



010296

Employer Identification Number: 95-2470435
Person to Contact: R CLEMONS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Nov. 03, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in AUGUST 1967.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248222025 Nov. 15, 2011 LTR 4168C E0 95-2470435 000000 00 00016449

THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO 533 LOMAS SANTA FE DR SOLANA BEACH CA 92075-1323

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

Sincerely yours,

S. A. Martin, Operations Manager

Accounts Management Operations

Daystin



### City of Solana Beach Community Grant Program

Request for Financial Assistance
FY 2017-18 APPLICATION

**Zip:** 92075

All Applications MUST BE RECEIVED by **5:00 p.m. Tuesday, October 31, 2017.**Please Print Clearly or Type

All requests will be determined by the following criteria:

Name of Organization: Casa de Amistad, Centro de Enseñanza

Mailing Address: 120 Stevens Avenue

City: Solana Beach State: CA

Contact Person: Nicole Mione-Green

**Daytime Phone:** 858-509-2590 **Evening Phone:** 858-509-2590

Email Address: director@casadeamistad.org

- W-9 must be attached
   Summary of organization's budget must be attached
   Proposed program budget must be attached
   Financial Statements (see Application Guidelines) must be attached
- 2. A copy of the certificate of California Nonprofit Corporation must be attached Or, Calif. Non-profit 501 (c) 3 Corporation Certification Number: See attached.
- Has your organization received financial assistance from the City before?
   Yes, Casa de Amistad has received funding from the City before.
   If yes, what activities and which fiscal year? See attached.
- 4. **Amount requested for FY 2017-18**: \$5,000.00
- Proposed Total Program Costs: \$120,179.00
   (Includes all estimated costs to conduct proposed activity/program.)
- 6. **Title of Proposed Program/Service:**Study Companions: DREAMS+TECH Initiative (Design, Research, Engineering, Art, Math, Science and Technology)
- 7. Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used:
  Our Study Companions: DREAMS+TECH Initiative is to increase the time low-income underserved students have access to Design, Research, Engineering, Art, Math,

Science, and Technology activities outside of school hours. Funds will be used to recruit and train quality volunteers who are currently working in STEM fields. We will continue to offer STEM-focused enrichment activities. Activities will be offered to all students in preschool through twelfth grade. We will also be able to close the digital divide that exists in our community by making technology accessible to all students and parents.

The DREAMS+TECH initiative has been added to our program because homework has changed significantly over the past few years. Many elementary students no longer have "traditional" homework. Significant time is now being spent accessing webbased learning. Casa de Amistad is a space where students can access technology with the support of a highly trained mentor/tutor.

We are also encouraging our students and volunteers to engage in project based learning. Project based learning is a teaching method in which students gain knowledge and skills by working for an extended period of time to investigate and respond to an authentic, engaging and complex question, problem, or challenge

8. **Estimated number of S.B. residents to be served by proposed program:**Casa de Amistad serves approximately 214 students from low socio-economic backgrounds on a weekly basis. 118 students (56% of program participants) are Solana Beach residents. More than 200 volunteers act as mentors/tutors. 46 volunteers (21% of total volunteers) are Solana Beach residents.

### 9. **Program Dates/Location:**

Ongoing throughout the year. Our location is 120 Stevens Avenue, Solana Beach, CA 92075.

### 10. Anticipated Program Objectives or Accomplishments:

Casa de Amistad is providing low-income, underserved children, teens, and their families in coastal North County San Diego with tutoring, educational support, and character development. We believe all children deserve the educational opportunities and the support of their families to chart their course for success and become leaders in their community.

We are inspiring the next generation of leaders through tutoring, mentoring, music, leadership training, and character development. (See attached)

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

The City's financial contribution will be recognized in all written and oral communication. Casa de Amistad will acknowledge the City at our end of the year celebration and on our website.

12. 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?

Yes, Casa de Amistad will receive matching funds and grants. Funds will be applied to the program. The City's demonstrated commitment to this vulnerable population allows Casa de Amistad to leverage support to receive additional funding.

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

Our primary volunteer opportunity is our Study Companions Program. Students meet twice weekly for 1.5 hours from 4:15-5:45 PM or 6:00-7:30 PM on Tuesdays and Thursdays with a volunteer who has been identified to help the student with school work and character development. Tutors/mentors focus on basic Common Core academic skills such as English language arts and STEM-related subject matter, working to develop skills that ensure academic success and the ability to compete across the board. Hundreds of volunteers work with our students on a weekly basis. For more information regarding volunteer involvement please see attached page.

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

Casa de Amistad will move forward with the DREAMS+TECH Initiative even if we are only awarded partial funding. Unfortunately, we will need to scale back programming if we are not able to fully fund the program.

### **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** 

Data

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.

#### 3. History of Financial Assistance from the City

2016-2017: Step up Stem

2015-2016: Study Companions Program

2014-2015: PEP! Program 2013-2014: Parents in Action 2008-2009: Computer Equipment

2006-2007: AV Equipment

10.

Casa de Amistad fills the gap for children from low-income households through our services to students and families. These families, who could not otherwise find or afford supplemental assistance for their children or teens, have the ability to find help at Casa de Amistad. CDA's programs are immersed and involved in the community of Solana Beach. Our organization has been a strongly recognized fixture in the community, noted among the public for its work with students, and appreciated among families for the services and space the program provides to their children. In short, CDA is very much a community organization and partner.

Casa de Amistad services instill skills, student confidence, and a sense of value in learning. This increases participant motivation, academic success, school graduation rates, and continuation on to higher education. As a result, students, families, and the entire community benefit. Our services are targeted to encourage this at risk youth population to not drop out of school so they don't fall into the trends that are attached with those who do not finish high school (i.e. unemployment, unskilled work, skills lacking to advance, and non-livable wages).

Casa de Amistad also acts as a bridge between families and their children's schools, making information and the option to seek out information about their child more accessible. Casa de Amistad communicates frequently with parents regarding their children's progress, thus facilitating the conversation between home and school. Studies show that of the Latinos who graduate high school, 7 out of 10 of these students lack adequate preparation to pursue higher education at the university level. Socioeconomic factors such as a lack of financial resources to afford educational resources, language barriers, parent literacy capabilities, and lack of parental supervision all affect student academic success.

Casa de Amistad is unique in that while academics is the primary focus of our programs, it is not the only focus. Our volunteers act as mentors to their students, offering both academic and emotional support. Students benefit from the relationship they build with their mentors every week, and some students stay with the same mentor year after year, resulting in long-lasting mentor-mentee relationships. Mentor

relationships provide many benefits to students, including improved academic performance, enabling trustbuilding, and the cultivation of meaningful connections.

13.

On July 5, 2017, after a rigorous certification process, Casa de Amistad officially became a Service Enterprise Organization. This is a great honor for Casa de Amistad- as we are the only nonprofit organization in coastal North County San Diego to receive this distinction.

- A Service Enterprise is an organization that fundamentally leverages volunteers and their skills across all levels of the organization to successfully deliver on its social mission.
- Service Enterprises require strong and well developed human resource management practices.
- Less than 15% of organizations nationwide can be characterized as Service Enterprises.
- For every \$1 an organization invests in effective volunteer engagement, they can expect \$3-\$6 in return.
- The average SE Certified organization experiences a 23% increase in volunteerism annually.
- When an organization leverages volunteers and achieves an effective volunteer management model, not only do they lead and manage their organizations better, but they are also significantly more adaptable, sustainable and better resourced to do their work.

# DREAMS+TECH



SCIENCE



RESEARCH



ART & TECH



DESIGN



ENGINEERING & MATH

Cabubation   Cabubation   Companions   Summer Preschool   Leadership   STEAM   Purenting   Music   Tic   Contribution   125,059   46,025   3,500   3,775   5   5   5   5   5   5   5   5   5			2017-2018   Study	B Fiscal Year Operation	2017-2018 Fiscal Year Operating Budget Study	iet				
fibulion	STOROUT B. BEVENIE	G&A	Companions	Summer	Preschool	Leadership	STEAM	Parenting	Music	TV.LOL
Incluons	4010 · Individual contribution	25,098	46,085			3,775				74,958
Introne (66.65) 16.502   1.502   1.502   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505   1.505	4011 · SBPC Contributions	21	5,000							5,000
Signas Market  2,000  2,000  1,505  Chonaltions  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,	4030 · Fundraising Event Income	66,650	16,502							83,152
Dipolations   14,900   1,555   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,500   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555   1,555	4015 · Alternative Christmas Market	2,000	2,000							4,000
Tille (III) (4,000) (4,000) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7,005) (7	4016 - Student Family Donations		14,900					1,555		16,455
In Field grants 22,000 25,034 4,789 4,442 10,000 10,000 7,855 10 Field grants 22,000 25,034 4,789 4,442 10,000 10,000 7,855 12 Field grants 115,748 127,221 4,789 4,442 3,775 16,100 11,555 7,855 12 Field grants 121,748 127,221 4,789 4,442 3,775 16,100 11,555 7,855 12 Field grants 121,748 127,221 4,789 4,442 3,775 16,100 11,555 7,855 12 Field grants 121,748 127,221 4,789 4,442 3,775 16,100 11,555 7,855 12 Field grants 121,748 127,221 4,789 13,850 12 Field grants 121,740 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,50	4019 · Casa Parent Raffle		4,000				3			4,000
In Prolit grants         22,000         25,044         4,785         4,742         10,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000         1,000 <td>4210 · Corporate/business grants</td> <td></td> <td>14,400</td> <td>1</td> <td></td> <td></td> <td>000.00</td> <td></td> <td>7007</td> <td>20,300</td>	4210 · Corporate/business grants		14,400	1			000.00		7007	20,300
### 115,748 127,921 4,789 4,442 3,775 16,100 11,355 7,455      Fay	4230 · Foundation/Non Profit grants	22,000	25,034	4,789	4,442		10,000	10,000	7,855	84,120
Pay         52,330         79,941         3,010         6,210         7,210         19,951         3,850           Inligetypenses         4,710         7,195         271         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         522         5200         5200         5200         5200         5200         5200         5200         5200         5200         5200         5200         5200 <td>Total Support &amp; Revenue</td> <td>115,748</td> <td>127,921</td> <td>4,789</td> <td>4,442</td> <td>3,775</td> <td>16,100</td> <td>11,555</td> <td>7,855</td> <td>292,185</td>	Total Support & Revenue	115,748	127,921	4,789	4,442	3,775	16,100	11,555	7,855	292,185
Pay         52,330         79,941         3,010         62,10         72,10         19,951         3,850           Isliances         4,710         71,951         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         521         522         520         520         52	EXPENSES									
Italianes	6001 · Salary/ Hourly Pay	52,330	79,941	3,010		6,210	7,210	19,951	3,850	172,502
Ing Expenses 22,000 1,000 1,500 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,00	6003 · Employer Payroll taxes	4,710	7,195	271		559	649	1,796	347	15,525
Ing Expenses 2,700 1,000 1,000 1,000 2,000 2,000 2,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000	6004 · Warker Compensation Insurance	175	175	175		170	175	120	175	5,040
Ing Expenses 2,000 2,500 1,000 1,500 1,500 2,000 2,000 2,000 1,500 3,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000	6007 - Staff Development	3300	1,500							2 700
Denses 25,000 1,000 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,50	5002 - Payroll Processing Expenses	71	71	71		71	71	71	71	
Denses 25,000 1,000 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,50	6700 · Travel									
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3,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000	6520 · Supplies		2,500	1,000			1,500			5,000
Tamil Expenses 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,0	6516 - Nutrition		3,000							3,000
REDITATIONS 3,000 2,200  Ware Supplies 1,000 2,000  Expenses 650 2,000 .  Recognition 600 800	6503 · Character Program Expenses					2,000		2,000		4,000
Ware Supplies 1,000  Expenses 650 2,000  Recognition 600 8000  see 500  see 500  see 500  see 7 170  sonsultant Expenses 5,000  norsultant Expenses 5,000  1,000  1,000  1,000  1,000  1,000  1,000  1,000  1,000  1,000  1,000  1,000  1,5,750  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500	6510 - Field Tring		3,000				2.200			2,200
In & Decor 500  Expenses 650  Expenses 650  Expenses 650  Expenses 650  Expenses 5,000  Ing. delivery 1,000  er 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,000  Ing. delivery 1,	CANT - Committee Wardware Spoolies	1 000								1,000
Expenses 650 2,000	6403 - Office Equipment & Decor	500								
round Checks 2,000  Recognition 600 800  Recognition 800  Recognition 800  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition 900  Recognition	6509 · Board Meeting Expenses	650								
Recognition         600           800           BOO           Indraiser         170           Ise         170           Ise         5,000           Ing, delivery         1,000           Ing, delivery         1,000           Instant Expenses         5,000           Insolution         1,000           Insolution         1,000           Insolution         75,000           Insolution         75,000           Insolution         10,000	6510 · Personal Background Checks		2,000							2,000
800 ndraiser	6511 · Gifts, Awards, Recognition	600								
ndraiser 170    170	6512 · Tutor Expense		800							
170 158 Outreach 170 158 Outreach 15,000 1,000 1,000 1,100 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1	6103 · Casa Parent Fundraiser		500							
15 & Outreach 5,000  ng, delivery 1,000  ng, delivery 1,000  ng, delivery 1,000  1,100  1,100  1,000  1,000  1,000  1,000  1,000  1,000  1,5,000  5,750  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500	6404 - Software Expense	170								
ng, delivery 1,000  ram Expenses 5,000  1,100  1,100  1,000  1,000  3,000 7,000  3,000 7,000  75,000  15,000  5,750  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500	6513 - Communications & Outreach	5,000								5,000
Onsultant Expenses 5,000  er 2,300  1,000  1,000  1,000  7,000  15,000  5,750  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500  1,500	6406 · Postage, shipping, delivery	1,000								0
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1,000 3,000 7,000 15,000 15,000 15,000 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,5	6501 · Advertising	1,000								1,000
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rges 1,500 108 028 200 300 10.8028 2.3 0 88.361 12.151 28.370 18.789	6302 · Legal & CPA	5,750								5,750
300 301 12 12 12 12 12 12 12 12 12 12 12 12 12	8001 · Square Inc. Charges	1,500								1,500
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Casa de Amista	d
2017-2018 Fiscal Year Study Companion	ns: DREAMS +TECH
Project Budget	
SUPPORT & REVENUE	
Individual Contributions	\$46,085.00
SBPC Contribution	\$5,000.00
Fundraising Event Donations	\$16,502.00
Alternative Chrismas Market	\$2,000.00
Casa Parent Raffle	\$4,000.00
Corporate & Business Grants	\$19,558.00
Foundation & Trust Grants	\$27,034.00
Total Support & Revenue	\$120,179.00
EXPENSES	•
Salary/ Hourly Pay	\$87,151.00
Employer Payroll taxes	\$7,844.00
Worker Compensation Insurance	\$1,042.00
Staff Development	\$1,500.00
Payroll Processing Expenses	\$142.00
Supplies	\$4,000.00
Nutrition	\$3,000.00
Parties and Celebrations	\$3,000.00
Personal Background Checks	\$2,000.00
Field Trips	\$2,200.00
Tutor Expense	\$800.00
Casa Parent Fundraiser	\$500.00
Facilities Fee	\$7,000.00
Total Expenses	\$120,179.00

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.

	1 Name (as shown on your income tax return). Name is required on this line; do						
	Casa de Amistad, (entro	<u>de Ensena</u>	NZA				
S.	2 Business name/disregarded entity name, if different from above						
age							
م د	3 Check appropriate box for federal tax classification; check only one of the following	owing seven boxes:		4 Exemptions (	codes apply only to		
<u>s</u>	Individual/sole proprietor or C Corporation S Corporation single-member LLC	Partnership	Trust/estate	instructions on p	not individuals; see		
Ype	Limited liability company. Enter the tax classification (C=C corporation, S=S	corporation P=partnership)	1▶	Exempt payee c	ode (if any)		
Print or type See Specific Instructions on page	Note. For a single-member LLC that is disregarded, do not check LLC, check			Exemption from	FATCA reporting		
int	the tax classification of the single-member owner.	The appropriate sent in the		code (if any)			
<u>ر</u> ۾	Other (see instructions)				nantained outside the U.S.)		
ecif	5 Address (number, street, and apt. or suite no.)	Rei	quester's name a	nd address (opti	onal)		
Sp	120 Sturns Avenue						
96	SOUNU BRACK (A 9207	<u>ــــــــــــــــــــــــــــــــــــ</u>					
0)	7,1-11-11-11-11-11-11-11-11-11-11-11-11-1	)		_			
	7 List account number(s) here (optional)						
Par	Towns I do Airi at a Marie Control						
			6-1-1				
baçkı	your TIN in the appropriate box. The TIN provided must match the name up withholding. For individuals, this is generally your social security number.	given on line 1 to avoid per (SSN). However, for a	Social sec	urity number			
reside	ent alien, sole proprietor, or disregarded entity, see the Part I instructions	on page 3. For other	'	_	-		
entitie	entities, it is your employer identification number (EIN). If you do not have a number, see How to get a						
	Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for Employer identification number						
quide.	guidelines on whose number to enter.						
J			12/6/	-1010111	61313111		
Par	t II Certification		12 4				
	penalties of perjury, I certify that:	<u></u>					
	e number shown on this form is my correct taxpayer identification numb	er (or Lam waiting for a n	umber to be is:	sued to me) ar	nd		
	m not subject to backup withholding because: (a) I am exempt from bac						
Se	rvice (IRS) that I am subject to backup withholding as a result of a failure	to report all interest or c	nave not been r dividends, or (c)	the IRS has no	nternal Hevenue otified me that I am		
no	longer subject to backup withholding; and				5		
3. la	m a U.S. citizen or other U.S. person (defined below); and						
	FATCA code(s) entered on this form (if any) indicating that I am exempt	from FATCA reporting is	s correct.				
Certif	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						
becau	ise you have tailed to report all interest and dividends on your tax return	. For real estate transacti	ions item 2 dos	es not apply. Fr	or mortgage		
Intere	st paid, acquisition or abandonment of secured property, cancellation of ally, payments other than interest and dividends, you are not required to	debt, contributions to ar	n individual retir	ement arrange	ement (IRA), and		
instru	ctions on page 3.	sign the certification, bu	it you must pro	vide your corre	ct IIN. See the		
Sign	Signature of AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			1 - > 1			
Here		en Date	10	13111	/		
Con	toral Instructions	- Form 1008 (home 1			76 0 400		
_	neral Instructions	<ul> <li>Form 1098 (home mortga (tuition)</li> </ul>	age interest), 1098	-⊨ (student loan	Interest), 1098-T		
Sectio	n references are to the Internal Revenue Code unless otherwise noted.	- F 1000 O /	1.1.4				

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 (ATIN), 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 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.

Date:

OCT 2 7 2006

CASA DE AMISTAD CENTRO DE ENSANANZA 120 STEVENS AVE SOLANA BEACH, CA 92075-0000 Employer Identification Number: 26-0016331
DLN: 17053259778006
Contact Person: JACOB A MCDONALD ID# 31649

Contact Telephone Number: (877) 829-5500 Public Charity Status: 170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated May 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

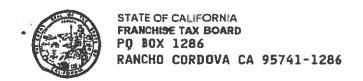
Sincerely yours,

Lois G. Lerner

Director, Exempt Organizations

Rulings and Agreements

Letter 1050 (DO/CG)



In reply refer to 755:G :RWN

June 12, 2002

CASA DE AMISTAD CENTRO DE ENSENANZA 120 STEVENS AVE SOLANA BEACH CA 92075-2039

Purpose : CHARITABLE Code Section : 23701d

Form of Organization : Corporation Accounting Period Ending: December 31 Organization Number : 2356814

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address must also be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012(a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. Please see annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax

June 12, 2002 CASA DE AMISTAD, CENTRO DE ENSENANZA ENTITY ID: 2356814 Page 2

under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

Please note that an exemption from federal income or other taxes and other state taxes requires separate applications.

A copy of this letter has been sent to the Registry of Charitable Trusts.

R NORTON
EXEMPT ORGANIZATIONS
BUSINESS ENTITIES SECTION
TELEPHONE (916) 845-4178

EO : CC :K. MICHAEL GARRETT, ATORNEY AT LAW

# Casa De Amistad Profit & Loss

July 2016 through June 2017

	Jul '16 - Jun 17
Ordinary Income/Expense	
Income	
4000 · Contributed support 4010 · Individual contribution	70.000.00
4011 · SBPC Contributions	78,869.29
4011 · SBPC Contributions 4015 · Alternative Christmas Market	5,400.00
	3,829.74
4016 · Student Family Donations	14,753.50
4019 · Casa Parent Raffle 4020 · Book Sale	2,313.00
	62.60
4030 · Fundraising Event Income	47.540.00
4031 · Fundraising Event Ticket Sales	17,510.00
4032 · Fundraising Event Donations	43,880.00
4033 · Fundraising Event Auction Sales	22,030.00
4034 · Fundraising Event Raffle	3,294.95
Total 4030 · Fundraising Event Income	86,714.95
4210 · Corporate/business grants	11,365.02
4230 · Foundation/Non Profit grants	50,950.00
Total 4000 · Contributed support	254,258,10
5000 · Earned revenues	
5310 · Interest-savings/short-term inv	101.78
5320 · Dividends & interest-securities	2,171.01
5490 · Miscellaneous revenue	0.99
Total 5000 · Earned revenues	2,273.78
Total Income	256,531.88
Gross Profit	256,531.88
Expense	
6800 · Scholarships	20,922.84
6000 · Personnel Expenses	
6001 · Salary/ Hourly Pay	172,140.14
6002 · Payroll Processing Expenses	708.00
6003 · Employer Payroll taxes	13,959.06
6004 · Worker Compensation Insurance	3,384.99
6005 - Paid Time Off Expense	930.76
6006 · Insurance - other	2,294,97
6007 · Staff Development	421.62
Total 6000 · Personnel Expenses	193,839.54
6100 · Fundraisers	
6101 · Fundraising Expenses	23,371.99
6103 · Casa Parent Fundraiser	348.05
Total 6100 · Fundraisers	23,720.04
6200 · Occupancy Expenses	
6201 · Storage Rental	1,137.00
6202 · Facilities Fee	11,000.01
Total 6200 · Occupancy Expenses	12,137.01
6300 · Professional Fees	
6302 · Legal & CPA	5,777.00
6303 · Accounting	16,871.84
Total 6300 · Professional Fees	22,648.84

### Casa De Amistad Profit & Loss

July 2016 through June 2017

	Jul '16 - Jun 17
6400 · Office Expenses 6402 · Computer Hardware Supplies 6403 · Office Equipment & Decor 6406 · Postage, shipping, delivery	549.33 700.94 911.03
Total 6400 · Office Expenses	2,161,30
6500 · Other Operation Expenses 6520 · Supplies 6519 · Field Trips 6517 · SD Youth Symphony 6516 · Nutrition 6501 · Advertising 6503 · Character Program Expenses 6505 · Parties and Celebrations 6509 · Board Meeting Expenses 6510 · Personal Background Checks 6511 · Gifts, Awards, Recognition 6512 · Tutor Expense 6513 · Communications & Outreach 6500 · Other Operation Expenses - Other	5,211.66 2,278.59 13,332.81 2,978.67 92.93 738.62 3,704.71 277.75 1,358.00 594.50 726.77 920.92 49.15
Total 6500 · Other Operation Expenses	32,265,08
6600 · Business expenses 6602 · Organizational (corp) Expense	95,00
Total 6600 · Business expenses	95,00
8000 · Other Expenses 8001 · Square, Inc. Charges 8002 · PayPal Charges 8003 · Bank Charges 8004 · Misc. Expense	1,328.09 197.59 829.78 750.96
Total 8000 · Other Expenses	3,106,42
8100 · Depreciation/ Amortization Exp	2,292.61
Total Expense	313,188.68
Net Ordinary Income	-56,656.80
Other Income/Expense Other Income 9100 · Realized gain/(loss) 9000 · Unrealized gain (loss)	987.56 7.676.44
Total Other Income	8.664.00
Net Other Income	8,664.00
Net Income	-47,992.80

# Casa De Amistad Statement of Financial Position

As of June 30, 2017

	Jun 30, 17
ASSETS	
Current Assets	
Checking/Savings	
1070 · Paypal	38.54
1050 · City National Bank - Checking 1060 · City National Bank-Money Market	10,040.00
1010 · Union Bank - Checking	90,144.48
1020 · Union Bank - Savings	77,397.72
1020 - Official Balik - Savings	77,999.18
Total Checking/Savings	255,619.92
Other Current Assets	
1500 · Union Bank Investments x7115	100,043.09
1400 · Rancho Santa Fe Fund	209,980,38
1310 · Prepaid Items	1,046.86
1200 · Undeposited Funds	2,000,00
1300 · Charles Schwab Brokerage Acc	996,00
Total Other Current Assets	314,066.33
Total Current Assets	569,686,25
Fixed Assets	
1630 · Leasehold improvements	17,806.63
1640 · Furniture, fixtures, & equip	8,109.02
1641 · Computer Hardware	21,103.15
1642 · Computer Software	2,476.56
1735 · Accum depre - Leasehold Improve	-16,806.71
1741 · Accum deprec - Comp Hardware	-14,720.40
1742 · Accum deprec - Comp Software	-2,476.56
1745 · Accum deprec- Furn, Fix, Equip	-6,694.23
Total Fixed Assets	8,797.46
Other Assets	
1600 · Deposits	1,000.00
Total Other Assets	1,000.00
TOTAL ASSETS	579,483.71
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	2,505.00
Total Accounts Payable	2,505,00
Credit Cards	
2110 · Union Bank Business Credit Card	646.00
Total Credit Cards	646.00
Other Current Liabilities	
2300 · Accrued Expenses	3,300.00
2200 · Accrued Paid Time Off	4,103.84
Total Other Current Liabilities	7,403.84
Total Current Liabilities	10.554.84
Total Liabilities	10,554.84
F. u	
Equity 3001 · Opening Bal Equity	22,017.82

11:23 AM 10/31/17 Accrual Basis

# Casa De Amistad Statement of Financial Position

As of June 30, 2017

	Jun 30, 17
3200 · Temporary Restricted Net Assets 3202 · Temp Restricted - Music	6.750.24
3201 · Temp Restricted - Scholarships	290 812 37
Total 3200 · Temporary Restricted Net Assets	297,562.61
3301 · Unrestricted, Prior Years	278,773.81
3302 · Unrestricted, Current Year	18,567.43
Net Income	-47,992.80
Total Equity	568,928.87
TOTAL LIABILITIES & EQUITY	579,483.71

2015

990

**PUBLIC** 

**DISCLOSURE** 

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4847(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.

Open to Public Inspection

Form 990 (2015)

OMB No. 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016 Check if C Name of organization D Employer identification number Address CASA DE AMISTAD, CENTRO DE ENSENANZA Name Doing business as 26-0016331 Initial Number and street (or P.O. box if mall is not delivered to street address) Room/suite E Telephone number Final 120 STEVENS AVENUE 858-922-1450 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 552,912. Amend SOLANA BEACH, CA 92075 H(a) Is this a group return Applica-tion pending F Name and address of principal officer GEORGE LABRECHE for subordinates? Yes X No. SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) \_\_\_ 4947(a)(1) or \_ If "No," attach a list. (see instructions) J Website: > WWW. CASADEAMISTAD.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 2001 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: FOSTERING THE EDUCATION AND Governance CHARACTER DEVELOPMENT OF UNDERSERVED CHILDREN AND TERNS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 11 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 12 6 Total number of volunteers (estimate if necessary) 250 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 254,919. 526,840. Program service revenue (Part VIII, line 2g) O. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5. 62. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,518. 3,880. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 288,442. 530,782. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4.385. 0. 14 Benefits paid to or for members (Part IX, column (A), fine 4) O. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 138,951. 186,454. 15a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 47,381. 74,463. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 186,332. 265,302. 19 Revenue less expenses. Subtract line 18 from line 12 ..... 102,110. 265,480. 무없 Beginning of Current Year End of Year 20 Total assets (Part X, line 15) 353,865. 628,428. Total liabilities (Part X, line 26) 2,423. 11,506. 22 Net assets or fund balances. Subtract line 21 from line 20 ..... 351,442. 616,922. 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. Signature of officer Sign NICOLE MIONE-GREEN, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid 12/01/16 salf-ample AKT LLP Preparer Firm's name Firm's EIN Use Only Firm's address > 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108 Phone no. (619) 810-4940 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No 532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	em 990 (2015) CASA DE AMISTAD, CENTRO DE ENSENANZA 26-0016331 Page
	art III Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	
	PROVIDE UNDERSERVED CHILDREN, TEENS & THEIR FAMILIES IN NORTH COUNTY
	SAN DIEGO WITH TUTORING, EDUCATIONAL SUPPORT & CHARACTER DEVELOPMENTO
	WE ARE INSPIRING A NEW GENERATION OF LEADERS THROUGH MUSTC ACADEMIC
_	MENTORING, LEADERSHIP TRAINING & CHARACTER DEVELOPMENT.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O.
*	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	
TIM	(Code: ) (Expenses \$ 151,157. Including grants of \$ 4,385.) (Revenue \$ STUDY COMPANIONS PROGRAM - THE CORNERSTONE OF CASA DE AMISTAD IS ITS
	STUDY COMPANIONS PROGRAM. STUDY COMPANIONS IS AN EDUCATIONAL MENTORING
	PROGRAM DESIGNED TO IMPROVE THE ACADEMIC ACHIEVEMENT OF CHILDREN IN
	GRADES K-12. STUDENTS PARTICIPATING IN CASA DE AMISTAD ARE FROM SCHOOL
	DISTRICTS THROUGHOUT COASTAL NORTH COUNTY SAN DIEGO. THE STUDENTS ARE
	MATCHED WITH VOLUNTEER MENTORS WITH WHOM THEY MEET TWO EVENINGS PER
	WEEK DURING THE SCHOOL YEAR. DURING THESE MEETINGS THE MENTORS HELD
	THE STUDENTS WITH HOMEWORK AND STUDY SKILLS. THERE WERE APPROXIMATELY
	250 VOLUNTEER TUTORS AND EVEN MORE STUDENTS, AS WELL AS A WAITING LIST
	WITH APPROXIMATELY 50 NAMES.
_	
4b	(Code: ) (Expenses \$ 43,188. Including grants of \$ ) (Revenue \$
	PARENTS IN ACTION - THE GOAL OF THIS PROGRAM IS TO HELP THE PARENTS OF
	OUR STUDENTS TO ENHANCE THEIR PARENTING SKILLS AND TO ADDRESS THEFE
	CONCERNS FOR THE WELL-BEING OF THEIR CHILDREN. THIS PROGRAM CONSISTS OF
	APPROXIMATELY TEN MEETINGS DURING THE SCHOOL YEAR WITH RACH MEETING
	FOCUSING ON ONE OR TWO MAJOR CONCERNS OF OUR PARENTS, FOR EXAMPLE:
	POSITIVE ALTERNATIVES TO GANGS, DETECTING AND AVOIDING DRUG USE, AND
	POSITIVE PARENTING SKILLS. ANY INTERESTED PARENT MAY APPEND WHETHER
	OR NOT THEY HAVE A CHILD IN OUR STUDY COMPANIONS PROGRAM. THERE IS NO
	POSITIVE PARENTING SKILLS. ANY INTERESTED PARENT MAY ATTEND, WHETHER
	OR NOT THEY HAVE A CHILD IN OUR STUDY COMPANIONS PROGRAM. THERE IS NO
	OR NOT THEY HAVE A CHILD IN OUR STUDY COMPANIONS PROGRAM. THERE IS NO
4-	POSITIVE PARENTING SKILLS. ANY INTERESTED PARENT MAY ATTEND, WHETHER OR NOT THEY HAVE A CHILD IN OUR STUDY COMPANIONS PROGRAM. THERE IS NO CHARGE TO ATTEND.
4c	POSITIVE PARENTING SKILLS. ANY INTERESTED PARENT MAY ATTEND, WHETHER OR NOT THEY HAVE A CHILD IN OUR STUDY COMPANIONS PROGRAM. THERE IS NO CHARGE TO ATTEND.  (Code:) (Expenses \$ 21,594. including grants of \$) (Revenue \$)
4c	POSITIVE PARENTING SKILLS. ANY INTERESTED PARENT MAY ATTEND, WHETHER OR NOT THEY HAVE A CHILD IN OUR STUDY COMPANIONS PROGRAM. THERE IS NO CHARGE TO ATTEND.  (Code: ) (Expenses 21,594. including grants of s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Revenue s ) (Rev
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2	If "Yes," complete Schedule A state of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contr	<u>. 1</u>	_	
3	and an addition to combiere anticopie of posterolia at Costalionio	2	X	
	public office? If "Yes," complete Schedule C, Part I	3		x
4	during the tax year? If "Yes," complete Schedule C, Part II			T <sub>x</sub>
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	_		
6	bid the digarazation maintain any donor advised funds or any similar funds or accounts for which donors have the right to		+	X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,		+	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Schedule D, Part III	1		x
9	The second state of the second of custodial account liability, save as a custodian for	<u> </u>	1-	+
	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  Did the prognization, directly or through a related completion, held counts in the prognization.			1
10	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	9	╂─	X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	1	1	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.	10	-	<u>  ^ </u>
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		x	
b	Distribution of the second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other securities in Dart Y line 12 that is second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and amount for investments - other second and am	11a	<u> </u>	┼
	assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII	116		x
C	bid one of generation report an arrivant for investments . Drogram related in Part Y line 12 that is say or were at the Anti-	110	-	+-
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	110		x
d	and the digenization report an amount for other assets in Part X. line 15 that is 592 or more of its total access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and acc	1.0		<del>                                     </del>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	114	ĺ	x
d	The answer report at amount for other ligibilities in Part X, line 25? If "Yes," complete Schedule D. Part Y	11e	_	X
•	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. Rest Y.	111	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			v
b	The distribution included in consolidated, independent audited financial statements for the tay year?	12a		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts VI and VII is anti-set	12b		ж
13	is the organization a school described in section 170(b)(1VA\(iii)? If "Yes " complete School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de School de	13		X
17965	country organization maintain an office, employees, or agents outside of the United States?	14a		X
ы	and the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraleing, business	170		
	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
-	The transfer of the property of the country of the property of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the	140		
6	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
	The and digenicates) report a total of fillight that a fall of axpanses for confessional fundamining confession and but to			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
_	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
•	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 2015)

P	art V Checklist of Required Schedules (continued)	L6331	. P	age,
-	Political Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of		Yes	N
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	b If "Yes" to fine 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
- 1				
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule i, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		X
	Part IX, column (A) line 22. If "Yes," complete Schedule I, Borte I and III.			
23	***************************************	22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  Schedule J  Did the omenication have a tax exempt hond incur with an extending price of the organization have a tax exempt hond incur with an extending price of the organization have a tax exempt hond incur with an extending price of the organization have a tax exempt hond incur with an extending price of the organization have a tax exempt hond incur with an extending price of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organizati			x
24	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		X
- 1	but the drganization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	any tax-exempt bonds?			
d	. So the digestication act as as on bentation issuer for bonds outstanding at any time during the year?	24d	$\neg$	
25e	Section 50 (CRS), 501(CR4), and 501(CR29) organizations. Did the organization engage in an excess books.			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part (	25e		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	the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L. Part IV	1-1	_	
	instructions for applicable filing thresholds, conditions, and exceptions).	1 1		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	- 1	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule 1. 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 consequences		-	-
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30	:	X
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	. ;	X
	Schedule N, Part II	32	Ι,	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 // "Yes," complete Schedule R, Part I	33		X
-	Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	_	X K
Q	If "Tes" to line 332, did the organization receive any payment from or engage in any transaction with a controlled cast.	308	+	_
	within the meaning of section 512(b)(13)? If *Yes, * complete Schedule R, Part V, line 2	36b	-	
30	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  Did the organization conduct many than 5% of the orbitile that		1	
17	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	+-	<u> </u>

Form 990 (2015)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		26-001	.005		Pag
_		******	*14		Yes	L
18	- The transfer repeated in cox o of Folia 1000. Cited the Find Milliam Calling	1a		0	1.5	+
b	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable	15		0	1	
	: Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	mondai	e gaming	10		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements			"C	-	┿
	filed for the calendar year ending with or within the year covered by this return	2a	1	2		
b	If at least one is reported on line 2a, did the organization file all required federal amployment tay anti-	10002		┪	x	
	Note. If the sum of lines 12 and 2a is greater than 250, you may be required to e-file (see instruction	18)		1	+	+
3а	the organization have unrelated business gross income of \$1,000 or more during the year?				1	12
Ь	if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedul	9.0			† –	╁
4a	At any time during the calendar year, did the organization have an interest in or a signature or other	بأناء كالمراوم			1	+-
	Imancial account in a foreign country (such as a bank account, securities account, or other financial	accoun	1)?	48	)	2
b	ir res, enter the name of the foreign country: ▶			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		╀▔
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	(FBAR)		1	
p 3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax years.			5a	Į.	R
U	DIG dily utxable party notify the organization that it was or is a party to a prohibited tay shelter to be	Paniton		5b		K
C	if it is, to line 5a or 5b, did the organization file Form 8886-T?			5c		<del>  -</del>
ба	The state of the contract of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	to seem	ingalon auticia			
	any contributions that were not tax deductible as charitable contributions?	_		6a		K
Ь	The second of the organization include with every solicitation an express statement that such contribution	tions or	ifhe			
_	were not tax deductible?  Organizations that may receive deductible contributions of the contributions that may receive deductible contributions.			6b		
7	- 22 Education of the production contributions finds, section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pro	vided to the payor?	7a	X	
d	If "Yes," did the organization notify the donor of the value of the goods or services provided?	*****		7b	Х	
u	and the organization sail, exchange, or otherwise dispose of tangible personal property for which it w	as recui	her			_
	to file Form 8282?			7c		X
a	if "res," indicate the number of Forms 8282 filed during the year	7d				
4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?		7a		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		71		X
¥	if the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899	Sherimen as	79		
h 8	If the organization received a contribution of cars, boats, simplanes, or other vehicles, did the organiz	ation file	a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			$\Box$	
9	sponsoring organization have excess business holdings at any time during the year?	**********		8		
	Sponsoring organizations maintaining donor advised funds.					
d	Did the sponsoring organization make any taxable distributions under section 4966?			9a	_	
וטו	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	*********		9b		
en i	Initiation fees and capital contributions included on Part VIII, line 12	10a				
1 :	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b				
h	Gross income from members or shareholders	11a		- 1		
	Gross income from other sources (Do not net amounts due or paid to other sources against				- 1	
) Day (	amounts due or received from them.)	11b				
ь :	Section 4947(s)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form	1041?	7	12a		
3 5	f "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
a i	s the omanization licensed to iccue mulified beath attacks in an attack at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified beath at a second to iccue mulified					
- "	s the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O.	************		13a	$\perp$	
ьF	Enter the amount of reserves the organization is required to maintain by the states in which the				1	
	required to is licensed to issue qualified benith alexa.	1				
e F	rganization is licensed to issue qualified health plans	13b		- 1		
a l	inter the amount of reserves on hand	13c			_ _	
ЬИ	Did the organization receive any payments for indoor tanning services during the tax year?  "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			148		X_
- **	- The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	U		14b		

Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filled ▶CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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  Upon request  Other (explain in Schedule O)
19	Describe in 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.

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

TGG ACCOUNTING - 760-697-1033

10188 TELESIS COURT SUITE 130. SAN DIEGO. CA 92121

Form 990 (2015)

532006 12-16-15

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 and/or Box 7 of Form 1099-MISC) 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.
  List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	lorg	aniz	atio	п со	mpe	nsa.	ted any current officer.	director, or trustee.	
(A) Name and Title	(B) Average hours per week	O(T	r, unk	Pos check	waan	then is bo or/trus	th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trusse or Giractus	Inchibitional trustee	Officer	Key employee	Heavest compensated catalogues	Fermer	the organization (W-2/1099-MISC)	organizations (W·2/1099-MISC)	compensation from the organization and related organizations
(1) TIPFANY PARNSWORTH PRESIDENT	1.00	x		Х				0.	0.	
(2) ELLY GARNER	1.00	-	╫		⊢	-	$\vdash$	- 0.	U .	0.
VICE-PRESIDENT		X		X				0.	0.	0.
(3) JOE LABRECHE	1.00									
TREASURER (4) MYLES RUSH	1.00	Х	_	Х		_	<u> </u>	0.	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(5) LISA DENHAM BOARD MEMBER	1.00									0.
(6) LESLIE MONTEATH	1 00	X			Ш		Ш	0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	
(7) REBECCA NOBRIGA	1.00								0.	0.
BOARD MEMBER		X						0.	0.	0.
(8) RANDALL PETERSON BOARD MEMBER	1.00	x						0.	0.	
(9) GAYLE VALENTINO	1.00		$\dashv$	_			$\dashv$		U.]	0.
BOARD MEMBER		X						0.	0.	0.
(10) TYLER WAGNER	1.00		$\Box$	П						
BOARD MEMBER		X						0.	0.	0.
(11) JAN WIER BOARD MEMBER	1.00	х			$\neg$					
(12) NICOLE MIONE-GREEN	40.00	Δ.	-		$\dashv$	-	-	0.	0.	0.
EXECUTIVE DIRECTOR	40.00			x				78,500.	0.	0.
				$\exists$	$\neg$	$\neg$	$\exists$			
		$\dashv$	+	$\dashv$	$\dashv$	$\dashv$	┥			
			ightharpoonup	_	_	_				
					d	1				
		+	7	$\dagger$	7	十	$\dashv$			
		$\dashv$	$\dashv$		4	$\dashv$	$\dashv$			
			_ [			.5				
							_			

532007 12-16-15

CASA DE AMISTAD, CENTRO DE ENSENANZA Form 990 (2015) 26-0016331 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 Total revenue Related or exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ... b Membership dues ..... 1b c Fundraising events ..... 42,930. 10 d Related organizations ... 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 483,910. Noncesh contributions included in lines 1a-1f: 8 5,039. h Total. Add lines 1a-1f ... 526,840. **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f investment income (including dividends, interest, and other similar amounts) 62. 62. income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6 a Gross rents Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Lass: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_ 42,930. of contributions reported on line 1c). See Part IV, line 18 .....a 23,360. 21,667. b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 1.693. -1,693. 9 a Gross income from gaming activities. See Part IV, line 19 ...... a 2,650 b Less: direct expenses b 463. c Net income or (loss) from gaming activities . 2,187. 2,187. 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold ..... b c Net income or (loss) from sales of inventory ..... Miscellaneous Revenue Business Code 11 a

12 532009 12-16-15

3,942.

0.

530,782.

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d .....

0.

CASA DE AMISTAD, CENTRO DE ENSENANZA Form 990 (2015) 26-0016331 Page 10 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, (D) Fundraising (C) Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. Management and general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 Individuals. See Part IV, line 22 4,385. 4,385. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 77,000. 65,450. 11,550. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 93,654. 88,783. 4.871. Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 15,800. 14.280. 1,520. Fees for services (non-employees): a Management b Legal \_\_\_\_\_ e Accounting 13,196. 13,196. d Lobbying \_\_\_\_\_ e Professional fundralsing services. See Part IV, line 17 f Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion ..... 3,542. 2,009. 1.533. Office expenses 13 14,362. 10,147. 4,215. Information technology 14 Royalties 16 5,900. Occupancy ..... 2,950. 2,950. 17 859. 859. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization 1,854. 1,854. 23 7,621. 3,620. 4,001. Other expenses, Itemize expenses not covered above, (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) PROGRAM YOUTH SYMPHONY 15,813. 15,813. Û. Ó. OTHER DIRECT PROGRAM EX 4,876. 4,876. 0. 0. PERSONNEL RELATED 3,545. 2,751. 794. 0. d MISCELLANEOUS 2,895. 16. 2,879. 0. All other expenses Total functional expenses. Add lines 1 through 24e 265,302. 215,939. 49,363.

532010 12-15-15

Check here

0.

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

\_\_\_\_ If following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or no			(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing			291,789	. 1	275,22(
	2		56,831		245 007		
	3	Pledges and grants receivable, net	20,031	<del></del>	346,892		
	4	Accounts receivable, net		3			
	5	Loans and other receivables from current and fi	re director		4		
		trustees, key employees, and highest compens					
		Part il of Schedule L		1 - 1			
	6	Loans and other receivables from other disqual		5			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec		1 1			
	l	employees' beneficiary organizations (see Instr).	Complete	Part II of Sob I		1 - 1	
	7	Notes and loans receivable, net	Complete	- art ii di Scri L		6	
	8	inventories for sale or use	*************			7	
	9	inventories for sale or use Prepaid expenses and deferred charges	****************			8	
	_	Land, buildings, and equipment: cost or other	1			9	
		basis. Complete Part VI of Schedule D	100	44 722			
	Ь	Less: accumulated depreciation	406	38,406.	F 045		
	11	investments - publish tended	100		5,245	10c	6,316
	12	Investments - publicly traded securities			<u> </u>	11	
	13	Investments - other securities. See Part IV, line 1	1			12	
ŀ	14	Investments - program-related. See Part IV, line	11			13	
1	15	Intangible assets	************			14	
	16	Other assets. See Part IV, line 11			15		
┥	17	Total assets. Add lines 1 through 15 (must equa	353,865.	18	628,428		
ł	• •	Accounts payable and accrued expenses		2,423.	17	11,506	
1	18 19	Grants payable		***************************************		18	
1		Deferred revenue				19	
1	20	Tax-exempt bond liabilities				20	
١	21	escrow or custodial account liability, Complete F	art IV of Sc	hedule D		21	
1	22	Loans and other payables to current and former					·
1		key employees, highest compensated employee	s, and disqu	ualified persons.			
1		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third pa	rties		23	
П	24	Unsecured notes and loans payable to unrelated	third partie	9 ,		24	
ı	25	Other liabilities (including federal income tax, pay	ables to rel	ated third			
Ì		parties, and other liabilities not included on fines	17-24). Cor	nplete Part X of		i I	
l		Schedule D	******			25	
H	26	Total liabilities. Add lines 17 through 25			2,423.	26	11,506.
ŀ		Organizations that follow SFAS 117 (ASC 958)		bns LXL ≪ler			
		complete lines 27 through 29, and lines 33 and					
П	27	Unrestricted net assets		322,942.	27	321,307.	
П	28	remporarily restricted net assets	28,500.	28	295,615.		
ľ	29	Permanently restricted net assets		29			
		Organizations that do not follow SFAS 117 (AS					
l		and complete lines 30 through 34.					
1	30	Capital stock or trust principal, or current funds		30			
1	31	Pald-in or capital surplus, or land, building, or equ		31			
1	32	Retained earnings, endowment, accumulated inc	er funds		32		
3	33	Total net assets or fund balances			351,442.	33	616,922.
13	34	Total liabilities and net assets/fund balances			353,865.	34	628,428.

Form 990 (2015) CASA DE AMISTAD, CENTRO DE ENSENANZA Part XI Reconciliation of Net Assets	26-00	16331	Page
Check if Schedule O contains a response or note to any line in this Part XI			Г
1 Total evenue (must equal Part VIII, column (A), fine 12) 2 Total evenues (must equal Part IV, column (A), fine 35)			0,78
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1	2		5,30
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		5,48
5 Net unmalized gains finesee) on invectments	4	35	1,44
Net unrealized gains (losses) on Investments  Donated services and use of facilities	5	<u>.</u>	
7 Investment expenses 8 Prior period adjustments	7		
Other changes in net assets or fund balances (explain in Schedule O)	8		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9		(
column (B))	10	<i>E</i> 1	£ 022
Part XIII Financial Statements and Reporting	10	91	6,922
Check if Schedule O contains a response or note to any fine in this Part XII			
	**************************************		Yes N
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			163 (4
If the organization changed its method of accounting from a prior year or checked "Other" explain in Sc	charluía O	-1 -1	ĺ
a Were the organization's financial statements compiled or reviewed by an independent accountant?	s iedule Q.	2a	x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or n	eviewed oo e	. 24	-
separate basis, consolidated basis, or both	CAIDMOO OILE		
X Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b Were the organization's financial statements audited by an Independent accountant?		2b	l x
if "res," check a box below to indicate whether the financial statements for the year were audited on a s	Sanarata hacie	- 20	<del>-   -</del>
consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis		1 1	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion	ht of the gudit	1 1	
review, or compilation of its financial statements and selection of an independent accountant?		20	x
If the organization changed either its oversight process or selection process during the tax year, explain	in Schedule O	-	
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?		За	X
	na required audit	30	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		35	
			990 (201

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.ira.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CASA DE AMISTAD, CENTRO DE ENSENANZA

Employer identification number 26-0016331

Part !	Reason for Public	Charity Status	(All amountained		44.1		20 0010331			
	ization is not a private fou	adation because it is	(All organizations must	complete	mis part.)	See instructions.				
1	A church, convention of	aburaban sasasing	i (rorines i mrough 11	, check on	ily one bo:	c.)				
2 🗔	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
	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 hospit										
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.)										
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public des										
							2			
	section 170(b)(1)(A)(vi), (	Complete Part II )	minute part of its suppor	t iioiii a gt	ven ment	al unit or from the gener	al public described in			
а 🗀			Wayayan /O	- 4 80 h						
	A community trust descri	Den al section 140fc	и идации, (Complete Pr	art II.)						
<b>"</b> Ш	An organization that norm	ally receives: (1) mo	re than 33 1/3% of its st	apport fron	n contribu	tions, membership fees,	and gross receipts from			
	activines telated to its exe	empt lunctions - subj	ect to certain exception.	s, and (2) r	no more th	an 33 1/3% of its suppo	ort from gross investment			
	income and finterated bit	siness taxable incom	e (less section 511 tax)	from busin	esses acq	uired by the organization	n after June 30, 1975.			
	See section Sub(8)(2). (C	omplete Part III.)								
11 🖳	An organization organized	and operated exclu	sively to test for public s	safety. See	section 5	i09(a)(4).				
11 📖	An organization organized	and operated exclu	sively for the benefit of.	to perform	the functi	ions of losto commont ti	20 Dumana of an			
	more publicly supported of	manizations describ	ed in section 509(a)(1)	or section	SD9(a)(2)	See section soon your	Operations of Oue of			
	lines 11a through 11d tha	describes the type	of supportion ampoins	on and on	molete lie	. See section sustants).	Check the box in			
a	Tyge I. A supporting or	Bnizetion operated	to outpoint g organization	dirana ca	mbiers title	site, itt, and 11g.				
	Type I. A supporting org	for(a) the review to -	acheraradi ot counding	oy Its Su	pported or	ganization(s), typically b	y giving			
	the supported organizat	ion(s) the power to n	edinarily abboant or elect	a majority	of the dire	ectors or trustees of the	supporting			
	organization. You must	complete Part IV, S	ections A and B.							
0	Type II. A supporting on	ganization supervise	d or controlled in conne	ction with	its suppor	ted organization(s), by h	aving			
	control or management	of the supporting on	ganization vested in the	same pers	ons that c	ontrol or manage the su	pported			
<del></del>	organization(s). You mu:	st complete Part IV.	Sections A and C.							
لــا ه	Type III functionally int	egrated. A supportir	ng organization operated	in connec	ction with.	and functionally interes	tad with			
	its supported organization	n(s) (see instruction	s). You must complete	Part IV. S	actions A	D and E	IRO MIRI			
a 🔲	Type III non-functional	v integrated. A sun	norting amanization are	reted in or	oononia n		to at a s			
	that is not functionally in	tearsted. The arran	retion concerns and	Mateu III CC	MINECUON :	with its supported order	ization(s)			
	that is not functionally in	Hosel You sevet	caudit generally must sa	itisty a dist	ruprition te	quirement and an atten	tiveness			
	requirement (see instruc	uona). Tou must coi	mplete Part IV, Section	s A and D	, and Part	: V.				
•	Check this box if the org	anization received a	written determination in	om the IRS	that it is	a Type I, Type II, Type II	ļ			
	functionally integrated, o	r Type III non-functio	nally integrated support	ting organi	zation.					
11 Enter	the number of supported	organizations			*****		501			
g Provid	le the following information	n about the support	ed organization(s).							
(1)	Name of supported	(II) EIN	(iii) Type of organization		rgenization	(v) Amount of monetary	(vi) Amount of			
	organization		(described on lines 1-9		la your document?	SUpport (see	other support (see			
			above (see instructions))	Yes	No	Instructions)	instructions)			
				1.55						
		ĺ		1	!					
		1								
	j			1						
fotal										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CASA DE AMISTAD, CENTRO DE ENSENANZA 26-0016331 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calledd year (or fiscal year beginning in)	Se	ction A. Public Support		composer at				
11. Giffs, grants, contributions, and mambership leas received. (On not include any "torusual grants.") 2. Tax revenues leved for the organization is benefit and ether paid to or expended on its obtail at the companization of sense of services or facilities furnished by a governmental unit to the organization videout charge 4. Total, Add line 1 through 3. 99, 657. 156, 800. 242, 121. 259, 187. 526, 840. 1284 to the organization 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 (i) 498, 786, 786, 786, 786, 786, 786, 786, 78			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(-) 00+E	In Territ
membership feat received, (Do not include any 'unusual grents.')  2 Tax revenues levied for the organization's benefit and active paid to or expended on its behalf.  3 The value of services or facilities furnished on the 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			(4,2011	10/2012	(6) 2013	(0)2014	(e) 2015	(f) iotal
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 (pither than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  5 Public support. Solutinatins from line 4  8 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  8 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from ine 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  6 Gross income from inetest, dividends, payments received on securities loss, rents, royalties and income from inetests, dividends, payments received on securities loss, rents, royalties and income from inetests, dividends, payments received on business is regularly carried on 5,188. 12,870. 29,250. 3,880. 51,1  10 Total support. Add lines 7 through 10  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 10  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization in the sale of capital and stop here. The organization qualifies as a publicly supported organiz	•							1
2 Tax revenues levised for the organization about 5 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  Totals Add fines 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 256 of the amount shown on line 11, column (i)  6 Public support, Substact the site of the state of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support, Substact the site of the support substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact substact s		include any "unusual grants.")	99,657.	156.800.	242,121.	259.187.	526 840	1284605
ization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by sach person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i)  Section B. Total Support  Selendar year (of fiscal year beginning in)  Amounts from line 4  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Amounts from line 4  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Amounts from line 4  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Adental Section B. Total Support  Selendar year (of fiscal year beginning in)  Agental Section B. Total Support  Agental Section B. Total Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Se	2					20072076	320,040.	1204003
3 The value of services or facilities furnished by a governmental unit to the organization without change 4 Total. Add fines 1 through 3 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 (i) 498, 2 Section B. Total Support College and the property of the amount shown on line 11, column (i) 498, 2 Section B. Total Support College and year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year (or fiscal year) for firm interest, dividends, payments received on securities losins, rents, noyalibes and income from similar sources  9 Net income from inrelated business activities, whether or not the business is regularly carried on 5, 188. 12,870. 29,250. 3,880. 51,1  10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI). 931.  11 Total support. Add lines 7 through 10 13368  12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form \$50 is for the organization of high organization of Public Support Percentage  15 Public support percentage from 2014 Schedule A, Part II, line 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		_						1
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Total. Add ines 1 through 3  The portion of total contributions by such person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subsective 3 eron line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  786 .:  Section B. Total Support  Calendar year (or fiscal year beginning in)  99 , 657 . 156 ,800 . 242 ,121 . 259 ,187 . 526 ,840 . 12846  Gross income from interest, dividends, payments received on securities lone, rents, nyalties and income from interest, dividends, payments received on securities lones, rents, nyalties and income from unrelated business activities, whether or not the business is regularly carried on 5 , 188 . 12 , 870 . 29 , 250 . 3 , 880 . 51 , 1  10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI)  931 . 11 Total support Add lines? through 10  11 Total support Add lines? through 10  12 Gross receipts from related activities, etc. (see instructions)  12 First five 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  Public support percentage from 2014 Schedule A, Part III, line 14  15 B 3 173% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 173% or more, check this box and stop here. The organization qualifies as a publicly supported organization here. The organization meets the "facts-and-circumstances" test. The organization meets the "facts-and-circumstances" test. 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the o	3	The value of services or facilities						
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 Subsective 5 from line 4.  9 9, 657. 156,800. 242,121. 259,187. 526,840. 12846  8 Gross income from line 14  1 Amounts from line 4  9 9, 657. 156,800. 242,121. 259,187. 526,840. 12846  9 9, 657. 156,800. 242,121. 259,187. 526,840. 12846  9 9, 657. 156,800. 242,121. 259,187. 526,840. 12846  9 9, 657. 156,800. 242,121. 259,187. 526,840. 12846  9 9, 657. 156,800. 242,121. 259,187. 526,840. 12846  9 9, 657. 156,800. 242,121. 259,187. 526,840. 12846  1 Gross income from interest, dividends, payments received on securities loans, rents, ryvatice and income from similar sources  9 Not income from unrelated business activities, whether or not the business is regularly carried on 5, 188. 12,870. 29,250. 3,880. 51,1  10 Other income. Do not include gain or loss from the sale of capital asserts (Explain in Part VI) 931. 931. 991. 1 Total support. Add lines 7 through 10  13 First five 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 2015 fire 6, column (f) divided by line 11, column (f) 14 58,82  15 Public support percentage for 2015 fire 6, column (f) divided by line 11, column (f) 14 58,82  16 Public support percentage for 2015 fire 6, column (f) divided by line 11, column (f) 14 58,82  16 Public support percentage for 2015 fire 6, column (f) divided by line 11, column (f) 15 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, fig., or 15, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances"		furnished by a governmental unit to						
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) 498,7 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3 786,3		- 111						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11,  6 Public support. Belongs in Section B. Total Support  Calendar year (or fiscal year beginning in )  7 A mounts from line 4  9 Gross income from interest, dividends, payments received on securities bona, rents, nyatice and income from similar sources  9 Not 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.)  931.  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization is 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 from 2014 Schedule A. Part II, line 14  15 Bublic support percentage from 2015 (sine 6, column (f) divided by line 11, column (f))  15 33 1/3% support test - 2015. (fithe organization id id 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 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization mores the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets t	4	Total. Add lines 1 through 3	99,657.	156,800.	242,121.	259,187.	526,840.	1284605.
governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f)  8 Public support, Submet the 5 from line 4, Section B. Total Support  Calendary sear (or fiscal year beginning in)  99,657. 156,800. 242,121. 259,187. 526,840. 12846  Gross income from line 4. 99,657. 156,800. 242,121. 259,187. 526,840. 12846  Gross income from interest, dividends, payments received on securities loans, rents, ryadiles and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 5,188. 12,870. 29,250. 3,880. 51,1  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 980 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 from 2014 Schedule A, Part II, line 14  15 83.82  16 33 1/3% support test - 2015, (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  15 174 10% - Facts- and-circumstances test - 2016, if the organization did not check the 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts- and-circumstances" test, check this box and stop here. Explain in Part	5	The portion of total contributions						
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on line 1 that exceeds 2% of the amount shown on line 11, column (f)							[	
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Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  99,657. 156,800. 242,121. 259,187. 526,840. 12846  3 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 5,188. 12,870. 29,250. 3,880. 51,1  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  931. 7 Total support. Add lines? through 10  15 First five 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.  14 Public support percentage from 2014 Schedule A, Part II, line 14  15 B3 1/3% support test - 2015, 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  17s 10% -facts-and-circumstances test - 2015. if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. 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. 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 - 2014. 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. 2014. 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. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the					İ			
Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (0) Total Year Amounts from line 4  99,657. 156,800. 242,121. 259,187. 526,840. 12846  99,657. 156,800. 242,121. 259,187. 526,840. 12846  39,657. 156,800. 242,121. 259,187. 526,840. 12846  99,657. 156,800. 242,121. 259,187. 526,840. 12846  30 Gross income from interest, dividends, payments received on securities loans, rents, royatibles and income from smillar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 5,188. 12,870. 29,250. 3,880. 51,1  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)  13 First five 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.  14 Public support percentage from 2014 Schedule A, Part II, line 14  15 Public support percentage from 2014 Schedule A, Part II, line 14  16 B 33 1/3% support test - 2015. 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  17 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 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 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, the kin box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, a		column (i)						498,264.
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178 10% -facts-and-circumstances test - 2015. 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 - 2014. 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.	1	and stop here. The organization qualif	ies as a publicly s	upported organiza	tion			<b>&gt;</b>
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b 10% -facts-and-circumstances test - 2014. 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	- 4	and if the organization meets the "fact	s-and-circumstand	es" test, check th	is box and stop he	ere. Explain in Part	VI how the organiz	cation
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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	1	more, and if the organization meets the	*facts-and-circum	nstances" test, ch	eck this box and s	top here. Explain i	in Part VI how the	
16 Private roundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	40 -	organization meets the "facts-and-circu	ımstances" test. T	he organization q	ualifies as a public	ly supported organ	nization	> <u></u>
	18	rivate foundation. If the organization	did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	, check this box an	d see instructions	
Schedule A (Form 990 or 990-EZ):						Sched	lule A (Form 990 o	r 990-EZ) 2015

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_
Cel	endar year (or fiscal year beginning in) þ-	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(-) 0015	40 T-4-1
	Gifts, grants, contributions, and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1=/====	(0) 2010	10/2014	(e) 2015	(f) Total
	membership fees received. (Do not	j	1	j		i	
	include any "unusual grants.")	1	i		ľ		
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		<del> </del>				
•	are not an unrelated trade or bus-	1		1			
	iness under section 513				İ	1	1
5	Tax revenues levied for the organ-					<del>                                     </del>	
	ization's benefit and either paid to				ĺ		
	or expanded on its behalf		1			J I	
5	The value of services or facilities		<del></del>				
_	furnished by a governmental unit to	l				1	
	the organization without charge				l		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	93					
	3 received from disqualified persons		ł			1	
b	Amounts included on fines 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					1	
C	Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·
8	Public support. (Subtract line 7c from line 8.)				16		
	tion B. Total Support						· ·
	ndar year (or fiscal year beginning in) 🔊	(a) 2011	(ь) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6					0.	(1) / 40422
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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain					<del>                                     </del>	
	or loss from the sale of capital assets (Explain in Part VI.)					۸	
	Total support. (Add lines 9, 10c, 11, and 12.)	Alexander de la la la la la la la la la la la la la					
177	First five years. If the Form 990 is for	ine organization's	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	tion,
ìac	check this box and stop here tion C. Computation of Publi	o Support Day			***************************************	·····	ق
10	Public support percentage for 2015 (li	19 8, column (f) di	vided by line 13, co	olumn (f))		15	%
	Public support percentage from 2014					16	%
	tion D. Computation of Inves						
if !	Investment income percentage for 20	ia (line Tüc, colum	រា (រី) divided by line	13, column (f)		17	%
16 I	Investment income percentage from 2	J14 Schedule A, F	Part III, line 17		****	18	%
28 S	33 1/3% support tests - 2015. If the o	arganization did no	ot check the box o	n line 14, and line	15 is more than 3:	3 1/3%, and line 17	is not
ا	more than 33 1/3%, check this box an	a stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	▶□
: מ	33 1/3% support tests - 2014. If the (	irganization did no	ot check a box on	ine 14 or line 19a,	and line 16 is mor	re than 33 1/3%, an	
n 1	ine 18 is not more than 33 1/3%, chec	K TRIS DOX and St	op here. The organ	nzation qualifies a	s a publicly suppo	rted organization	
	Private foundation. If the organization	old not check a b	ox on line 14, 19a	, or 19b, check thi			<b>.</b>
LSus	09-23-15				Sche	dule A (Form 990 c	r 990-EZI 2015

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11b of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? if "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			Ye	18	No
	1				
	2				
	3a				
	3b				
	3c	7		1	
	4a	7		1	
ľ		1		1	
L	4b	1			
	<b>4</b> c				
H	46	t		+	
	5a				
L	5b				
L	5с	1	_	╀	
	6				
	7				
	8	Ī			
	9e				_
,	e Bb				
	Эс				
	0a			_	_
	0b or 99	0-		20	15

Sci	nedula A (Form 890 or 990-EZ) 2015 CASA DE AMISTAD, CENTRO	DE	ENSENANZA	26-0016331 Page (
1	17po is itell-i diredulally integrated 509(8)(3) Supporting	ng Org	anizations	
	- The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	ng trust i	on Nov. 20, 1970 <b>. See i</b> n	structions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4		4		
5		5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		1
	maintenance of property held for production of income (see instructions)	6	ľ	
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	В		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	$\top$		
	instructions for short tax year or assets held for part of year):			1
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1s, 1b, and 1c)	1d		<del></del>
	Discount claimed for blockage or other	1		<del></del>
	factors (explain in detail in Part VI):			- (
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+ -		+
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del> </del>
6	Multiply line 5 by .035	6	<del></del>	
7	Recoveries of prior-year distributions	7		<del></del>
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount	1	<del></del>	Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		1
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	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			7/
	emergency temporary reduction (see instructions)	8		,
7	Check here if the current year is the organization's first as a non-functionally	-interra	ted Type III supporting	anniantian (ann
	Inches all and	Aig	1 ho in authorities (i	Acrimental (200

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2015 CASA DE AMISTAD, CENTRO DE ENSENANZA 26-0016331 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See Instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (1) (ii) (HI) Underdistributions **Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: b ¢ d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: 8 a Ь c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015 CAS	A DE	AMISTAD,	CENTRO	DE	ENSENANZA	26-0016331
Patt VI	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See Instructions.)	Informatio lines 1, 2, 35, 3 tion D, lines 2 a 6, and 8; and f	n. Provide 3c, 4b, 4c and 3; Part Part V, Sec	e the explanation , 5a, 6, 9a, 9b, 9 t IV, Section E, li ction E, lines 2, 5	ns required by c, 11a, 11b, an nes 1c, 2a, 2b, i, and 6. Also c	Part II, id 11c; 3a and omplet	line 10; Part II, line 17a Part IV, Section B, line: d 3b; Part V, line 1; Part te this part for any addit	26-0016331 or 17b; Part III, line 12; s 1 and 2; Part IV, Section v, Section B, line 1e; Part tional information.
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treesury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.ira.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer Identification number

	CASA DE AMISTAD, CENTRO DE ENSENANZA	26-0016331
Organization type (chec	ik 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 Note. Only a section 501(	n is covered by the <b>General Rule or a Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	la See instructions
General Rule		o. ood iisadetens,
For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or state) contributions.
Special Rules		
any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, of tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount Z, line 1. Complete Parts I and II.	or 16b, and that manipul 4
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educat cruelty to children or animals. Complete Parts I, II, and III.	ny one contributor, during the tional purposes, or for
is checked, enter purpose. Do not c	on described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from an is exclusively for religious, charitable, etc., purposes, but no such contributions totaled more here the total contributions that were received during the year for an exclusively religious, or complete any of the parts unless the General Rule applies to this organization because it in the, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc.,
our it must suswer .Mo. Or	that is not covered by the General Rule and/or the Special Rules does not file Schedule B ( n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forn t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990, 990-EZ, or 990-PF), m 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2015)

<u>• 2</u>

Name of organization		Em	Pa ployer identification number
	ISTAD, CENTRO DE ENSENANZA ributors (see instructions). Use duplicate copies of Part		26-0016331
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
1		\$\$,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,039.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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

523452 10-26-15

(Complete Part II for noncash contributions.)

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

# CASA DE AMISTAD, CENTRO DE ENSENANZA

26-0016331

1-1	Noncash Property (see instructions). Use duplicate copies of Part		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	47 SHARES OF ACCENTURE STOCK (ACN)		
		<u>5,039.</u>	11/30/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		s	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		s	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		s	
a) lo. om art l	(b)  Description of noncesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		s	
a) lo. om ert i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			

lama of org	3 (Form 990, 990-EZ, or 990-PF) (2015) Brization		Employer identification number
CASA I		nationations to organizations described a columns (a) through (a) and the follow	26-0016331 in section 501(c)(7), (8), or (10) that total more than \$1,000
	pempleting Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition	IQUA, Charitable, etc., contributions of \$1,000 or I	less for the year, (Enter this info, ence.)
(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 !	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— [:			
	Transferee's name, address, a		
-	Hausieree & Hame, access, a	IND ZIP + 4	Relationship of transferor to transferee
) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—   <u>-</u>			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferoe
No.			
art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

523454 10-28-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

### 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, 11s, 11b, 11c, 11d, 11s, 11f, 12s, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CASA DE AMISTAD, CENTRO DE ENSENANZA

Employer identification number 26-0016331

_		(a) Donor advised funds	(b) Fund	s 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 w	riting that the assets held in donor adv	irod funde	
	are the organization's property, subject to the organization's ex	xclusive legal control?	and lutius	Yes [
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can b	A ucod eab	Tes L_
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other ourses	e used only	
	impermissible private benefit?	condition advisor, or for any other purpos	e contaming	П. —
Pe	rt II Conservation Easements. Complete If the orga	nization answered "Ves" on Form 990	Dod N/ Kan 7	
1	Purpose(s) of conservation easements held by the organization	Chack all that panh.	Part IV, line 7.	
	Preservation of land for public use (e.g., recreation or edi			
	Protection of natural habitat		toncally import	ant land area
	Preservation of open space	Preservation of a ce	rtified historic s	tructure
2				
-	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form		
_	day of the tax year.			ield at the End of the Tax
# L	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easements		2b	
C	number of conservation easements on a certified historic struc	ture included in (a)	20	
d	Number of conservation essements included in (c) acquired after	er 8/17/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by th	e omenization	turing the tay
			o organization (	31
	year >		o organizacoji (	
	Number of states where property subject to conservation eases	ment is located		
	Number of states where property subject to conservation eases Does the organization have a written policy regarding the period	ment is located		
	Number of states where property subject to conservation eases Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it his	ment is located  dic monitoring, inspection, handling of olds?		□Voc □
	Number of states where property subject to conservation eases Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it his	ment is located  dic monitoring, inspection, handling of olds?		□ v <sub>oo</sub> □
3	Number of states where property subject to conservation eases Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it he Staff and volunteer hours devoted to monitoring, inspecting, ha	ment is located  dic monitoring, inspection, handling of olds?  Inding of violations, and enforcing continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous	servation easer	Yes nents during the year
3	Number of states where property subject to conservation eases Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it he Staff and volunteer hours devoted to monitoring, inspecting, ha	ment is located  dic monitoring, inspection, handling of olds?  Inding of violations, and enforcing continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous	servation easer	Yes nents during the year
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	Number of states where property subject to conservation eases Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it his Staff and volunteer hours devoted to monitoring, inspecting, ha	ment is located  dic monitoring, inspection, handling of olds?  Inding of violations, and enforcing cong of violations, and enforcing conservations.	servation easer	Yes nents during the year
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	Number of states where property subject to conservation easer Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it his Staff and volunteer hours devoted to monitoring, inspecting, hat a mount of expenses incurred in monitoring, inspecting, handling \$\displays\$  Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ment is located  dic monitoring, inspection, handling of olds?  Inding of violations, and enforcing cong of violations, and enforcing conservations of violations and enforcing conservations.	servation easer ation easements I(h)(4)(B)(i)	Yes nents during the year during the year
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	Number of states where property subject to conservation eases Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it his Staff and volunteer hours devoted to monitoring, inspecting, has a mount of expenses incurred in monitoring, inspecting, handling \$\frac{1}{2} \\$  Does each conservation easement reported on line 2(d) above s and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	ment is located  dic monitoring, inspection, handling of olds?  Inding of violations, and enforcing conservations of violations, and enforcing conservations at large the requirements of section 170 easements in its revenue and expense it's financial statements that describes	servation easer ation easements (h)(4)(B)(i) statement, and the organization	Yes nents during the year during the year Yes during the stand his accounting for
	Number of states where property subject to conservation eases Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it his Staff and volunteer hours devoted to monitoring, inspecting, handling Amount of expenses incurred in monitoring, inspecting, handling \$\rightarrow\$.  Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	ment is located   dic monitoring, inspection, handling of olds?  Inding of violations, and enforcing conservations at the requirements of section 170 easements in its revenue and expense is financial statements that describes out. Historical Treasures. or O	servation easer ation easements (h)(4)(B)(i) statement, and the organization	Yes nents during the year during the year Yes during the stand his accounting for
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	hedule D (Form 990) 2015 CASA DI	AMISTAD,	CENTE	O DE	ENSENA	ANZA	26	-00163	31	Page
1	art III   Organizations Maintaining	Collections of A	Art, Histo	orical T	reasures,	or Oth	er Similer	Accetain	melauca	-d
3	Using the organization's acquisition, acces	sion, and other reco	rds, check	any of the	following th	at are a	significant use	of its collec	tion it	ems
	(Check as triat apply):									4:110
	a Public exhibition		d 🔲 L	oan or ex	change prog	rems				
	b Scholarly research			ther						
	c Preservation for future generations									
4	Provide a description of the organization's	collections and expla	un how the	v further t	the omenize	tion's ave		in Dank VIII		
5	During the year, did the organization solicit	or receive donations	of art hie	prical trac	seuros os oti	har aimeile	mpt purpose	m Part Am.		
	to be sold to raise funds rather than to be n	raintained as nert of	the ameni	ration is a	allastine?	ilet attill9	r assets	<b>—</b>	_	_
P	ert IV Escrow and Custodial Arrai	gements Como	loto if the a	Zaucii s C	Oriection 7			Yes		<u>N</u>
_	reported an amount on Form 990, Pa	ert X. line 21	iata ii tile t	wganizatio	osiswered na	Yes Or	Form 990, Pa	art IV, line 9,	Or	
1			P	. 4 79 40						
•	Is the organization an agent, trustee, custoo	Man or other interme	diary for co	ontributio	ns or other a	ssets not	included		_	_
	on Form 990, Part X?		+++				**************	L Yes	L	No
1	If "Yes," explain the arrangement in Part XII	and complete the fi	ollowing tal	ble:						
								Amou	ınt	
(	Beginning balance	***********************		*********			1c			
	Additions during the year	** * * * * * * * * * * * * * * * * * * *					14			
	Distributions during the year					**!*********	1e			
- 1	Ending balance				***************************************	************	11			
2:	Did the organization include an amount on F	orm 990. Part X. line	21 for es	CEDM OF C	retodial acco	nunt Kalali		1 14		1
ŧ	If "Yes," explain the arrangement in Part XIII	Check here if the e	volenation	hee hoos		Don't Water	щу г	Yes Yes	<u> </u>	
Pε	rt V   Endowment Funds. Complete	e coitesiaemo ed fi	ANNO ISTANI	feet on Ec	provided on	ANA Franci			11	
_		(a) Current year	1							
18	Reginging of year halance	(a) Current year	(B) Pric	x year	(C) I WU YEA	15 Dack	(d) Three years	back (e) Fo	ur year	s back
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d						$ \top$				
•	Other expenditures for facilities									
	and programs					ſ				
f	Administrative expenses							_		
9	End of year balance					-+				
2	Provide the estimated percentage of the cur	rent year end halanc	e (line 1a	column (a	// bold on					
а	Board designated or quasi-endowment >	one your one beaute	%	COILLITIII (a	III Heid as.					
b	Permanent endowment >	%	_78							
-	Temporarily restricted endowment >	<del></del> _								
•		<u> </u>								
	The percentages on lines 2s, 2b, and 2c sho	uid equal 100%.								
38	Are there endowment funds not in the posse	ssion of the organiza	ation that a	ire held ar	nd administe	red for th	e organization			
	by:								Yes	No
	(i) unrelated organizations	***********************	*************	********				3a(i)		
	(ii) reizted drugnizations							A 2013	<del>                                     </del>	<del>-</del>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?		********	*************	ontil	-	-
4	Describe in Part XIII the intended uses of the	organization's endo	wment film	de		**********	************	3b		Щ.
Pai	t VI Land, Buildings, and Equipm	ent.	WITHOUT FOR							_
	Complete if the organization answered		Doet N/ II	on 11n C	5 000	0-44 "	4-			
	Description of property									
	Description of property	(a) Cost or of		(b) Cost			zumulated	(d) Boo	k velu	8
		basis (investr	жпт)	basis (	otner)	depr	eciation			
4-		1								
1a	Land									
Ь	Buildings									
Ь	Buildings				7,807.		16,307.		1.5	00.
Ь	Buildings				7,807.				1,5	
c d	Buildings Leasehold improvements Equipment Other	**		24	4,438.		19,622.		1,5	16.
c d	Buildings	**	X column	24	4,438.					16. 0.

532053 09-21-15 Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 CASA DE AMISTAD, CENTE	O DE ENSENANZA	26-0016331 Pa
Part XI Reconciliation of Revenue per Audited Financial S  Complete if the organization answered "Yes" on Form 990, Part IV,	tatements With Revenue	per Return.
1 Total revenue, dains, and other support per surfited financial statements	line 12a	
<ul> <li>Total revenue, gains, and other support per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li> </ul>		decrease) 1
a Net unrealized dains (losses) on investments	Lal	
and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	2a	
	2b	
7		
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e Add lines 2s through 2d  Subtract line 2s from line 1	*************************************	2e
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3
a Investment expenses not included on Form 990, Part VIII, line 7b	1.1	
h Other (Describe in Part VIII )	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4s and 4b  Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I line 1	T	4c
- O TOWN TOTOLINGS, COUNTIES SIND MC, 11105 (TAUSE COUNT FORT) SMC, PART I, IIDA 1	21	1 - 1
Part XII Reconciliation of Expenses per Audited Financial S	itatements With Expenses	s per Return.
Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.	
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Ciner (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	***************************************	2e
Supplied the Sellomine 1		3
Amounts included by Form 990, Part IX, (ine 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	<del>-</del>
c Add lines 4a and 4b		4c
Total expenses. And lines 3 and 4c. (1185 most equal form 330, 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 nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART X, LINE 2:	uny additional information.	, III 6 4, FAIL A, MIG 2, FAIL AJ,
THE ORGANIZATION FOLLOWS ACCOUNTING STAN	<u> </u>	
NITED STATES OF AMERICA RELATED TO THE F	RECONGNITION OF UP	NCERTAIN TAX
OSITIONS. THE ORGANIZATION RECOGNIZES AC	CRUED INTEREST AN	ND PENALTIES
SSOCIATED WITH UNCERTAIN TAX POSITIIONS	AS PART OF THE ST	TATEMENT OF
CTIVITIES, WHEN APPLICABLE. MANAGEMENT H	AS DETERMINED THA	AT THE
RGANIZATION HAS NO UNCERTAIN TAX POSITION	NS AT JUNE 30, 20	16 AND 2015 AND
HEREFORE NO AMOUNTS HAVE BEEN ACCRUED.		
	-	

# SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yea" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Information about Schedule G (Form 990 or 900-EZ) and its instructions is at WWW.irs.gov/form990.

> Attach to Form 990 or Form 990-EZ.

OMB No. 1845-0047

Open to Public

Name of the organization							Employer ide	entification number
CASA DE	AMISTAD,	CENTRO I	DE E	NSE	NANZA		26-0016	331
Part   Fundraising Activities	Complete if the or	ganization answ	ered "	'es" o	n Form 990, Part IV,		7. Form 990-E	Z filers are not
1 Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Fib if "Yes," list the ten highest paid and compensated at least \$5,000 by the	or oral agreement w Part VII) or entity in o ividuals or entities (i	e Solicita f Solicita g Special ith any individual	tion of tion of fundr (inclusivoles)	non-g gover sising ding o	povernment grants mment grants events  fficers, directors, tru fundraising services	istees	Vac	, No be
(i) Name and address of individual or entity (fundraiser)	(ii) Act	tivity	TANG C	Did raiser uslody trol or utions?	(iv) Gross receipts from activity	1 fi	Amount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								<del></del>
						-		
				W				
7								
3								
Total			,;;	<b>B</b>				
3 List all states in which the organization or licensing.	is registered or lice	ensed to solicit c	ontrib	itions	or has been notified	it is ex	rempt from reg	jistration
			_					
HA For Paperwork Reduction Act Notice	e, see the Instruct	ions for Form 9	90 or !	90-E	Z. So	hedul	e G (Form 99r	or 990-EZ) 2015
							(1 111 000	

Sc	art	ula G (Form 990 or 990-EZ) 2015 CASA D  II Fundraising Events. Complete if of fundraising event contributions and g	me organization answer	MI"YAR" An Farm 990 Pr	ort IV/ Illes 10	of many 45 and date again
	T		(a) Event #1 SOWING SEED: OF SUCCESS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
871			(event type)	(event type)	(total number)	col, (c))
Revenue	1	Gross receipts	66,290			66,290
	2	Less: Contributions	42,930			42,930
_	3	Gross income (line 1 minus line 2)	23,360			23,360
	4	Cash prizes				
60	5	Noncash prizes	264.	<u> </u>		264
Spans	6	Rent/facility costs	11,180.			11,180
Direct Expenses	7	Food and beverages	358.			358
	8	Entertainment Other direct expenses	9,865.			
	10	Direct expense summary. Add lines 4 throug				9,865
		Net income summary. Subtract line 10 from I	ine 3. column (d)	***************************************		21,667
Pε	rt I	I Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	1,693
		\$15,000 on Form 990-EZ, line 6a.			- p-102 more ungr	
Revenue			(a) Đingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
æ	1	Gross revenue				
868	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)	++	<b>&gt;</b>	
		Net gaming income summary. Subtract line 7				
, ,	e th	r the state(s) in which the organization condu	cts gaming activities:			
b	f "N	e organization licensed to conduct gaming ac o," explain:		states?	*********************	Yes L No
a '	Vere	e any of the organization's gaming licenses re		minated during the tax y	ear?	Yes No
		is," explain:				
082	09-1	4-15			Schedule G (Form	n 990 or 990-EZ) 2045

Schedule G (Form 990 or 990-EZ) 2015 CASA DE AMISTAD, CENTRO DE ENSENANZA 2	6-0016331 Bank
or boas the organization conduct gaming activities with nonmembers?	Yes N
is the organization a granter, benenciary of trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes N
19 MARGE HE DECENIADE DI CAMBIO ACTIVITY CAMBINITY IN	
a The organization's facility	13a
D All Outside lacinty	401
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
Name >	
Address >	
5a 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 >	
6 Gaming manager information:	
Name >	
Garning manager compensation No \$	
Description of services provided 🕨	
	·
☐ Director/officer ☐ Employee ☐ Independent contractor	
7 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
ratain the state gaming license?	Yes No
to enter the amount or 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 > \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l. lines 9, 9b, 10b, 15b
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
702 70.14 15	

Part IV Supplemental In	CASA DE AMISTA	D, CENTRO DE	ENSENANZA	26-0016331 Page
Lene 14 Gubbiensoural Iti	TOTTHALION (CONTINUED)			
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084			Sch	edule G (Form 990 or 990-EZ

### SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. Information about Schedule D (Form 990 or 990-EZ) and its instructions is at WWW.irs. pov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CASA DE AMTSTAD

Employer identification number

CADA DE AMISTAD, CENTRO DE ENSENANZA 26-0016331
FORM 990, PART VI, SECTION B, LINE 11:
THE CHAIR OF THE FINANCE COMMITTEE, BOARD TREASURER AND EXECUTIVE DIRECTOR
RECEIVE THE 990 FOR REVIEW. THE 990 WILL BE APPROVED BY THE BOARD OF
DIRECTORS WITH THE TREASURER PROVIDING WRITTEN APPROVAL PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12:
THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND DOCUMENT
RETENTION AND DESTRUCTION POLICY HAVE BEEN DEVELOPED AND WERE APPROVED ON
NOVEMBER 9, 2016.
FORM 990, PART VI, SECTION B, LINE 15A:
A SUBCOMMITTEE OF THE CASA BOARD OF DIRECTORS, THE PERSONNEL COMMITTEE,
ANNUALLY REVIEWS THE PERFORMANCE AND COMPENSATION OF THE PROGRAM DIRECTOR
BY THE PERSONNEL SUBCOMMITTEE OF THE BOARD, AND MAKES A REPORT TO THE FULL
BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC IF REQUESTED.

### Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Rervice

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

File a separate application for each return.

OMB No. 1545-1709

			s instructions is at www.us.gov/fom		- 1	
• If y	ou are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box			▶ XI
9 If you are fling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)						
Do not complete Part if unless you have already been granted an automatic 3-month extension on a previously filed Form 8868						
Elect	ronic filling (9-129) . You can electronically file Form 8868 if	you need	a 3-month automatic extension of tin	no to file	6 months i	or a comoration
tednii	ed to he Form 990-1), or an additional (not automatic) 3-mo	onth exter	ision of time. You can electronically fi	ile Form	AREA to ma	lect so extension
Of Illi	e to file any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for 3	[mnsfer	e Associated	With Cartain
Perso	hal Benefit Contracts, which must be sent to the IRS in pay	per format	t (see instructions). For more details o	on the e	lectronic filin	g of this form,
VISIT W	ww.irs.gov/enie and click on e-file for Charities & Nonprofit.	S.				10
Par	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	e. Only	submit original (no copies nee	eded).		
A con	poration required to file Form 990-T and requesting an auto			complet	е	-
Part i						
to file	er corporations (including 1120-C filers), partnerships, REN income tax returns.		trusts must use Form 7004 to reques			ying number
Type o	Pr Name of exempt organization or other filer, see instru	ctions.				ion number (EIN) o
File by ti						16331
due date filing you return. S	120 STEVENS AVENUE			Social :	security numi	ber (SSN)
Instruction	City, town or post office, state, and ZIP code. For a formation SOLANA BEACH, CA 92075	or <del>ei</del> gn add	dress, see instructions.			
Enter t	he Return code for the return that this application is for (file	a sonare	the application for each whitel		·	[ATa]
		o a sopare	tre application to aschitettin)			0 1
Applic	ation	Return	Application			Return
Is For	00 E 000 F7	Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
	720 (individual)	02	Form 1041-A			08
Form 9		03	Form 4720 (other than individual)			
	90-T (sec. 401(a) or 408(a) trust)	04	Form 5227			10
	90-T (trust other than above)	05 06	Form 6069			11
	TGG ACCOUNTING	00	Form 8870			12
• The	books are in the care of > 10188 TELESIS (	OURT	SHITTE 130 - SAN DT	RGO	CN 02	1 21
Tele	phone No. № 760-697-1033		Fax No.	LGO,	CA 32	121
• If the	organization does not have an office or place of business	in the Un	ited States check this boy			
<ul><li>If this</li></ul>	s is for a Group Return, enter the organization's four digit (	Group Exe	mption Number (GEN)	thie is fo	e the whole	more shock this
OUX P	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of a	ill memi	ors the exte	proop, wieck uits
1 1	request an automatic 3-month (5 months for a corporation	required t	to file Form 990-T) extension of time u	ntil		
ie	FEBRUARY 15, 2017 to file the exempt	organizat	tion return for the organization named	above.	The extension	on
ia M	for the organization's return for: - calendar year or					
_	tax year beginning JUL 1, 2015		d ending JUN 30, 2016			
,	The start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the s	ank	ending 00N 30, 2016		<b>-</b> ·	
2 if	the tax year entered in line 1 is for less than 12 months, ct	ack mass	on: initial return Fig	nal retui	_	
	Change in accounting period	IOUR IOUS		nau rerui	n	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069. e	enter the tentative tax less any	1		<del></del>
п	onrefundable credits. See instructions.		wie terrouten tan, jaan arry	Зв	s	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	100		<u></u>
8	rtimated tax payments made. Include any prior year overpa	ayment sil	lowed as a credit.	3b	ŝ	0.
c B	alance due. Subtract line 3b from line 3a. Include your pay	ment with	this form, if required,	1	<del></del>	
Ь	using EFTPS (Electronic Federal Tax Payment System). S	ee instruc	ctions.	3c	_\$	0.
Caution	. If you are going to make an electronic funds withdrawal (	direct del	oit) with this Form 8868, see Form 845	3-EO ar	nd Form 8879	EO for payment
11341004	Olis,	_				- y-wymant
LHA 523841	For Privacy Act and Paperwork Reduction Act Notice,	ee instru	ctions		Form 8	68 (Rev. 1-2014)



# City of Solana Beach Community Grant Program

# Request for Financial Assistance FY 2017-18 APPLICATION

All Applications MUST BE RECEIVED by **5:00 p.m. Tuesday, October 31, 2017.**Please Print Clearly or Type

All requests will be determined by the following criteria:

Name	of Organization: Community Resource Center
Mailin	g Address: 650 Second Street
City_E	ncinitas State CA Zip 92024
Conta	ct Person: Lea Williams, Grants Manager
Daytin	me Phone: (760)753-1156 ext. 1397
Evenir	ng Phone: (780)753-1156 ext. 1397
Email	address: williams@crcncc.org
1.	W-9 must be attached Summary of organization's budget must be attached Proposed program budget must be attached Financial Statements (see Application Guidelines) must be attached
2.	A copy of the certificate of California Nonprofit Corporation must be attached Or, Calif. Non-profit 501 (c) 3 Corporation Certification Number: 95-3497926
3,	Has your organization received financial assistance from the City before?  Yes No •  If yes, what activities and which fiscal year?  Holiday Baskets fiscal year 2016-17
4.	Amount requested for FY 2017-18 \$5,000
5.	Proposed Total Program Costs: \$ 134,565
	(Includes all estimated costs to conduct proposed activity/program.)
6.	Title of Proposed Program/Service: Hollday Baskets 2017
7.	Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used:  The 35th Holiday Baskets program will provide 1,500 North County San Diego low-income residents with turkey and
	chickens, quality foods, household essentials, and toys and bikes for children. The households served equate to about
	6,000 individuals. This program not only provides needed food and holiday gifts, but it also connects participants with
	essential resources to help increase their food and nutrition security, personal and financial stability, and ultimately
	create a path to self-sufficiency.
	(Attach extra sheet, if necessary.)

Program Dates/Location:
The Holiday Baskets program distribution will take place at the Del Mar Fairgrounds from Friday, December 15th
through Sunday, December 17th, 2017.
Anticipated Program Objectives or Accomplishments:
1) Increase short-term food security and temporarily free up limited income for necessities
2) Within one year, enroll 50% of non-case-managed participants into CRC case management and/or referrals to
appropriate resources
How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?  CRC is happy to acknowledge the generosity of the City of Solana Beach with recognition on our website, social
media, and on the donor walt at our Jingle & Mingle event.
program or service? If awarded this grant, will that enable other funding sources?
CRC has applied to several other grants to support this large program, and also receives funding from various source such as the Mizel Family Fund through the City of Encinitas, the City of Del Mar, and the Wells Fargo Foundation.
CRC has applied to several other grants to support this large program, and also receives funding from various source such as the Mizel Family Fund through the City of Encinitas, the City of Del Mar, and the Wells Fargo Foundation.  Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?
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### **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 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.

## LIST OF ATTACHMENTS

- 1. SIGNED W-9
- 2. COMMUNITY RESOURCE CENTER ORGANIZATIONAL BUDGET FY2017-18
- 3. HOLIDAY BASKETS BUDGET 2017
- 4. FORM 990 (PERIOD COVERED JULY 1, 2015 JUNE 30, 2016)
- 5. AUDITED FINANCIAL STATEMENTS 6-30-16
- 6. IRS 501(C)3 CERTIFICATION

AUDITED FINANCIAL STATEMENTS FOR FISCAL YEAR ENDING JUNE 30, 2017 CAN ALSO BE PROVIDED UPON COMPLETION.

## **Request for Taxpayer Identification Number and Certification**

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

	Revenue Bervice		Sello to die ins.		
	1 Name (as shown on your income tex return). Name is required on this line	do not leave this line blank.			
	Community Resource Center				
_:	2 Business name/disregarded entity name, if different from above				
23					
900	3 Check appropriate box for federal tax classification; check only one of the	following party house:	4 Exemptions (codes apply only to		
8	Individual/sole proprietor or Corporation S Corpor	certain entities, not individuals; see			
. 2	eingle-member LLC	ration Partnership Trust/estate	instructions on page 3):		
Print or type: Instruction	Limited liability company. Enter the tax classification (C=C corporation,	S=S corporation, P=pertnership) ►	Exempt payee code (if any)		
2 등	Note. For a single-member LLC that is disregarded, do not check LLC;	check the appropriate box in the line above for			
異	the tax classification of the single-member owner.	(a)2 Oznanination	code (if any)		
4 5	- and the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact that the fact t	c)3 Organization	(Applies to accounts maintained outstan the U.S.)		
Print or type Specific Instructions on	5 Address (number, street, and apt. or suits no.)	requestor a name	e and address (optional)		
춃	850 Second Street		4		
88	8 City, state, and ZIP code				
Ø	Encinitas, CA 92024		<u></u>		
	7 List account number(s) here (optional)				
Pai	Taxpayer Identification Number (TIN)				
	your TIN in the appropriate box. The TIN provided must match the r	terino girati terino i to di oto	ecurity number		
	up withholding. For individuals, this is generally your social security restricted and allen, sole proprietor, or disregarded entity, see the Part I instruc				
	es, it is your employer identification number (EIN). If you do not have				
	n page 3.	or			
Note.	. If the account is in more than one name, see the instructions for line	a 1 and the chart on page 4 for Employ	er identification number		
guide	lines on whose number to enter.	9 5	-3497926		
Par	t II Certification				
Unde	r penalties of perjury, I certify that:				
1. Th	e number shown on this form is my correct taxpsyer identification n	umber (or I am waiting for a number to be	issued to me); and		
2. I a	m not subject to backup withholding because: (a) I am exempt from	backup withholding, or (b) I have not been	n notified by the Internal Revenue		
	ervice (IRS) that I am subject to backup withholding as a result of a fi	allure to report all interest or dividends, or	(c) the IRS has notified me that I am		
no	longer subject to backup withholding; and				
	m e U.S. citizen or other U.S. person (defined below); and				
	a FATCA code(s) entered on this form (if any) indicating that I am ex-				
Certi	fication instructions. You must cross out Item 2 above if you have	been notified by the IRS that you are curre	ently subject to backup withholding		
peca	use you have falled to report all interest and dividends on your tax re ast paid, acquisition or abandonment of secured property, cancellati	tum. For real estate transactions, item 2 c	does not apply. For mortgage		
oene	ist paid, acquistion or scandoniment of secured property, caricellati rdlly, psyments other than interest and dividends, you are not requir	on or gest, commotitions to an incividual R ad to slop the certification, but you must o	enternent entangement (in/y, and rovide vour correct TIN. See the		
instru	ctions on page 3.	and the military of the state of the state of			
Sign	Signature of	. /	21/12		
Here	B U.S. person ► X/M / Juff	Data ► \C/	26/1/		
600	neral Instructions	<ul> <li>Form 1096 (home mortgage interest), 10</li> </ul>	098-E (eturient loen interest): 1098-T		
		(tultion)	and - femalis ions i was not i san i		
	on references are to the Internal Revenue Code unless otherwise noted.	<ul> <li>Form 1099-C (canceled debt)</li> </ul>			
Puture developments. Information about developments affecting Form W-9 (such as logislation enacted effer we release it) is at www.irs.gov/fw9.					
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.					
	lividual or entity (Form W-9 requester) who is required to file an information		quester with a TIN, you might be subject		
rotum	with the IRS must obtain your correct taxpayer identification number (TIN)	to backup withholding. See What is back	up withholding? on page 2.		
	may be your social security number (SSN), Individual taxpayer Identification or (TTN), adoption taxpayer Identification number (ATN), or employer	By signing the filled-out form, you:			
identii	ication number (EIN), to report on an information return the amount paid to	to be leaved),	correct (or you are walting for a number		
	or other amount reportable on an information return. Examples of information is include, but are not limited to, the following:	2. Certify that you are not subject to be	sciup withholding, ar		
	n 1099-INT (Interest serned or peld)	3. Claim exemption from backup within	olding if you are a U.S. exempt payee. If		
	a Same \$500. In the fill defined a land throughout the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st				
	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)  ### The Province of Income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and				

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.

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

Form 1699-K (merchant card and third party network transactions)

Form 1009-S (proceeds from real setate transactions)

# Community Resource Center Organizational Budget July 1, 2017 - June 30, 2018

<u>Income</u>	
Fundraising Events	\$146,900
<b>Government Grants/Contracts</b>	1,268,199
Other revenue	2,000
<b>Private Grants &amp; Foundations</b>	515,925
Program Service Revenue	42,525
Resale Stores - Net Profit (1)	319,629
Public Support/Donations	630,201
Total Income	2,925,379
<u>Expense</u>	
Automobile Expense	9,354
Employees, Board & Volunteers	48,719
Fundraising expense	42,065
Occupancy Expense	159,406
Operating Expense	134,720
Other Operating Expenses	29,049
Personnel Expenses	1,943,225
Professional Fees	42,268
Program Expense	371,394
Depreciaton expense	69,485
Total Expense	2,849,684
Net Surplus	\$75,695
*	
(1) - Resale Stores - P & L	
Revenues	\$1,304,215
Expenses	984,587
Net profit	\$319,629

# Community Resource Center Holiday Baskets 2017

	Budget
Ordinary Income/Expense	
Income	
Government Grants/Contracts	
4490 - Other Government Grants	29,500
Total Government Grants/Contracts	29,500
Private Grants & Foundations	
4300 · Foundations - Grants	25,750
Total Private Grants & Foundations	25,750
Public Support/Donations	
4000 · Individual/Family Foundations	75,916
4005 · Community Groups	1,339
4016 · Churches/Religious Organization	1,018
4020 · Business Donations	3,152
4700 · In-Kind Donations	
4705 · Stock (in-kind) Donations	4,827
Total 4700 · In-Kind Donations	4,827
Total Public Support/Donations	86,252
Total Income	141,502
Expense	
Automobile Expense	
5605 · Gas for the Truck	375
Total Automobile Expense	375
Employees, Board & Volunteers	
5815 · Meals	
5845 · Mileage & Parking	525
Total Employees, Board & Volunteers	525
Occupancy Expense	
Utilities	
5320 · Gas and Electric	40
Total Utilities	40
5300 · Rent	15,798
Total Occupancy Expense	15,838
Operating Expense	
Computer & Telecomm	
5400 · Telephone & Internet Service	
Total Computer & Telecomm	
Supplies	
5440 · General Operating Supplies	
5445 · Office Supplies/Exp Consumable	250
Total Supplies	250
5420 - Postage and Delivery	75
	*

	Budget
Total Operating Expense	325
Personnel Expenses	
5105 · Salaries & Wages	39,703
6110 · ER Payroll Taxes	11,827
5115 · Fringe Expense	
5165 · Temporary Help	1,322
Total Personnel Expenses	52,852
Professional Fees	
5505 · Accounting / Audit	0
Total Professional Fees	0
Program Expense	
5250 · Holiday Baskets	
52502 · Holiday Baskets - Bike gear	4,050
52503 · Holiday Baskets - Client Food	34,000
52504 · Holiday Baskets - Client Goods	5,700
52505 · Holiday Baskets - Containers	1,500
52506 · Holiday Baskets - Supplies	3,300
52508 · HolidayBaskets-VolunteerSupport	500
52509 · Holiday Baskets - Facility Rent	13,800
5250 · Holiday Baskets - Other	1,800
Total 5250 · Holiday Baskets	64,650
Total Program Expense	64,650
5950 · Depreciation Expense	
Total Expense	134,565
Net Ordinary Income	6,937
Net Income	6,937

## EXTENDED TO MAY 15, 2017

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the 2	015 calendar year, or tax year beginning JUL 1, ZU13 and	enainy u	UN 30, 2010	
B Ci	neck if plicable:	C Name of organization		D Employer identifica	ation number
	Address	COMMUNITY RESOURCE CENTER		05.74	07076
	Name change	Doing business as			97926
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Finat return/	650 2ND STREET		760-7	753-1156
	termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,828,052.
	Ainended	ENCINITAS. CA 92024		H(a) Is this a group ref	
	Applica	F Name and address of principal officer; ISABEL ST. GERMAIN	SINGH	for subordinates?	Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? 🔲 Yes 🔛 No
T	ax-axer	pt status: X 501(c)(3)	or 527	lf 'No, ' attach a l	ist. (see instructions)
.1.36	Vaheite	▶ WWW.CRCNCC.ORG		H(c) Group exemption	number -
K F	orm of pr	ganization: X Corporation Trust Association Other	L Year	of formation: 1979 M	State of legal domicile: CA
	rt I S	Summary	97		
	t Br	lefly describe the organization's mission or most significant activities: TO P	ROVIDE	FAMILIES SU	FFERING
2	F	ROM THE EFFECTS OF POVERTY, HOMELESSNESS	, HUN	GER, AND DOM	ESTIC
Activities & Governance	2 G	neck this box 🕨 🔲 If the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	815.
틸		umber of voting members of the governing body (Part VI, fine 1a)		3	14
9	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	271 2.7	4	13
NO	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	65
Ŧ.		otal number of volunteers (estimate if necessary)	**	6	1780
Σ		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ä		et unrelated business taxable income from Form 990 T, line 34		7b	0.
	0 14	er unrelated business taxable incurre from 550 7, inc. 5		Prior Year	Current Year
	ВС	ontributions and grants (Part VIII, line 1h)		2,043,948.	2,176,523.
3	1	rogram service revenue (Part VIII, line 2g)		57,081.	52,111.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,968.	2,880.
ë		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,245,404.	1,248,588.
		otal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,351,401.	3,480,102.
_		rants and similar amounts paid (Part IX, column (A), lines 1 3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,112,630.	2,007,899.
8	15 S	rotessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	108 F	otal fundraising expenses (Part IX, column (D), line 25)	17.		
X	1	hther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,601,935.	1,377,750.
_	1 17 0	otal expenses (Part IX, column (A), lines (13-114, 119245)	-	3,714,565.	3,385,649.
			-	-363,164.	94,453.
-	1	levenue less expenses. Subtract line 18 from line 12	1	legioning of Current Year	End of Year
20 51	- T	otal assets (Part X, line 16)	ļ <sup>3</sup>	1,941,349.	2,201,915.
555	20 T		-	426,876.	592,989.
Net Assets o	21 !	otal liabilities (Part X, line 26) let assets or lund balances. Subtract line 21 from line 20		1,514,473.	1,608,926.
	art II	Signature Block			
	ine annual	ies of perjury, I declare that I have examined this return, including accompanying schedul	les and state	ments, and to the best of m	y knowledge and belief, it is
Unic	Jei peliak	and complete. Declaration of preparer (other than officer) is based on all information of	which oregan	er has any knowledge.	
use, correct, and comprete declaration preparer (sind than direct) is dead on an information of the property of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of					
		Signature of bifficer		Dale	
Sig	·	ISABEL ST. GERMAIN SINGH, CEO			
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Cheek	PTIN
Del			CPA	04/05/17 100000	P00743084
Pai		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Firm's EIN	
	e Only	Firm's address 631 3RD STREET, SUITE 102		7	
USI	e only	ENCINITAS, CA 92024		Phone no. 76	0-634-1120
h 0 -	u. Hea I <sup>©</sup>	S discuss this return with the preparer shown above? (see instructions)		1 1 110110 1100 1	X Yes No
IVIZ	ıy ine ih	5 discuss this return with the preparer shown abover (see the separate instruc-	tions.		Form <b>990</b> (2015)

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 950 (2015) COMMUNITY RESOURCE CENTER 95~3497926 Int III   Statement of Program Service Accomplishments	Page
	Chack I Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: TO PROVIDE FAMILIES SUFFERING FROM THE EFFECTS OF POVERTY,	
	HOMELESSNESS, HUNGER, AND DOMESTIC VIOLENCE WITH SAFETY, STABILITY,	
	AND A PATH TO SELF-SUFFICIENCY.	
	Did the organization undertake any significant program services during the year which were not listed on	<u>-</u>
	the prior Form 990 or 990-EZ?  If Yes 1 describe these new services on Schoolule O	s XI
	Did the organization dease conducting, or make sign ficant changes in how it conducts, any program services?	e X
	If "Yes describe these changes on Schedule O	
	Describe the organization sprogram service accomplishments for each of its for letargest program services, as measured by expensed Section 501(h)(3) and 501(d)(4) organizations are lequired to report the amount of grams and allocations to others, the total expenses.	anri
	revenue, if any, for each program service reported.	
811	COMMUNITY RESOURCE CENTER'S DOMESTIC VIOLENCE PROGRAMS INCLUDE AN EMERGENCY SHELTER; TRANSITIONAL HOUSING; RENTAL ASSISTANCE; LEGAL ADVOCACY; COUNSELING; FINANCIAL LITERACY EDUCATION; FOOD AND NUTRIT: EDUCATION; EMPLOYMENT PREPARATION; AND A THERAPEUTIC CHILDREN'S	,421 ION
	PROGRAM. IN FY 2015-16. 60 HOUSEHOLDS, INCLUDING 112 CHILDREN WERE SERVED IN THE SHELTER AND 4 HOUSEHOLDS, INCLUDING 10 CHILDREN WERE SERVED IN THE TRANSITIONAL HOUSING PROGRAM. 95% OF DV PROGRAM PARTICIPANTS DID NOT RETURN TO THEIR ABUSERS.	3
	) [Species 5 783,128. Scrience graph Research 5	
	CRC SERVED MORE THAN 7,900 LOW INCOME INDIVIDUALS THROUGH OUR COMPREHENSIVE PROGRAMS: INTEGRATED CASE MANAGEMENT; EMERGENCY FOOD, HOUSING, RENTAL AND UTILITY ASSISTANCE; BENEFITS APPLICATIONS; TRANSPORTATION ASSISTANCE; ACCESS TO HEALTHY FOOD; TAX PREPARATION; FINANCIAL LITERACY TRAINING; FAMILY SELF-SUFFICIENCY; EMPLOYMENT READINESS; AND HOLIDAY BASKETS.	
С	1.249 COMMUNITY RESOURCE CENTER'S RESALE STORES, IN ADDITION TO GENERATING NET INCOME FOR THE AGENCY'S ACTIVITIES, IS A SOURCE OF CLOTHING, FURNITURE AND HOUSEHOLD GOODS FOR BOTH DOMESTIC VIOLENCE AND SOCIAL SERVICE CLIENTS; PROVIDES EMPLOYMENT OPPORTUNITIES FOR LOW-INCOME INDIVIDUALS; AND IS A SOURCE OF LOW-COST GOODS FOR LOCAL FAMILIES.	.146
d	Other pingram scruces Describe in Schedule ()	

Part IV	Checklist	of F	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) in their than a private foundation)?			
	It "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect politics, 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 angage in libbbying 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			1,7
	similar ampunts as defined in Revenue Procedure 88 197. 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			- T
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Scredule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space	l _		X
	the environment inistoric and areas, or historic structures? If 'Yes,' complete Schedule D. Part II	7_	-	<u> </u>
8	Did the organization maintain collections of works of art, historical frequences, or other similar assets? If 'Yes, I complete	8		Х
	Schedule D, Part III	-	-	1
9	Did the organization repur an amount in Part X, line 21, for estrow or custodia, account liability, serve as a custodiatifur amounts not listed in Part X, or provide credit counseling, deat management, credit repair, or uebt negatiation services?			
		9		X
	If I'ves, complete Schedule D. Part IV.  Did the organization, threatly or through a relate I organization, hold assets in temporarily restricted endowments, permanent.			†
10	endown gats, or quasi-endowments? If Yes * complete Schedula 0. Part V	10	1	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts V., VIII, VIII, IX, or X		1	
11	as applicable.	İ		-
-	Old the organization report an amount for and, buildings, and equipment in Part X, line 107, If "Yes," complete Schedule D.		-	
-	Fart 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 fotal		+	
	assets reported in Part X, line 167 if TVes, complete Schedule D. Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	
	assets reported in Part X. Line 167 it "Yes," complete Schedule D. Part VIII	110		X
d	Did the organization recort an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			-
	Part X, line 167 if Tyes   complete Schedule S, Part IX   .	110	7	X
е	Did the organization report an amount for other liabilities in Part X. Inc 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 looking that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X.	111	X	+
12a	Dil 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?			x
	If 'Yes, and if the organization answered 'Pla to line 12a, the completing Schedule D. Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(1)? If Yes, complete Schedule E	14a		X
	Did the organization maintain an office, only oyees, or agents outside of the United States?  Ord the organization have aggregate revenues or expenses of more than \$10,000 from grantinaking, fundraising, business.	1 = 2	1-	-
b	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 Land IV	146		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			
10	foreign organization? If "Yes" complete Schedula F. Parts II and IV	15		X
16	Did the organization, eport on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? In 'Yes, ' complete Schedu'e F, Parts III at d IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraling services on Part IX,			
	column (A), lines 6 and 11a? It "Yes," complete Schedule G, Part I	17		X
18	Did the erganization report more than \$15,000 total of fundraising event ginss income and contributions on Part Vir. lines			
	to and 8a? If "Yes," complete Schedulo G. Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 937 of Yes.			
_	complete Schedule G. Part III	19		X
		For	m 990	0 (201)

COMMUNITY RESOURCE CENTER 95-3497926 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 20a. Did the organization operate one or male hospital facilities? If "Yes," complete Schedule H. 20a X bilif Yes to line 20a did the arganization attach a copy of its audited (inancial statements to this return?) 206 21 Ord the eigenvalues report more than \$5,000 of grants or other assistance to any depressio organization or domestic government on Part IX, column (N), line 1? If "Yes," complete Schedule I Parts I and II Х 22. Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column A., the 27. It "Yas," complete Scriedule I, Parts I and III. Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation or the organization's current and former officers, directors, trustees, kay employees, and highest compensated amolitivees? If "Yes," complete Scheaule L Х 24a Old the organization have a tax exempt nono issue with an existancing principal amount of more than \$100,000 as of the ast day of the year, that was issued after December 31, 2002? If "Yes," ar siver lines 24b through 24d and complete Schedule K. Y. No., go to line 25a Х b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than alrefuniting escrow at any time during the year to defease. any lax exempt bonds? 24c d. Did the arganization act as an "or 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 Schedula L. Part I 25a billis 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-EZ7. If "Yes." complete School - 1 Parl X 25h 26. Did the diganization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officiare, directors, trustees, key employees, highest companiated employees, or disqualified persons? If Yes, complete Schemule L. Part II Х 26 27 Did the organization provide a grant or other assistance to an officer, director, husted key employee, substantial contributor or improve thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedulo L, Pan III X 27 28 Was the organization a party to a Susiness transaction with one of the following parties (see Schedule C, Fan IV instructions for auplicable filling thresholds, conditions, and exceptions); a "A current or former officer, cirector, trustee, or key employee? If "Yes," complete Schedule L. Pur IV 28a b. A family member of a current or further officer, director, trustee, or key employee? It "Yes "complete Schedule 1, Part IV". X 28b c. An entity of which a current or former officer director, trustee or key amployee (or a family member thereof, was an indice. director, trustee or direction indirect owner? If "Yes," complete Schedule L, Part IV X 28c D'd the organization renerse more than \$25,000 in non-cash contributions? If Yes, complete Schedule M 29 X 29 30 Ord the organization receive contributions of anti-instonical treasures, or other similar essets, or qualified conservation contributions If Yes, complete Schedule M. X 30 Did the organization liquidate, terminate, or dissolve and dease operations? 31 "F"Yes, complete Schoolife N, Part X 31 Dig the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes "complete 32 Schedule N. Part II. 32 X 33 Old the organisation ovin 100% of an entity disregarded as separate from the digascration under Regulations sections 30+ 7701-2 and 301-7701-32- If "Yis," complete Schedule R. Part I X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes' complete Schedule R. Fart if IP, or IV, and Part V. line 1. X 35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b. If "Yes, to the 35st did the organization receive any payment from or engage it; any transaction with a controlled entity." within the meaning of section 512 bit13]? If "Yes," complete Schodule R. Part V, line 2. 35b Section 501(a)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If Yes, \* complete Schedule R. Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entry that is not a related organization

37

38

X

and that is treated as a partnership for federal income tax curposes? If lives I complete Schedule R. Part VI

Note, Ail Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule Cland provide explanations in Schedule O for Part VI, lines 11b and 192

Par				-1
	Check if Schedule O contains a response or note to any line in this Part V		V 1	No
	Finer the number reported in Bux 3 of Form 1096. Enter 0: first applicable 1s 37		Yes	NO
	Enter the number reported in Bux 3 of Form 1096, Enter 0- final applicable  1a 37  Enter the number of Forms W 2G included in line 1a. Enter 0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. 1		
С	(gambling) winnings to prize winners?	te l	x	
20	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,			
28	filed for the calendar year ending with or within the year covered by this return 2a 65			
h	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?	За		X
	It "Yes" has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	36		
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 fareign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes" eriter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form *14, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax sholter transaction at any time during the tax year?	Sa		X
ь		5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886 T <sup>o</sup>	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as chantable contributions?	6a		
b	If 'Yes,' aid the organization include with every solic tation an express statement that such contributions or gifts	6b		
	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD.		-
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for going and services provided to the payor?	7a	Х	
	Yes, did the organization notify the conor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, an atherwise dispose of tangible personal property for which it was required	-1.0		
14	to the Form \$280.7	7c		Х
	if the indicate the number of Forms 8282 fied during the year.  7d			
e	Did the organization receive any funds, directly or indirectly, to pay promiums on a personal penefit contract?	7e	:	X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х
g.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	7g		
	If the organization received a contribution of cars, boats, airplanes, or other venicles, old the organization file a Form 1098 C2	7h		<u> </u>
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 sponspring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a dorior, donor advisor, or related person?	96_		
10	Section 501(c)(7) organizations. Enter:			
	initiation tees and capital contributions included an Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations, Enter:			
	Gross income from members or shareholders 11:a	-		
b				1
400	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 10412	129		
	If 'Yes,' enter the amplini of tax-exempt interest received or accrued during the year 12b	1823	1	
	Section 50 (c)(29) qualified nonprofit health insurance issuers.	1		
13	is the organization licensed to issue availified health plans in more than one state?	13a	1	1
43	Note. See the instructions for additional information the organization must report on Schedule 0.			
in	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is ildensed to issue qualified health plans			
	Enter the amount of reserves on hand			
_	Did the organization receive any payments for incoor tanning services during the tax year?	14a		X
	If 'Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	n 990	0 (2013

Form 990 (2015) COMMUNITY RESOURCE CENTER 95-3497926 Pag
Part VI Governance, Management, and Disclosure For each "Yes response to lines 2 through 7b below, and for a "No response 95-3497926 Page 6 to line 8a, 8h, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	check is Schedule O contains a response or note to any line in this Part VI				X
	and the control of the management	***************************************			T
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a	14	Yes	No
	If there are material if flerences in voting rights among dembers of the governing body, or if the governing	16			
	body delegated broad buthority to an executive committee or singlar good if they explain in Schedule O	,			
b	Enter the number of voting members included in line 1a, acove, who are independent	1b	13		-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			-	
	officer, director, trustee, or key employed?	D With Billy 2016	2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision			1 1
	of office silcifectors, or trustees, or key employees to a management company or other person?	no alreat tage vision	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	993 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization site	esets!	5	-	X
6	Did the arganization frave members or stuckholders?		6		X
7 a	Did the organization have inempers, stockholders, or other persons who had the power to elect or a	ippaint one or			
	more members of the governing body?		72		l x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders or	1 1	<u> </u>	
	persons other than the governing body?		76		X
8	Did me organization contemporationally document the meetings held or written actions uncertaken during the year	Rar by 'ne fol ownn	- 10	1	+
	The governing beay?		8.	.   x	
b	Each some that with authority to dot on behalf of the you entiry budy?		80		
9	is there any officer, director, trusted, or key employee listed in Part VII, Section A, while cannot be re-	ached at the			
	organization a mading address? If 'Vos ' opinide the campe and addresses in Secondar O		9		l x
Sec	tion B. Policies This Section B requests information about collects not required by the internal B	lavenue Code I			
				Yes	No
10a	Did the organization have local chapters, branches, or attriates?		10:	1	X
þ	If Yes " did the organization have written policies and undeedures governing the activities dil such d	hapters, affiliates			
	and branches to ensure more operations are consistent with the organization's exempt purposes?		101	,	
11a	Has the organization provided a complete copy of this Form 990 to all menities of its governing bor	dy onfore filing the form	2 118	2 X	
ь	Describe in Schedule O the process, if any, used oy the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest pn.cy? If "No., go to "ne 13		12:	ı X	
Ь	Ware officers, directors, or trustees, and we employees required to disclose annually interests that could give its	e to conflicts?	121	ı X	
С	Did the organization regularly and consistently montor and enforce compliance with the policy? $R$	Yes, describe			
4.0	In Schedule O how this was hone		120	: X	
	Old the organization have a written which ebrower policy?		13	X	
	Did the organization have a written document retention and destruction ball by a		14	X	
15	Did the process far determining compensation of the following dersons include a review and approve	L by independent			
_	persons comparability data, and contemporaneous substantiation of the deliberation and decision?				
i.i	The organization 3 CEO, Exocutive Director, or too management official Other officers or key employees of the organization		156		
u			15t	X	
16-1	If Yes' to line 15a or 15b, describe the piccess in Schedure O (see instructions).				
108	Did the organization investing contribute assets to, or participate in a joint venture or similar arrange farable entity during the year?	ment with a			١
h	It "Yes" did the diganization follow a written prilicy or procedure requiring the organization to evaluate		16a	-	X
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.	ite its participation.			
	exempt status with respect to such arrangements?	P noitusin			
Sec	tion C. Disclosure		161		1
17	List this states with which a copy of this Form 990 is required to be fine. CA				
18	Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	F /C	F7 - 55 - 1		
	for public inspection. Indicate now you made these available. Check all that applicable), section and section.	i (Section but (C)(3)s off	ly) avanab	le	
	O				
19	Describe it Schedule C whether (and if so how), the organization made its governing documents, and	n in Schedule O)			
-	statements available to the public during the tax year.				
20	State the name, address, and telephone number of this person who possesses the organization sittle	onen anul Sue State In			
	COMMUNITY RESOURCE CENTER - 760-753-1156	oko aru (uchius) 📂			
	650 2ND STREET, ENCINITAS, CA 92024				

#### 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 companiation for the calendar year ending with a rwithin 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, it any. See instructions for definition of 'key employee."
- Ust 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

Check this box it neither the organi	(B)			-{0	٦)			(D)	(E)	(F)	
Name and Title	Average	1		205				Reportable	Reportable	Estimated	
	incurs per	bax with min more in				naces		compensation	compensation	amount of	
	week				100	- 43	1111	from	from related	other	
	(list any	Chat.						the	organizations	compensation	
	hours for		100			4-14		organization	(W-2/1099-MISC)	from the	
	related	. Kette			=	1		(W-2/1099 MISC;		organization and related	
	organizations below	3	-		100	23				organizations	
	line)	30G 1	3	8	100	2,425,73				organization;	
(1) PAUL REDFERM	2.00	1		Г							
BOARD CHAIR		X			l .			0.1	0.	0	
(2) MORGAN DAY	2.00										
VICE CHAIR		X		L				0.	0.	0	
(3) JOANNE BERG	5.00										
TREASURER		X						0.	0.	0	
(4) CRAIG T SHUCERT	2.00										
SECRETARY		Х	L	-	ļ			0.	0.	0	
(5) SANDRA CONNERS	2.00		1					_		_	
DIRECTGR		X	<u> </u>	_	<u> </u>	<del> </del>	_	0.	0.	0	
(6) KATRINA DODSON	2.00										
DIRECTOR	2.00	X	-	-	-	-		0.	0.	0	
(7) LEE MORRISON	2.00	-								_	
DIRECTOR	7.00	X	+	-	⊬	-	H	0.	0.	0	
(9) SHAWN PYNES	2.00	X			1	l		0.	0.	0	
DIRECTOR (9) DUANE NELLES	2.00	10	-	-	╁	-	-	0.	U .	U	
DIRECTOR	2.00	x				ļ	l	0.	0.	0	
10) DEWLS SHENDER	2.00	122	-		-	-	-				
DIRECTOR	2000	x						0.	0.	0	
(11) MARY MHAPHY	2.00		1	-		-					
DIRECTOR		x			1			0.	0.	0	
(12) CASON TAJIMA	2.00		1			1	П		Ì		
DIRECTOR		X						0.	0.	0	
(13) DIANE WEED	2.00										
DIRECTOR		X						12,056.	0.	0	
114) CARL WRIGHT	2.00										
DIRECTOR		X	_	_	_ _	_	L	0.	0.	0	
(15) ROBERT KENT	40.00	_									
CFO			1	X	_		_	102,054.	0.	11,418	
(16) PAUL THOMPSON	40.00	-						101			
CEO		+	-	X	+	-	-	121,097.	0.	8,536	
		$\dashv$									
									<u>I.</u>	Form <b>990</b> (20	

Form 990 (2015) COMMUNITY									95-3497	926	Page 8
Joestion A. Officers, Directors, 11ths		olay	cos			ghes	t C	ompensated Employer	25 (continued)		
(A) Name and title	(B) Average hours per week	9.24	, unia	Pos	T 2	1 (Tan 1 10 (T 10	ar	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estima amoun	ted Lof
	(list any hours for related organizations below line)	THE LEASE A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	Personal and a second	100	11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	16 Called 1 2 Call 2 2		the organization (W 2/1099 MISC)	organizations (W-2/1899-M SC)	compens from to organize and rela organize	sation he ation atod
444											
							_				
1b Sub-total							<u> </u>	235,207.	0.	19,9	54.
d Total (add lines to and to)							<u>*</u>	235,207.	0.	19,9	0.
Total number of Individuals illustration but n compensation from the organization.	at limited to the	ase	iste	d ab	ove	j wh	3 76	eceived more than \$100;	000 of reportable		2
										Yes	No.
<ul> <li>Did the organization fist any former officer, line 1a? If "Yes," complete Schadule J for a</li> <li>For any individual listed on line 1a, is the su</li> </ul>	uch individual									3	X
and related organizations greater than \$150	1,0002 if 'Yes,	100	mak	10.5	Sche	edule	J:	or such individual		4	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes "conn	locrue Sampen Inlata Schadule	sati	or fr	om etc	any	unte do	alle	ed organization or individ	tual for services	5	x
Section B. Independent Contractors											1 -65
Complete this table for your five highest po- the organization. Report compensation for	rupensated ind the calendar ve	epe sure	nder India	it di ici vi	antra ith a	actor or swit	s tr bun	net received more than \$	i160.000 of Jambense	ton from	
(A)								(8)		(C)	
Name and ousiness	addiesa	NC	ONE	2				Description of s	ervicas (	Cempensati	חכ
							-				la de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la cons
	- deleve										
Total number of independent contractors fir \$100,000 of compensation from the organization.		at lin	nited	! to :	thos (		ed	abover who received mo	ore than		
5:2009										Fartt <b>990</b>	2015

	Check if Schedule O contains		(A) Total revenue	(B) Related or exempt function revenue	(C) Uniclated business revenue	Revenue exclude from tax under sections 512 - 514
1 a	Foderated campaigns	ta 2,09.				
b	Membership dues	1b				1
С	Fundraising events	1c = 18,413				
d	Related organizations	1d		1		
6	Severament grants (contributions	te 57 544				
1	All steer petributions git's grants, a					
	men ar amounts not included above	1, 13,400				
9	non as upon service and a non a f					
h	Total, Add lines 1a-10		2,176,523,			-
		Business Cod			1	
2 a	70CA FEES	62430		17,859.		-
b	TOTINSELING FEES	F2 12	14,486,	14,486.		-
4	ELITHT RENTAL INCOME	#1570c	£ 3° .	8,931.		-
d	OTHER	n 142/10	9,175.	9,175.		
6	INTERFACTH SHEATER NETWORK		2,660.	2,650.		
1	All other program service reven le					
	Total, Add lines 2a-2f	<u> </u>	53,1 1.			
3	Investment income (including dia		2 405			76. 16
	other similar amounts)	•	2,975.			2,5
4	Income from investment of larcex					
5	Royalties					
	-	(i) Rea (ii) Persona	-			
6 a	Gross ents		-	1		
	Loss renta exponsos		-			
	Relitar income cr (loss)		-			
d	let rental income or (loss	P				-
7 a	Gicss amount from sales of	N Securities (ii) Other				
	assets other than inventor,	1,035.				
b	Less cost or interioasis					
	and sales expolises	1, 3	-			
C	Gald or Foss)	95.	-			
	Net gain or fluss)		31.			
8 a	Gross in come from funding single					
	including 5 178,43					
	o intributions reported on line 15	The second second				
	Part IV, line 18	a 55,24				
	Less lirect exponses	ь 37,62				9,1
100	Net income on loss, from function		9 031,			7,4.1
9 a	Griss income from gaming activi	7 5 4	,			
	Part V, the 13	a 3,54				
	Loss direct expenses	D	1.011	1		1,5
	Tlet income or (loss) from galt in		3,541.			1
10 a	Grass sales of inventory H is let	The second second				
	and allowances					
	Liss cost of goods soid					1,254,1
- 0	Met income or (loss) from sales of			-		1,234,1
	Miscellaneous Revenue	Business Co	ae			
11 a					-	+
b						
c				-	+	
_	All other revento			-		
9	Total, Add_nes 11a-11d		2 4 20 4 23	P 4 1 - 4		0 1 1 251
12	Total revenue. See instructions,		3,482,102	52,111,		0. 1,251,4

	Check if Schedule O contains a rescons not include amounts reported on lines 66, 86, 96, and 106 of Part VIII	(A) Estal expenses	(B) Program service experses	(C) Management and general expenses	(D) Fundrusing
1	Grants and other assistance to diimestic organizations	-	GARGE 200	MCHOLAL AVIDAGO	expenses
	and domestic governments. See Part IV, time 21				
2	Grants and other assistance to domestic				
	ndividuals, See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations foreign governments, and foreign				
	individuals. Sec Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors.	102 050	42 202	110 250	74 - 74
ĥ	rustacs and key employees	183,950.	42,397.	110,350.	31,203.
D	Compensal on not included above, to disqualified persons (as patined under section 4958(f (27)) and		1		
	persons discribed in section 4958 of (3)(3)				
7	Other sale ies and wages	1,448,564.	1,158,296.	161,807.	128,461.
В	Pension plan accripils and contributions (include	1,220,002.	1,130,230.1	101,007.	120,401.
_	section 401(4) and 483(b) amplityer contributions	11.548.	10,230.	329.	989.
9	Other amployee benefits	242,349.	182,149.	36,972.	23,228.
10	Payroll taxes	121,488.	89,044.	20,628.	11,816.
11	Feas for services (non employees)			20,020.	21,010
а	Management				
Ь	Lega				
C	Accounting	14,642.		14,642.	
d	Labbying				
	Professional fundralsing corules, See Part IV. Inc. 17				
f	levestment management fees				
g	Other, (if line 11g amount exceeds 10% of time 25,				
	column (A) ametint, list line 11g excens is on Sch 0	134,418.	7.393.	30,707.	96,318.
12	Advertising and promotion				
13	Office expenses				
14	information technology				
15	Royaties	244 552			
16	Gooupanoy	344,553.	337,934.	3,467.	3,152.
17	Fravel				
18	Payments of travel or entertunment expenses				
19	for any federal state, or local public officials				
20 20	Conferences, conventions, and meetings [Interest	8,178.	5,378.	1 467	1 222
21	Payments to all nates	0,1/0.	3,3/0.	1.467.	1,333.
22	Decreciation, depletion, and amortization	95,888.	84,371.	8,272.	2 245
23	Inscrance	28,216.	25,002.	1.683.	3,245. 1,531.
24	Other expanses, feir ze expenses not doviered	20,210.	23,002.	1,000.	1,331.
	above, (List miscellandous expenses in line 24e if the 24e amount exceeds 10% of line 25, column (A) and im, list one 24e expenses on Schedula C				
ฮ	DIRECT EXPENSES	163,352.	153,440.	314.	9,598.
b	TELEPHONE AND INTERNET	113,621.	103,644.	4,999.	4,978.
C	TEMPORARY HELP	99,714.	86,413.	291.	13.010.
d	UTILITIES	91,315.	88,923.	1,253.	1,139.
e	All other expenses	283,853.	205,557.	56,080.	22,216.
25	Total functional expenses. Add lines 1 impugh 246	3,385,649.	2,580,171.	453,261.	352,217.
76	Joint costs. Complete this line only if the organization				
	reported in column (B), ours costs from a combined				
	educational campaign and fund aising solicital on,				
	Sherr tiere I (Hobbanna SCP 88 2135G Sto-176)		1		

arl	EX	Balance Sheet			
		Check if Schinfule O contains a response or note to any line in this Part X			
		_	(A) Beginning of year		(B) End of year
ΤТ	1	Cash noninterest-bearing	312,628.	1	390,932
		Savings and temporary cash investments	76,342.	2	9,953
		Places and grants (coevable, rie)	136,632.	3	337,496
		Arcquits receivable, net		4	
		Loans and other racelyables from current and former officers, diractors			
		trustees, key employees, and highest compensated employees. Complete Part till of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
LG.		section 4358(f)(1)) persons described in section 4958(c)(3)(B), and court buting			
		employers and sponsoring organizations of section 501to [9] voluntary			
		amployees, beneficiary organizations, see instri, Complete Part II of Schill		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	82,854.	8	72,67
- }	9	Prepaid expenses and defeired charges	97,987.	9	70,57
- 1		Land buildings, and equipment: cost or other			
		bas a Complete Part VI of Schedula D 10a 2,358,434.			
- 1	b	Less accumulated depreciation 10b 1,111,176.	1,161,573.	10c	1,247,25
ĺ	11	nyestments - publicly traded securities		11	
		Investments other securities. See Part. V., ne. 1		12	
-		investments, program related. See Part IV Ine 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV line	73,333.	15	73,02
	16	Total assets, Add lines 1 through 15 (must equal line 34)	1,941,349.	16	2,201,91
	17	Accounts payable and accided expenses	226.214.	17	275,86
	18	Grants payable		18	
	19	Deferred revenue	88,210.	19	21,96
	20	Tax-exempt bood habities		20	
	21	Esgray or custodial aucount rability. Complete Part IV rif Schedule D.		21	
ıa	22	Logins and other payables to current and former officers, directors, trustees,			
lies		koy employaes, highest contiparsated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and leans payable to unrelated third parties		24	
	25	Other translit as impliciting feneral income tax, payables to related third			
	}	parties, and other abilities not included on thos 17.24). Complete Part X of			
		Schedulo D	112,452.		295,16
	26	Total Habilities: Add lines 17 through 25	426,876.	26	592,98
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔣 and			
ະກ		complete lines 27 through 29, and lines 33 and 34.			
10	27	Unrestricted net upsqts	1,451,681.	27	1,491,56
afai	28	Temporarily restricted net assets	62,792	28	117,36
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here			
7.5		and complete lines 30 through 34.		1 1	
ts c	30	Capital stock or trust principal, or current funds		30	
RS CS	31	Paid in or capital surplus, or land, building, or equipment rund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,514,473		1,608,92
	1	Total habilities and het assets/fund balances	1,941,349	. 34	2,201,9

G0777-04-04	990 (2015) COMMUNITY RESOURCE CENTER	95	-34	97926	p	age 12
Pa	rt XI Reconciliation of Net Assets					100
	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		3,48	0,1	02.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,38		
3	Revenue less expenses. Subtract line 2 from line 1	3				153.
4	Not assets or fund balances at beginning of year (must oqual Part X, line 33, column (Ai)	4		1,51		
5	Not unrealized gains (bases) on investments	5				
6	Donated services and uso of facilities	6				
7	Investment expenses	7				
8	Phoriper od adjustments	8				
9	Other changes in net assets or fund balances (exciain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 30					
	column (B))	10		1,60	8.9	26.
Pa	rt XII Financial Statemen's and Reporting		1			
	Chack it Schedule O contains a response or note to any line in this Part XB		[			
1	Accounting method used to prepare the Form 990 Cash X Acciua. Other				Yes	Nο
	If the organization changed its method of accounting from a prior year or shecked "Other," explain in Schedule	0				
25	Were the organization's financial statements compiled or leviewed by an independent accountant?			2.1		X
	if "Yes" check a box below to indicate whether the financial statements for the year word compiled or reviewed	ал а				
	segarate pasis, consolidated basis, or both					
	Separate casis			-		
b	Were the arganization'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	Da915				
	consolidated casis, or both:			1	1	
	[X] Separate basis					
C	If Yes To line 24 or 20 Iddes the organization have a committee that assumes responsibility for oversight of the	audit.				
	review or compilation of its financial statements and selection of an independent accountant?			20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sone	dute C	1			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?	-		3a		X
b	If "Yes" aid the organization undergo the required audit or audits? If the organization did flot undergo the requi	ed adi	Bit			
	or audits, explain why in Schedule O and describe any steps taken to undurgo such audits			3b		
					0.00	-

#### SCHEDULE A

Department of the Treasury

Internal Revenue Scrylop

(Form 990 or 990-EZ)

**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.

Intermation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public inspection

Name of the organization

COMMUNITY RESOURCE CENTER

Employer identification number 95-3497926

Reason for Public Charity Status (A) organizations must complete this part. See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedula E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(Al(v), Air promisation 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 9 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 (tess section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See: section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type ill non-functionally integrated supporting organization. f. Enter the number of supported organizations. g. Provide the following information about the supported organization(s). [v] Amount of monetary (vi) Amount of (iii) Type of organization listed in your destribution lines 1.9 other support (see support (see respectation paverning document above (see instructions)) instructions) instructions Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 COMMUNITY RESOURCE CENTER 95-3497926 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or tiscal year boginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and					1	1.3.555
	membership fees received. Do not						
	include any "unusual grants ")						
2	Fax revenues levied for the organ						
	ization's benefit and either paid to						
	or excended on its behalf	0					ļ
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Fotal. Add Thes 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 the 11						
	adiums (f)				<u> </u>		
	Public support. Surrections a nominary		<u></u>	l		<u> </u>	
_	ction B. Total Support		1	1		· · · · · · · · · · · · · · · · · · ·	,
	ndar year (or liscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Fotat
,	Amounts from line 4						
8	Gross income from interest.						
	dividendal payments received on						
	securities loans, rants, royalties						
	and income from similar sources			ļ			
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 biles 7 through 10		<u> </u>		<u> </u>		<u> </u>
12	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for		s first, secured the	d fourth, or fifth to	ax year as a sect o	n 501 (c)(3)	
Se	organization, check this box and sto ction C. Computation of Publ		rcentage				<b>&gt;</b>
14	Public support percentage for 2015 (	ne 6 column (f) c	ivided by tine 11, o	oumin (ii)		14	'%
15	Public support percentage from 2014	Schodule A, Part	II, tine 14			15	17/4
16:	33 1/3% support test - 2015. If the	organization did no	ot oneck the box o	n line 13, and line	14 is 35 1/3% of in	ore check his bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
i	33 1/3% support test = 2014. If the	organization did no	at check a box on	line 13 or t6a, and	i line 15 s 33 t/3k	or more, aneak th	SOOA
	and stop here. The organization qual						> -
17a	10% -facts-and-circumstances test	- 2015. If the are	anization did not	creak a bax on lin	e 13,,162, or 16b,	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					LF.	p-
Ĭ.	10% -facts-and-circumstances test					17a, and line 15 s	10% or
	more, and if the organization meets to						
	organization meets the stacts and circ						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on less 12, 16	a, 16b, 17a, or 17t	b, check this box a	ing see Instructions	
				21		edulo A (Enem 90)	

Schedule A (Form 990 or 990 EZ) 2015 COMMUNITY RESOURCE CENTER

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if this organization failed to quality under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gitts, grants, contributions, and						
	menibarship feas received. (Do not	}					
	include any lunusual grants. 1	962,088.	2497406.	2511346.	2043948.	2179522.	10194310.
2	Gross receipts from admissions						
	merchand se so d or services per						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax exempt ourpose	15,220.	37,842.	78,494.	57,081.	52,111.	240,748.
3	Gross receipts from activities that						
	are not an unrelated trade or bus						
	ness under section 513	661,565.	2640162.	2555628.	2455555.	2503327.	10816237.
4	Tax reventies layed for the organ-		'				1
	gation's centifit and either oald to						
	or expended on its behalf						
5	The value of sarvines or lacilities						
	furnished by a governmental unit to						
	the organization without charge		5455440	51.45.46.6	4555504	4774060	21251295.
6	Total, Add Fines 1 through 5	1638873.	5175410.	5145468.	4556584.	4/34960.	71721732·
7 a	Amounts included on lines 1, 2, and		05 000	63 459	40 000	65 450	161 016
	3 received from disqualified persons	8,000.	25,000.	23,457.	40.000	05,459.	161,916.
Ŀ	Amounty Projuded on Thes Pand Shedoved , their streethan diagnatified persons that						
	except the greater of \$5,000 or 19/of the		1				0.
	anibilint on los 13 for the year	2 222	25,000.	23,457.	40,000.	65 450	161,916.
0	: Add thes 7a and 7b	8,000.	25,000.	23,45/-	40,000.	05,439.	21089379.
	Public support, (Separtic Scharters)		<u> </u>		<u>l</u>		21003373.
	ction B. Total Support	T		1		f=1.2015	(t) Total
	ndar year (or fiscal year beginning in) 🛌	(a) 2011 1638873.	(b) 2012 5175410.	(c) 2013 5145468.	(d) 2014 4556584.	(a) 2015 4774960	21251295.
_	Amounts from line 6	10300/3.	3T/34TO.	3143400.	4000004.	2/32300.	<u> </u>
10:	Gross income from interest, dividends, payments received or						
	securities loans, rents, reyalties	276.	2,197.	2.048.	217.	2,975.	7,713.
	and income from similar acuides	210.	4,131.	2,0401	227.	2,3,3.	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ŧ	unrelated business taxable number						
	Hass section 511 taxes) from dusinesses addusted after Jime 30, 1975						1
		276.	2,197.	2.048.	217.	2,975.	7,713.
	c Add Enes 10a and 10b Net income from unrolated business	210.	2,2310	1 2,010.			
- 11	activities not included in the 10b.	1				1	
	whether or not the pusiness is	43,122.	49 209	121,116.	17,637.	0.	231,084.
19	regularly carried on Other incorne, Do not include gain	33,225	23,003				
16	or loss from the sale of capital						
47	assets (Explain in Part VI) Total support, (And Pres 9, 10c, 1, and 12)	1682271	5226816	5268632	. 457443B.	4737935	21490092.
14	First five years. If the Form 990 is to						tation,
179	check this box and stop here	, ma arginineani			,		
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2015	lime 8. column 11 i	divided by line 13,	column (f)		15	98.14 %
16						16	98.23 %
	ction D. Computation of Inve	stment Incom	ne Percentage	1			
17				ine 13 calumn (f)		17	.04 %
	Investment income percentage from					18	.00 96
19	a 33 1/3% support tests - 2015. If th	e organization did	not check the box	con line 14, and lin	ie 15 is more th <b>an</b>	33 1/3%, and line	17 sinot
	more than 33 1/3%, check this box a	and stop here. T	he organization qu	alifies as a publica	supported organi	ration	▶ <u>X</u>
	b 33 1/3% support tests - 2014. If th	e organization o d	inet shesk a box o	on line 14 or line 19	and the 15 is m	iore than 33-1/3%.	ard
	line 16 is not more than 33 1/3%, ch	eck this oox and	stop here. The or	ganization qualifie	s as a publicly sup	parted organization	ı 🦂 ▶ <u>□</u>
20	Private foundation. If the organizat	on did not check	a box on line 14, 1	9a. pr 19b. check	this box and see u	structions	<b>"</b> ▶ □
	See and those						90 or 990-EZ) 2015

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I. complete Sections A and B. If you checked 11c of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A.D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Util the organization have a supported organization described in section 50 t(c)(4), (5), or (6)? If "Yes," answer for and (c) below.
- b Did the organization confirm their each supported organization qualified under section 501(c)(4), (5) or (6, and satisfied the public support tests under section 509(s)(2)? If "Yes," describe in Part VI when and how the carganization made the distortion.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170/o/(2)(B) outposes? If Yes," explain in Part VI what controls the organization but in place to ensure such use.
- 4a Was any supported organization not organized in the United States of oroign supported organization (?) If 'Yes, and Tyou offecked I tailor I to in Part i, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign subunified organization? If "Yes, rescribe in Part VI how the organization had such control and a scretion despite being controlled or supervised by or in connection with its supported organizations."
- a Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(d) and 509(a)(1) or (2)? If "Yes," exclaim in Part VI what contrais the organization used to onsure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) corpuses.
- 5a Old the organization add, substitute, or remove any supported organizations during the tax year? If I ves. If another (b) and (c) below (if applicable). Also, provide detail in Part VI, including ii) the names and SIN if a bits or the substituted organizations added, substituted, or removed; (ii) the reasons for each such action, (ii) the authority under the organization is organizing document authoriting such action, and (iv) how the action with accomplished joint as by amendment to the organizing document.
- b. Type I or Type II only. Was any added or substituted supported organization part of a right already perignated in the organization's organizing oncument?
- c. Substitutions only, Was the substitution the result of an event beyond the organization a control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (it is supported organizations, (ii) individuals that are part of the chantable class berief lad by one or more of its supported organizations, or its other supporting organizations that also support or penality one or more of the filing organizations supported organizations? If Yes, provide detail in Part VI.
- 7 Did the organization provide a grant form, componsation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a factly member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part Lof Schedule 4, Form 900 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not doscribed in the 7'l If Yes, complete Part I of Schedule L (Form 990 or 990-52).
- 9a. Was the organization controlled directly or not rectly at any lime during the tax year by one or more disqualified persons as defined to section 4946 (ather than foundation manage's and organizations described in section 509(a)(\*) or (2))? If "Yes," provide detail in Part VI
- b Old one or more disqualified persons (as defined in fine 9a) hald a controlling interest in any entity in which the supporting organization had an interest? If veal provine detail in Part V.
- 10a Was the organization subject to the excess business holdings rules of section 4940 because of section 4943 if fregarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations?? If "Yas," answer 10b below.
  - b End the organization have any excess business holdings in the tax year? (Usa Schedule C, Form 1/20, to determine whether the organization had orcess business holdings.)

	Yes	No
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10a		
104		
 10b		

Sched	ule A (Form 990 or 990 EZ) 2015 COMMUNITY RESOURCE CENTER	95-3497920	5 Pac	n 5
Par				
			Yes	Na
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 in (b) and (c)			
	perally, the governing body of a supported organization?	11a	-	-
	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110_		
Sect	ion B. Type I Supporting Organizations			
			Yes	No.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	}		
	regularly appoint or elect at least a inajority of the organizations dilectors or hustees 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 note than one supported organization,			
	describe how the pawers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried but the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
	the section of the section of		Tes	TRU
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ĺ	
	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	1		
-	the supported organization(s).	1	.1	
Sec	tion D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	5	1.55	
1	organization's tax year, () 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		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (if) serving on the governing body of a supported organization? If "No "explain in Fart VI now			
	the organization maintained a close and continuous weeking relationship with the supported organization(s).	2		
	the organization maintained a close and continuous weight, definitionally wan the supported organizations.  By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's	ľ		
	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		L
Sec	stion 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 it	nstructions):		
a	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
b	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o			
c	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	itily (see instructions	5)(5)	
2	Activities Test. Answer (a) and (b) below		Yes	No
	Did substantially all of the organization's activities during the tax year creetly 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		1	
	that these activities constituted substantially all of its activities.	2a	-	-
ŧ	Did the activities described in (a) 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 those	Ì		
	activities but for the organization's involvement.	2lb	-	
3	Parent of Supported Organizations. Answer (a) and (b) below			
-	Did the organization have the cower to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI			-
i	<ul> <li>Did the organization exercise a substantial degree of direction over the policies programs, and activities of each</li> </ul>			
	of its supported organizations? It "Yes." sessition in Part VI, the role played by the organization in this regard.	3b	1	
Contractor	Sched	ule A (Form 990 or	990-E2	2015

Sch	edule A (Form 990 or 990 EZ) 2015 COMMUNITY RESOURCE CENT rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		j	95-3497925 Page 5
1	Type in their telleticitally integrated design(o) deliploriti			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on I	lov 20, 1970. See instri	uctions. A1
	other Type III non functionally integrated supporting organizations must re	amplete Sec	finns A through E	*
Sec	ion 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 grass 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 grass income or for management, conservation, or			
	maintenance of property hold 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non exempt rise assets (see			
	instructions for short tax year or assets he'd for part of year).			
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
c	Fair market value of other non exempt use assets	1c		
	Total (add lifes 1s, 1b, and 1s)	1d		
8	Discount d'almed for clockage or other			
	factors (explain in detail in Part VII:			
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 1-1/2% of line 3 for greater amount,		***************************************	
	sea instructions).	4		
5	Net value of non-exempt use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by .035	6		
7	Recoveries of prior year distributions	7		·
8	Minimum Asset Amount (add fale 7 to line 6)	В		
	ion C - Olstributable Amount	- I - B		Current Year
1	Adjusted not inclume for once year (from Section A, line 8, Column A)	1		
2	Enter 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	li come tax imposed in prior year	5		
6	Distributable Amount, Subtrant the 5 from tine 4, Unless subject to			1
-	emergency temporary reduction (see instructions)			
7	Check here if the current year is the organization's first as a non functional	luinteorata:	d Tugo III guernatura acces	I street sillings
	instructional	-y arrograte	« туре ін адаронінд orga	18241 UT SEG

Schedula A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EX) 2015 COMMUNITY RESOURCE CENTER 95-3497926 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets 5 Cualified set aside amounts (orier IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add fines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive turovide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Distributable Underdistributions Excass Distributions Amount for 2015 Pre-2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions) Excess distributions carryover, if any, to 2015 d From 2013 e From 2014 f Total of lines 3a through e g. Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D. a. Applied to underdistributions of prior years h. Applied to 2015 distributable amount. c. Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, sea instructions). 6 Remaining underdistributions for 2015 Subtract lines 3h and 46 from line 1 (flamount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3] and 4th \_8 Breakdown of fire 7: e. Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990 EZ) 2015 COMMUNITY RESOURCE CENTER	95-3497926	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 line 1, Part IV. Section D lines 2 and 3; Part IV. Section E, lines 1c, 2a, 2b, 3a and 3b, Part IV, 1ne 1, Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	1 and 2, Part iV, Section V. Section B. Inc. Let Par	C. t V
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		TW-II	

### SCHEDULE D

#### **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.

2015 Open to Public Inspection

Department of the Teacury Information about Schedule D (Form 990) and its instructions is at www.ka.gov/form930. nternal Herenue Service Employer identification number Name of the organization 95-3497926 COMMUNITY RESOURCE CENTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered Yes' on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end or year 1 Aggregate value of co-tributions to (di ring year) 2 Appregate value of grants from (during year) 3 Aggregate value at end of year 5 Old 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? Did the arganization Inform all grantees, doi are, and donor across silp withing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring mpermissible private benebi? Part II | Conservation Easements. Complete 1 the organization answered Yes 1 on Form 990, Part IV, line 7 Purpose(s) of conservation essements help by the organization (check all that apply) Preservation of and for dublic use (e.g. re-reation or education) Preservation of a historically important and area Preservation of a certifieti historic structure Protection of natura habitat Preservation of open space Complete lines 2a intende 1d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 2a Total number of conservation easements 2h Total anneage restricted by conserval on easomerits Number of conservation easements or a cort field historic structure included in (a 2c Number of conseniation eagements included in [c] adduced after 87,7,06, and notion a hisforic structure 2d listed in the National Register 3. Number of nonservation easements modified, transfer edi released, extinguished or terminated by the organization during the tax 4 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring inspection, handling of Yes violations, and enforcement of the consurtation easements it holds? Staff and volunteer hours devoted to monitiving, inspecting, handling of violations, and enforcing conservation easements having the year Amount of expenses incurred in monitoring, inspenting, handling of violations, and enforcing conservation easements during the year Does each consertation eatement reported on line 2(d) above satisfy the requirements of section (170(h)(4)(B)(i) Yes and section 170(h (-)(B)(1)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and notide, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation pasements. 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 decised as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. nistorical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service in Part XIII the text of the foolingte to its financial statements that describes these items b. If the organization elected as permitted an ter SFAS 116 (ASC 958), to report in its revenue statement and balance sneet works of an historical treasures or other similar assets held fill public exhibition, education, or research in furtheralice of public service, provide the following amounts relating to titese items: (i) Revenue included on Form 990, Part VIII line 1 (ii) Assets included in Form 990, Part X 2. If the organization recaived of held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 83305\* 13 08-05

Schedule D (Form 990) 2015

a Revenue included a Form 990 Part VIII line 1

III Organizations Maintaining C Using the organization's acquisition, accession and the accession of the accession of the accession of the organization's accession of the organization's accession.	or and other records	check any of the			
Ising the organization's acquisition, accessioned all that apply)  Fublic exhibition  Scholarly research  Preservation for future generations	or and other records	check any of the			
Fublic exhibition Scholarly research Preservation for future generations	đ	the same			
Scholarly research Preservation for future generations	d				
Preservation for future generations		Loan or exc	tange program	15	
	e	Other	***************************************		
travide a description of the organization sign					
The state of definition of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the	ollections and expiair	now they further t	he organization	a exempt purpose in P	art XIII.
It ring the year, did the organization solicitic	r reneive admations of	art, historica: trea	isures, or other	antifar assets	
o be sold to raise funds rather than to be ma	sintained as part of the	e organization's co	illection?		Yes N
IV Escrow and Custodial Arran	gements. Complet	le if the organization	on answered M	as on Form 990, Part I	V line 9, or
eparted an arrount on Form 990, Par					
the organization an agent, flustee, custod	an or other intermedic	ny for contribution	is or other asse	is not included	
n Form 990. Part X?					Yes N
'Yes," exponin the air angement in Part XIII.	and complete the follo	wing table			
					Amount
leginnini; balance				1c	
				1d	
				te	
				. 11	
					Yes N
"Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provider) en P.	irt XIII	
V   Endowment Funds, Complete	fithe organization ans	wered 'Yes' on Fo			
	(a) Current year	(b) Prior year	(c) Two years	bank (d) Fride Jaars ha	uk (e) Four years back
leginning of year balance					
Controlitions					
et investiment earnings, gains, and lesses					
'					
drnin ctrative expenses					
nd of year balance					
		One ty colorin (a	11-91135		
		YE.			
emporarily restricted engagnment.	9.5				
re there endowment funits not in the posse	ssion of the organizat	on that are held n	nd administera	fror the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
У					Yes No
					3a(i)
i) elated organizations					3a(ii)
					3b
		ment funds.			
	d 'Yes on Form 990	Pasily, ine 1 ta 5	See Form 990, I	Pa 4 X, line 10	
Description of property	1 ' '		1	(c) Accumulated	(d) Book value
	basis (investiri			cop editt or	1962
and					539,937
_					426,885
casehold improvements					184,381
auroment		27	8.063.	182,008.	96,055
Hher	qual Form 990, Part 8	1112			
	In Form 990. Part X?  "Yes," explain the alrangement in Part XIII deginning balance stdutions during the year lists butions during the year original balance. It was a second or grantzation in clude an amount on Filippe, "explain the arrangement in Part XIII.  V Endowment Funds. Complete in Complete.  VI Endowment Funds. Complete in Part XIII.  V Endowment Funds. Complete in Part XIII.  V Endowment Funds. Complete in Part XIII.  V Endowment Funds. Complete in Part XIII.  V Endowment Funds. Complete in Part XIII.  V Endowment Funds. Complete in Part XIII. The interned uses of the current per and an expense of the current per and in the posse of the part XIII. The interned uses of the VI Land, Buildings, and Equipment Description of property.	Tyes," explain the arrangement in Part XIII and complete the folk deginning balance additions during the year lists butions during the year using balance are organization include an amount on Form 990. Part X, line 3 "Yes," explain the arrangement in Part XIII. Check there if the explaining of year balance control outions.  Geginning of year balance control of the organization and control outions are investment earnings gains, and losses are scholarships better expenditures for facilities and programs of the estimated percentage of the current year and balance control of early early restricted endowment.  Semplete if the deganization of the organization is set there endowment funds not in the possession of the organization. "Yes" on the Jalin, are the related organizations is sed as require describe in Part XIII the intended uses of the organization is endow.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes, on Form 990. Description of property.  (a) Cost or organizations organization in the possession of the organization and described in part XIII the intended uses of the organization is endow.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes, on Form 990. Description of property.  (a) Cost or organization of the organization in the organization in the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of	Tyes," expain the strangement in Part XIII and complete the following table deginning balance additions during the year list to atoms during the year milit balance and to be a strangement in Part XIII. Check here if the explanation had been to the organization include an amount on Form 990. Part X, line 21, for oscrow or convers," explain the arrangement in Part XIII. Check here if the explanation had been to the organization answered. "Yes" on File grants of year balance and losses it is received the estimated paramiting gains, and losses it is received the estimated paramiting gains, and losses it is received the estimated paramiting of the current year and balance (the 1th column formation and without and with the possession of the organization that are had a series and explain the part of the organization of the organization of the organizations.  Tyes for the data and the related organizations is sed as required on Schedulo 32 escribe in Part XIII the intended uses of the organization sendowment funds.  VI Land, Buildings, and Equipment.  Complete if the organization answered five on Form 990. Pac IV, the 11a season of the organization of the organization of the passes for the organization of the passes for the organization of the passes for the organization of the passes for the organization of the passes for the organization of the passes for the organization of the passes for the passes for the organization of the passes for the passes for the organization of the passes for the passes for the organization of the passes for the passes for the organization of the passes for the passes for the organization of the passes for the passes for the organization of the passes for the passes for the organization of the passes for the passes for the organization of the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for the passes for	Types "expain the a rangement in Part XIII and complete the following table eleganning balance (dottons during the year list to atoms during the year list to atoms during the year and to balance in the drain of the organization include an amount on Form 990. Part X, line 21, for escrow or custodia, accounting the graphan the arrangement in Part XIII. Check there if the explanation has been provided on P. V. Endowment Funds. Complete if the organization answered "Yes" on Form 1990. Part X. Including a part XIII and programs are spenditured for facilities.  [a] Current year. [b] Prior year. [c] Two years continuous as the received the estimated parameter and leases in a formation described and account and programs and of year balance.  [a] Current year. [b] Prior year. [c] Two years and programs are spenditured for facilities. [b] Prior year and balance (Including the current year and balance (Including the Including he might Part X?  Yes Teamain the air angement in Part XIII and complete the following table  leginning balance  (distinct during the year  Indicate plants with the air angement in Part XIII. Check here if the acquiration base been provided on Part XIII.  V Endowment Funds. Complete if the organization answered "Yes" on Form 1991. Part XIII. Check here if the acquiration answered "Yes" on Form 1991. Part XIII. Check here if the acquiration answered "Yes" on Form 1991. Part XIII. Check here if the acquiration answered "Yes" on Form 1991. Part XIII. Check here if the acquiration answered "Yes" on Form 1991. Part XIII. Check here if the acquiration answered "Yes" on Form 1991. Part XIII. Check here if the acquiration answered "Yes" on Form 1991. Part XIII.  (a) Current year (b) Phior year (c) Two years and Ing. 10  (a) Current year (b) Phior year (c) Two years and Ing. 10  (a) Current year (b) Phior year (c) Two years and Ing. 10  (a) Current year and balance of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the prop	

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

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnate to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the faotnote has been provided in Part XIII. [X] Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 COMMUNITY RESOURCE CENT Part XI   Reconciliation of Revenue per Audited Financial State	
Complete if the organization answered Yes on Form 990, Part IV_fir	*
1 Total revenue, gains, and other support per audited financial statements	1 1 2 403 406
2 Amounts included an ine 1 out not on Form 998 Plint Vill, line 12	1 3,483,102
a Net unrealized dams flosses on investments	1 2-1
b Donated services and use of facilities	2b 3,000.
	2c
	2d 3 000
a Add lines 2a through 2d	2e 3,000
3 Suptract Fre 2e from the 1	3 3,480,102
4 Amounts included on Full in 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VII., Inc. 16	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 Part XII Reconciliation of Expenses per Audited Financial States.)	s 3,480,102 atements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lir	1 <del>4</del> 12a
Total expenses and losses per audited (mancip) statements	1 3,388,649
2 Amounts included on line 1 but not on Form 990. Par IX, line 25	
a. Donated services and use of facilities.	2a 3,000.
b. Prior year adjustments	2b
c Other losses	2c
d. Other (Bescribe in Part XiII.)	2d
e. Add lines 2a through 2d	2e 3,000
3 Subtract line 2e from line 1	3 3.385.649
4. Amounts not ided on Form 990, Part X, Tine 25, but not on the fi	
a Investment excenses not included on Foret 598, Part VIII, Line Ip	4a
b. Other (Describe in Part Xii).)	4b
c. Aud lines 4a and 4b	40
5 Total expenses. Add incs 3 and 4c. (This must equal Form 990 Part I line 1.	
Part XIII Supplemental Information.	2
rovide the descriptions required for Part II, Thes 3-5- and 9, Part II Thes 1a and	Part V lines In and 2h: Part V line 4. Part X line J. Part X
es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	
	, and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
ART X, LINE 2:	***************************************
HE ORGANIZATION FOLLOWS THE PROVISIONS OF	F UNCERTAIN TAX POSITIONS AS
DDRESSED IN FASB ACCOUNTING STANDARDS CO	DIFICATION. THERE ARE NO AMOUNTS
CCRUED IN THE FINANCIAL STATEMENTS RELAT	ED TO UNCERTAIN TAX POSITIONS FOR
HE YEARS ENDED JUNE 30. 2016 AND 2015.	

#### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Dispartment of the Treasury Interest There are Service

Information about Schedule G (Form 990 or 999-EZ) and its instructions is at www.us.gov/(grm990.

Employer identification number

ame of the organization	RESOURCE CENT	RR.			95-3497	ntification number 926
Part I Fundraising Activities. Correquired to complete this part.			on	Form 990, Parl IV li	ne 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phene solicitations d In-person solicitations d In-person solicitations d In-person solicitations d In-person solicitations in the organization have a written or orackey employees listed in Form 990. Pur V b If "Yes," list the ten highest paid and vidu compensared at least \$5,000 by the organization.	e So  f So  g Sp  g Sp  g agreement with any indivi- ll or e tity in connection via some entities (functorisers)	licitation of no: i citation of go- ecial fundralsir dual (including th professions	rga verr ig e i off si fu	overnment grants iment grants events incers directors, trus incers sig services?	Ye:	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(31) ma h intrasts rasks busy or non amplified		(iv) Gross receipts from activity	(v) Amount paid to (or rotained by) fundraiser i sted in no. (I)	(vi) Arnount paut to (or retained by organization
		Yes A	10			
	*		_			
otal  3 List as states in which the organization is	s registered or licensed to s	splicit contribut	юп	s or has been notifie	d it is exempt from i	reg strat o )
or licensing						
	-4			11-11		
LHA For Paperwork Reduction Act Notice				53	Enhance P /E	1 990 or 990-EZ) 2

14.11

Sch	edu	la G (Form 990 or 990 EX) 2015 COMMUNI	TY RESOURCE	CENTER	95-	3497926 Page 2
Pi	ırt	The second second section in	e organization answered	1 "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
-		of fundraising event contributions and gre	as income on Form 990			ts greater than \$5 000
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			ENGLISH TEA	FALL GALA	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	- cal. (c))
55					(total nameel)	
Revonue	1	Gross sperots	71,500.	195,472.		266,972.
	2	Loss Chilt bullans	39,003.	139,430.		178,433.
	3	Gross viccine (i.e. 1 im nus line 2)	32,497.	56,042.		88,539.
	4	Cash prizes				
	5	Noncash piezes				
1565		·	2 212	06.000		
Exper	6	Rent/facility dosts	2,918.	26.233.		29,151.
Direct Expenses	7	Food and beverages	3,384.	28,486.		31,870.
4-1	6	Entertainment		2,500.		2,500.
	9	Other direct expenses	10,752.	23,350.		34,102.
	10	Direct expense summary. Add thes 4 through			<b>D</b>	97,623.
	11	Net income summary. Subtract line 10 from h	ne 3, column (d)			-9,084.
Pa	irt I	II Gaming. Complete if the organization :	answered Yes or Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a				,
Revenue			(a) Bingb	(b) Pull tabs/instant binga/progressive bingal	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
9		Gross revenue				
		G CSS : evenue	<u> </u>			
97 11	2	Cash orizes				
Direct Expenses	3	Noncash prizes				
rect E	4	Rent/facility acists				
0						
	5	Other direct expenses			Control Control	
	6	Volunteer labor	Yes %	Yes %	Yes 96	
	7	Orect expense summary, Add Ines 2 through	5 in column (a)		•	
	В	Nat gaming income summary. Subtract line 7	from hore to return (a)			
9	En	er the state(s) in which the organization condu	cts gaming activities: _			
		he organization licensed to conduct gaining ac				Yes No
р	#	No, explain:				
			H-1			
		re any of the organization's gaming licenses re Yes," explain;			ear	Yes   No
	_					
24070	eran	F12.15				
A 21/2/2 A					Schedule & (For	rm 990 or 990-EZ) 2015

Schedule G (Form 890 or 990-EZ) 2015 COMMUNITY RESOURCE CENTER 95-3497926 Page 3
11 Does the organization conduct gaming activities with nonmembers?  Yes No
have been a finished as a marrhage of a marrhage being against formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaining/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
bilf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
of garning 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/afficar Emplayee 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 (cense?
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 G (Form 990 or 990-EZ) COMMUNITY RESOURCE CENTER  Part IV Supplemental Information (continued)	95-3497926 Page 4
12 mm	
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#### SCHEDULE M (Form 990)

Noncash Contributions

2015

Delia Imeni of the Tibusuly Internal Piece too Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number Name of the organization 95-3497926 COMMUNITY RESOURCE CENTER Types of Property Part (d) Check If Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line to tems contributed 1 Art Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles 6 Boats and mines intellectual property 8 1,131.FMV Securities - Publicly traded 9 10 Securit ear Closely held stock Securities Partnership, LLC on trast interests Sucurities Aliacellaneous Qualified conservation contribution Historic structures Qualified gonscryation contribution. Other Real estate - Resident a Real estate - Commercial Real estate - Other Collectibles 18 19 Food inventory Gregs and medical supplied 20 21 Takidermy 22 historical artifacts 23 Scientific speciments 24 Archeological artifacts 36,502.FMV Other | ( DONATED SUPPL ) 26 Other 🕨 Other 🕨 Number of Furits 5283 received by the organization during the tax year for contributions for which the organization completed Form 6283. Part IV. Donee Acknowledgement 29 Yes No. 30a Ouring the year idid 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 is not required to be used for Х 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part It X 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third padies or related organizations to solicit, process, or self nancash X contributions? bill 'Yes, describe in Partill, 33 If the organization did not remort an amount in column (c) for a type of orogeny for which to umn (a) is cheriked

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Schedule M (Form 990) (2015)

Supplemental information. Provide the information required by Part (, lines 30b, 32b, and 33), and whether the organization is retained in Part (, course), the number of contributions, the number of state received, or a combination of soft. Also compitation of any additional information.	redute M (Fc	m 9901 (2015) COMMUNITY RESOURCE	Z CENTER	95-3497926 Pa
	is th	Jpplemental Information. Provide the information reporting in Part I, column (b), the number of contribes part for any additional information.	nation required by Part I, lines 30b, 3 outlons, the number of items received	2b, and 33, and whether the organization f. or a combination of both. Also complete
	***************************************			***************************************
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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#### SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule 0 [Form 990 or 990-EZ] and its instructions is at www.irs.gov/form/990

1545 0047 Open to Public Inspection

Department of the Treasury Informat Revenue Service Name of the organization

COMMUNITY RESOURCE CENTER

Employer identification number 95-3497926

COMMONTAL MEDICATION
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VIOLENCE WITH SAFETY, STABILITY, AND A PATH TO SELF-SUFFICIENCY.
FORM 990, PART VI, SECTION B, LINE 11:
SCHEDULE 990 IS PREPARED BY THE CHAIR AND REVIEWED BY THE EXECUTIVE
DIRECTOR OR CEO. ONCE IT IS APPROVED BY THE EXECUTIVE DIRECTOR OR CEO, IT
IS FORWARDED TO THE BOARD FOR THEIR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH
PERSON:
1. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
2. HAS READ AND UNDERSTANDS THE POLICY,
3. HAS AGREED TO COMPLY WITH THE POLICY, AND
4. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN
ITS FEDERAL TAX EXEMPTION REQUIRES IT MUST ENGAGE PRIMARILY IN ACTIVITIES
THAT ACCOMPLISH ONE OR MORE IF ITS TAX-EXEMPT PURPOSES.
TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE
PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS
TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC
REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:
1. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE,
BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH
BARGAINING

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.  $^{5322\,11}_{09\,42}$  is

2. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH

MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES FOR

GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES, AND DO NOT RESULT IN

INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT, OR IN AN EXCESS BENEFIT

TRANSACTION.

EACH PERSON IS REQUIRED TO DISCLOSE ANNUALLY HIS/HER CORPORATE (EITHER

NON-PROFIT OR FOR PROFIT) DIRECTORSHIPS, KEY POSITIONS, AND EMPLOYMENT, AS

WELL AS HIS/HER MEMBERSHIPS IN ORGANIZATIONS; CONTRACTS, BUSINESS

ACTIVITIES, AND INVESTMENTS WITH ORGANIZATIONS; HIS/HER OTHER RELATIONSHIPS

AND ACTIVITIES, AND THEIR PRIMARY BUSINESS OR OCCUPATION.

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

THE BOARD HAS THE AUTHORITY TO HIRE, EMPLOY, AND COMPENSATE SUCH PERSONNEL AS ARE NEEDED TO EXECUTE THE MISSION OF COMMUNITY RESOURCE CENTER (CRC).

ROLE OF THE EXECUTIVE COMMITTEE:

THE EXECUTIVE COMMITTEE IS A PERMANENT COMMITTEE OF THE BOARD. AMONG THE RESPONSIBILITIES AND AUTHORITY OF THE EXECUTIVE COMMITTEE IS THAT RELATING TO EXECUTIVE COMPENSATION. THIS COMMITTEE IS RESPONSIBLE FOR THE HIRING AND EVALUATION OF THE PRINCIPAL ADMINISTRATOR OF THE AGENCY. THE COMMITTEE REVIEWS COMPENSATION PRACTICES AND PROGRAMS FOR THE EXECUTIVE DIRECTOR OR CEO, PROVIDES LEADERSHIP IN THIS AREA, AND REPORTS ITS DETERMINATIONS TO THE FULL BOARD. COMPOSITION EXECUTIVE COMMITTEE MEMBERSHIP IS APPOINTED AS SPECIFIED IN THE BYLAWS.

DUTIES AND RESPONSIBILITIES:

-REVIEW AND APPROVE CASH AND NONCASH COMPENSATION POLICIES APPLICABLE
Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization  COMMUNITY RESOURCE CENTER	Employer identification number 95-3497926
TO THE EXECUTIVE DIRECTOR OR CEO.	
-ESTABLISH AND PERIODICALLY REVIEW CRC'S COMPENSATION	N PHILOSOPHY TO
ENSURE THE POLICY APPROPRIATELY SUPPORTS THE ORGANIZATION	'S PURPOSE AND
MISSION, ATTRACTS AND RETAINS KEY EXECUTIVES AT A REASONAL	BLE COST, AND
ENHANCES THE MISSION AND PURPOSE OF THE ORGANIZATION.	
-ACT ON BEHALF OF THE BOARD IN SETTING EXECUTIVE COM	PENSATION POLICY
AND MAKING DECISIONS WITH RESPECT TO THE COMPENSATION OF	THE EXECUTIVE
DIRECTOR OR CEO BY REVIEWING THE ANNUAL BASE SALARY LEVEL:	S AND PERFORMANCE
EVALUATIONS.	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
-ESTABLISH REASONABLE COMPENSATION LEVELS BY:	
1. ASSESSING THE NATURE AND SCOPE OF THE EXECUT	IVE POSITION
2. ASSESSING THE BASIS FOR WHICH COMPENSATION I	S PAID TO AN
INDIVIDUAL HOLDING THIS POSITION INCLUDING UNIQUE BACKGRO	UND, EXPERIENCE,
PERSONAL SKILLS, EXCEPTIONAL PERFORMANCE, ADDITIONAL DUTI	ES AND ABILITIES.
AND CHALLENGES FACING THE ORGANIZATION THAT REQUIRE THE U	SE OF SUCH
ATTRIBUTES FOR SKILLS	
3. OBTAINING APPROPRIATE AND COMPARABLE COMPENS	ATION MARKET DATA
INCLUDING DATA FROM THE FOLLOWING:	
SIMILARLY SITUATED ORGANIZATIONS, BOTH FOR P	ROFIT AND
TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS	
- THE AVAILABILITY OF SIMILAR SPECIALTIES IN TH	E GEOGRAPHIC AREA
- INDEPENDENT COMPENSATION SURVEYS BY NATIONALL	Y RECOGNIZED
INDEPENDENT FIRMS	
4. DOCUMENT THE BASIS FOR THE DETERMINATION OF	THE REASONABLE
COMPENSATION, INCLUDING PERFORMANCE EVALUATIONS AND MARKE	ET DATA.
APPOINTMENT INFORMATION:	
THE COMMITTEE SHALL REVIEW AND RECOMMEND ALL EXECUTIVE DI	
A COURT OF COURT IS	nedule 0 (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015)	Control Control
Name of the organization  COMMUNITY RESOURCE CENTER	Page 2 Employer identification number 95-3497926
APPOINTMENTS, CHANGES IN TITLE, ACTING, OR INTERIM APPOINT	MENTS. THE
WRITTEN CONFIRMATIONS OF EMPLOYMENT, WHICH ARE CONSIDERED	NOTICES OF
EMPLOYMENTS RATHER THAN CONTRACTS, SHALL BE REVIEWED AND A	PPROVED BY THE
BOARD CHAIR PRIOR TO ISSUANCE. THE BOARD AUTHORIZES THE E	XECUTIVE DIRECTOR
OR CEO, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, TO E	STABLISH A JOB
EVALUATION SYSTEM AND COMPENSATION POLICIES. THESE SHALL C	OMPLY WITH STATE
AND FEDERAL LEGISLATION, AND SHALL BE ESTABLISHED AND IMPL	EMENTED TO
PROMOTE THE GOALS OF INTERNAL EQUITY, REWARD FOR MERITORIO	US PERFORMANCE,
EFFECTIVE RECRUITMENT, AND RETENTION OF THE STAFF.	
THE BOARD AUTHORIZES THE EXECUTIVE DIRECTOR OR CEO TO ESTA	BLISH A SET OF
PAY RANGES AND CLASSIFICATION ASSIGNMENTS FOR THE STAFF.	
THE BOARD AUTHORIZES THE EXECUTIVE DIRECTOR OR CEO TO MAKE	ADMINISTRATIVE
ADJUSTMENTS AS DEFINED BELOW, WHEN SUCH AN ADJUSTMENT IS N	ECESSARY:
- TO COMPENSATE FOR AN ADMINISTRATIVE ERROR,	
- TO CONFORM TO OTHER PROVISIONS OF THE COMPENSATION PRO	OGRAM,
- OR BECAUSE IT HAS BEEN OTHERWISE DEMONSTRATED TO BE T	HE BEST INTEREST
OF THE ORGANIZATION.	
THE BOARD AUTHORIZES THE EXECUTIVE DIRECTOR OR CEO TO ESTA	BLISH
COMPENSATION POLICIES FOR PERSONNEL ACTIONS INCLUDING PROM	OTION, TRANSFER,
DEMOTION AND RECLASSIFICATION.	
THE EXECUTIVE COMMITTEE OF THE BOARD SHALL REVIEW AND APPRO	
COMPENSATION POLICIES ESTABLISHED BY THE EXECUTIVE DIRECTOR	R OR CEO.

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	of the organization	COMMUNITY	RESO	URCE	CENTER				Emplo 95	yer identification num 5-3497926	ıber
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b If this application is for Forms 990-PF, 990-T, 4720, or 6069, or ter any refundable credits and destinated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  6 Balance due. Subtract line 86 from line 8a Include your payment with this form if required by using EFTPS (Electronic Federal Tax Payment System). See instructions.  6 Signature and Verification must be completed for Part II only.  10 Indicators that Charles are examined this form, and using accompanying smedules are statements and to me best of my observable and the late of the complete, and finally an outhorized to prepare this form.	Form 8868 (Rev. 1-201-I)					Page
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TOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filled Form 8868.  COMMUNITY RESOURCE CENTER  The books are in the care of ▶ 650 2ND STREET - ENCINITAS, CA 92024  Telephone No. ▶ 760-753-1156  Fax No. ▶  If the organization does not have an office or place of ous ness in the United States chock this box.  If this a for part of the graph catton is four digit Group Exemption Number (Gard). If this is for the whole group, check this box.  If this a for part of the group, check this box. ▶ □ and attach a fist with the names and StNs of all members the extension is for.  If the cave an additional 3-month extension of time until MAY 15, 2017  For catendar your □ or other tax year beginning JUL 1, 2015 □ and accounting JUN 30, 2016  If the tax year entered in line 5 is for less than 12 months, check reason □ Install return □ Jimar return  Change in accounting period  State in detail vivy you need the extension  THE ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.  3a If this application is for Forms 990 BL. 990 PF. 990 T. 4720, or 6069 enter any refundable credits and distinction tax payments made, include your payment with this form if required by using previously with Form 8868.  a Bill the application is for Forms 990 BL. 990 PF. 990 T. 4720, or 6069 enter any refundable credits and distinction previously with Form 8868.  b It this application is for Forms 990 PF. 990 T. 4720, or 6069 enter any refundable credits and distinction previously with Form 8868.  c Bill and due. Subtract line 8b from line 8a include your payment with this form if required by using EFTPS (Electronic Pederal Tax Payment System) See instructions.  Signature and Verification must be completed for Part II only.  Signature and Verification must be completed for Part II only.	onn 990-T (see, 401(a) or 408(a) trust)					
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# COMMUNITY RESOURCE CENTER FINANCIAL STATEMENTS JUNE 30, 2016



#### COMMUNITY RESOURCE CENTER FINANCIAL STATEMENTS JUNE 30, 2016

#### TABLE OF CONTENTS

		Page
Independent Auditor's Report		1 - 2
Statement of Financial Position		3
Statement of Activities	Ē.	4
Statement of Functional Expenses		5
Statement of Cash Flows		6
Notes to Financial Statements		7 - 16



#### Independent Auditor's Report

To the Board of Directors Community Resource Center

#### Report on the Financial Statements

We have audited the accompanying financial statements of Community Resource Center, which comprise the statement of financial position as of June 30, 2016, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Resource Center as of June 30, 2016, 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.

#### Report on Summarized Comparative Information

We have previously audited Community Resource Center's 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 29, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2015, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Leaf&Cole LLP

San Diego, California November 30, 2016

#### COMMUNITY RESOURCE CENTER STATEMENT OF FINANCIAL POSITION JUNE 30, 2016 (WITH COMPARATIVE TOTALS FOR JUNE 30, 2015)

#### **ASSETS**

ASSETS								
		2016		<u>2015</u>				
Current Assets: (Notes 1 and 2)								
Cash and cash equivalents	\$	400,885	\$	388,970				
Grants and contributions receivable, net	-	337,496	•	136,632				
Inventory		72,678		82,854				
Prepaid expenses and other assets								
	_	70,576	-	97,987				
Total Current Assets	_	881,635	-	706,443				
Names meant Assorts (Notes 1, 2, 4, 6 and 7)								
Noncurrent Assets: (Notes 1, 3, 4, 6 and 7)		22.022		24 122				
Deposits		33,822		34,133				
Property and equipment, net		1,247,258		1,161,573				
Donated property	_	39,200	-	39,200				
Total Noncurrent Assets	_	1,320,280	-	1,234,906				
TOTAL ASSETS	·	2,201,915	\$	1,941,349				
I O I ALL AGGLES	<sup>3</sup> =	2,201,713	Ψ=	1,271,275				
LIABILITIES AND NET ASSETS								
0								
Current Liabilities: (Notes 1, 5, 6 and 7)	_							
Accounts payable and accrued expenses	\$	275,860	\$	226,214				
Deferred revenue		-		40,250				
Reserve for client loan guarantees		21,960		47,960				
Line-of-credit		100,000		-				
Current portion of note payable		4,282		6,800				
Total Current Liabilities	_	402,102	-	321,224				
			-					
Noncurrent Liabilities: (Note 7)								
Note payable, net of current portion		190,887		105,652				
Total Noncurrent Liabilities	_	190,887	-	105,652				
	-	170,007	-	100,000				
Total Liabilities		592,989	_	426,876				
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Commitments (Note 11)								
Net Assets: (Notes 1, 8, 9 and 10)								
Unrestricted Net Assets:								
		1 166 566		1.437.701				
Unrestricted		1,466,566		1,426,681				
Board designated	_	25,000		25,000				
Total Unrestricted Net Assets		1,491,566		1,451,681				
Temporarily restricted	_	117,360		62,792				
Total Net Assets	_	1,608,926		1,514,473				
TOTAL LIABILITIES AND NET ASSETS	Œ.	2 201 015	ď	1.041.740				
TOTAL DIABILITIES AND HET ASSETS	2	2,201,915	\$ .	1,941,349				

The accompanying notes are an integral part of the financial statements.

## COMMUNITY RESOURCE CENTER STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2016 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2015)

	2016							
	-	Temporarily						
		Unrestricted	1	Restricted		Total		2015
Revenue and Support:								
Resale stores revenue, net of \$1,249,196 and	\$	1,254,132	\$	-	\$	1,254,132	\$	1,227,777
\$1,227,777 of cost of sales of donated goods in								
2016 and 2015, respectively								
Contributions		662,893		420,567		1,083,460		1,170,117
Grant revenue		877,544		· ·		877,544		719,772
Special events, net of related expenses of \$97,623 and \$86,036 in 2016 and 2015, respectively		172,890		-		172,890		169,287
Program service revenue		52,111		-		52,111		57,081
Investment income		2,880		*		2,880		4,969
In-kind contributions		40,085		•		40,085		2,408
Net assets released from restrictions		365,999		(365,999)		•		-
Total Revenue and Support		3,428,534	_	54,568		3,483,102	_	3,351,411
Expenses:								
Program Services:								
Resale stores		1,059,088		-		1,059,088		1,180,206
Social services		783,128		*		783,128		1,146,982
Domestic violence and emergency shelter		737,955		-		737,955	_	635,029
Total Program Services	,	2,580,171	_	-		2,580,171	_	2,962,217
Supporting Services:								
Management and general		456,261		-		456,261		467,877
Fundraising		352,217		-		352,217		284,471
Total Supporting Services		808,478	_	-		808,478	-	752,348
Total Expenses		3,388,649	_	•		3,388,649	-	3,714,565
Change in Net Assets		39,885		54,568		94,453		(363,154)
Net Assets at Beginning of Year		1,451,681	_	62,792		1,514,473	-	1,877,627
NET ASSETS AT END OF YEAR	\$	1,491,566	s_	117,360	\$	1,608,926	\$	1,514,473

The accompanying notes are an integral part of the financial statements.

# COMMUNITY RESOURCE CENTER STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2016 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2015)

			2015	Total	1,502,527	666,593	191,938	2,361,058		447,792	176,488	42,872	104,780	86,752	105 106	40,736	3,891	41 929	35,442	19,663	31 956	18,728	24,460	23,166	17,977	5,231	3,650	4,388	1,618	\$,000	. 396	1,625	109,861	3,714,565
			2016	Total	5 1,422,598	572,682	99,714	2,094,994		344,553	161,352	100,004	113,621	888,89	91,315	62,929	48,912	36,861	34,209	31,053	28,216	26,087	20,651	20,062	14,35-1	8 178	4,105	3,840	1,018	740	624	166	(7,083)	\$ 3,388,649
		Total	Supporting	Services	375 540	152,937	13,301	541,778		619'9	9,912	141,973	9,977	11 517	2,392	2,033	47,787	3,100	9,154	3,905	3,214	2,268	٠	4,430	3,438	2,800	972	754	581	٠	110	(30)	,	808,478
Supporting Services			Management	and General	234,561 \$		291	332,090		3,467	314	46,636	4,999	8,272	1,253	1,005	38,713	1.624	5 448	686	1.683	1,188	٠	2,700	2,308	1,467	605	133	BRI	,	58	(36)	*	456,261 \$
Su				Eundiaisins	140.979 S	55,699	13,010	209,688		5,152	9,598	95,337	4,978	3,245	1.139	896	9,074	1,476	3,206	2,916	15,0,1	0.030	4	1,730	1,130	1.353	463	121	4	4	53	•	•	352,217 \$
		Total	Program	Services	S 1.047.058 S	419,745	86.413	1,553,216		337,934	153,440	18,031	103,644	84,371	88,424	30,846	1,125	33,761	25,055	27,148	25,002	23,819	20,651	15,632	916,01	5,378	3,133	3,584	137	240	+15	202	(7,083)	\$ 2,580,171 \$
				Resale Stores	376.815	164,382	24,993	166,190		279,899	370	1,430	37,707	22,413	51,552	11,657	•	8,082	23,192	22,031	9,271	6,326	14,290	1,409	165	738	373	67	137	٠	1111	52		880,020 1 8
Program Services	Dymestic	Violence and	Encigency	Shelter	310.745		10,595	440 804		31,712	121,343	10,218	33 509	23 865	21,108	11.736	720	12,324	669	3 775	5 894	7,216	6,361	4,760	5,143	1,800	1,424	163	4	٠	92	٠	(7.083)	737,955
			Social	Services	150 001	135,399	50 825	546,272		26, 23	31,727	6,383	32 428	38,093	16,263	27,503	105	13,355	1311	342	9 837	10,277	,	9,463	5,178	2,840	1,336	2,988	•	740		150	٠	5 783.128
					Salaries and Related Expenses:	Date of takes and established selated expension	Pennonny help	"Total Salatus and Related Expenses	Other Operating Expenses:	Ren	Direct expenses	Professional	Telephone and intentil	Pencolatius		Repair and Baiotestation		Salas	Buck service charges	A.c. (12)		Small equipment and furname	Vehicle	Travel Hammer meals and enternancal	Staff and board development	Interest	Postuge and Jelivery	Property taxes	Miscellaneous expenses	Bad debt expense	Taxes and pennits	Dues and subsemptions	Chent toan guarantee loss reserve	TOTAL PROGRAM AND SUPPORTING EXPENSES

The accompanying notes are un integral part of the financial statements

# COMMUNITY RFESOURCE CENTER STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2016 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2015)

		2016		2015
Cash Flows From Operating Activities:	_		_	
Change in net assets	\$	94,453	\$	(363,154)
Adjustments to reconcile change in net assets to				
net cash provided by (used in) operating activities:				
Depreciation		95,888		86,752
(Increase) Decrease in:				
Grants and contributions receivable, net		(200,864)		(41,928)
Inventory		10,176		3,205
Prepaid expenses and other assets		27,411		(4,693)
Increase (Decrease) in:				
Accounts payable and accrued expenses		49,646		(2,123)
Deferred revenue		(40,250)		37,825
Reserve for client loan guarantees		(26,000)		4,635
Net Cash Provided by (Used in) Operating Activities	_	10,460	_	(279,481)
	_		_	
Cash Flows From Investing Activities:				
Return of deposits, net		311		778
Purchase of property and equipment		(181,573)		(62,014)
Net Cash Used in Investing Activities	_	(181,262)	-	(61,236)
The Subit Sibility of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	_	(1011-00)	-	(,/
Cash Flows From Financing Activities:				
Proceeds from line-of-credit		100,000		-
Proceeds from note payable		89,472		-
Payments on note payable	_	(6,755)	_	(17,456)
Net Cash Provided by (Used in) Financing Activities		182,717		(17,456)
	_			
Net Increase (Decrease) in Cash and Cash Equivalents		11,915		(358,173)
Cash and Cash Equivalents at Beginning of Year		388,970		747,143
Cash and Cash Equivalents at Beginning of Teat	-	386,970	-	747,143
CASH AND CASH EQUIVALENTS AT END OF YEAR	\$	400,885	\$	388,970
	=		=	
Supplemental Disclosure for Cash Flow Information:				
Cash paid for interest	\$	8,078	\$	5,232
•	=		=	

The accompanying notes are an integral part of the financial statements.

#### Note 1 - Organization and Significant Accounting Policies:

#### **Organization**

Community Resource Center (the "Organization") was organized as a California Nonprofit Public Benefit Corporation in 1979. Its purpose is to provide families in need, who are facing hunger, homelessness and victims of domestic violence with safety, stability, and a path to self-sufficiency. The Organization is supported by donor contributions, private and government grants and net proceeds from resale stores and events.

The following is a brief description of the Organization's programs:

#### Social Services

The Organization's integrated social services programs served 2,651 households in need in 2016.

These comprehensive services included:

- Homelessness prevention, providing shelter access, motel vouchers, and rental assistance.
- Access to healthy food and nutritional education programs.
- Employment preparation and job location assistance.
- Financial literacy programs and volunteer income tax preparation (VITA).
- Service referrals to collaborating agencies.
- Low cost automobile loans (Ways to Work)(Note 5).
- Counseling.
- Holiday Baskets Program (the largest distribution of food, essentials and toys of its kind in San Diego County, which served 1,710 households in December 2015).

With the hands on participation of the Organization's social workers, the Organization's clients create and execute personalized self-sufficiency plans that increase their housing and financial stability, as well as their level of self-sufficiency.

During the year ended June 30, 2016, the Organization secured transitional or permanent housing for 64% of clients who participated in the Organization's emergency shelter programs.

The Counseling program enables clients to attain mental and emotional stability, which, in combination with other Organization services, enables clients to more effectively manage personalized plans for self-sufficiency.

#### Note 1 - Organization and Significant Accounting Policies: (Continued)

#### Organization (Continued)

#### Resale Stores

During the year ended June 30, 2016, the Organization operated three resale stores located in Encinitas, Carlsbad and San Marcos. Due to challenges with location and profitability, the Oceanside resale store was closed on October 14, 2015 when the lease expired.

During the current fiscal year, the Encinitas Resale store was relocated from 111 C Street ("Old Location") to 1331 Encinitas Boulevard ("New Location"). The lease at the Old Location expired on November 30, 2015; the Organization entered into a five year lease at the New Location commencing September 1, 2015 and this resale store opened on December 21, 2015. See Note 11 – Commitments.

During the current fiscal year, the Carlsbad resale store extended its lease for five years through March 30, 2021. All other terms remain the same.

The lease on the San Marcos resale store, which originally ran through December 31, 2016 has been extended through June 30, 2017. See Note 11 - Commitments and Note 12 - Subsequent Events. The organization is in the process of identifying a replacement location.

#### **Domestic Violence and Emergency Shelter**

The Organization's domestic violence program includes Carol's House emergency domestic violence shelter, a transitional housing program, and domestic violence community services. Clients receive a wide range of supportive services, including case management, counseling and group therapy, life skills classes, legal advocacy, the therapeutic children's program, and referrals to outside services.

During the year ended June 30, 2016, the Organization served 60 households and 112 children in Carol's House and 4 households and 10 children in the transitional housing program. CRC also served community based clients including 32 adults and 19 children in counseling, 17 adults in case management, and 7 adults in legal advocacy services for a total of 120 adults and 141 children served across the domestic violence programs.

As a result of program participation, 89% of adults increased their self-esteem, 88% improved their problem-solving, communication, household management, and employment skills and 86% increased or maintained their financial stability. In addition, 80% of children improved their self-concept and 71% reduced symptoms of depression and anxiety upon completion of the program.

#### Note 1 - Organization and Significant Accounting Policies: (Continued)

#### Significant Accounting Policies

#### Method of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting, which is in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) and, accordingly, reflect all significant receivables, payables, and other liabilities.

#### **Financial Statement Presentation**

The financial statements present information regarding the financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

- Unrestricted net assets Net assets not subject to donor imposed stipulations.
- Temporarily restricted net assets Net assets subject to donor imposed stipulations that will be met by actions of the Organization and/or the passage of time. When a donor stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- Permanently restricted net assets Net assets subject to donor imposed stipulations requiring that
  they be maintained permanently by the Organization. The income from these assets is available for
  either general operations or specific programs as specified by the donor.

#### **Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Fair Value Measurements

Fair value accounting standards define fair value, establish a framework for measuring fair value, outline a fair value hierarchy based on inputs used to measure fair value and enhance disclosure requirements for fair value measurements. The fair value hierarchy distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Level 1 or 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy). The Organization had no financial instruments at June 30, 2016 and 2015.

#### Note 1 - Organization and Significant Accounting Policies: (Continued)

#### Significant Accounting Policies (Continued)

#### Allowance for Doubtful Accounts

Bad debts are recognized on the allowance method based on historical experience and management's evaluation of outstanding receivables. The allowance for doubtful grants and contributions receivable totaled \$2,520 and \$5,000 at June 30, 2016 and 2015, respectively.

#### Inventory

Inventories of donated merchandise held for resale by the Organization's resale stores are valued at market value, determined on the first-in, first-out basis.

#### Capitalization and Depreciation

The Organization capitalizes all expenditures in excess of \$1,000 for property and equipment at cost, while donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire buildings and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time. Property and equipment are depreciated using the straight-line method over the estimated useful asset lives as follows:

Buildings	31.5 years
Leasehold improvements	5 - 15 years
Furniture and fixtures	3 - 7 years
Automobile	4 years
Software	5 years

Depreciation totaled \$95,888 and \$86,752 for the years ended June 30, 2016 and 2015, respectively.

Maintenance and repairs are charged to operations as incurred. Upon sale or disposition of property or equipment, the asset account is reduced by the cost and the accumulated depreciation account is reduced by the depreciation taken prior to the sale. Any resultant gain or loss is then recorded as income or expense.

#### Note 1 - Organization and Significant Accounting Policies: (Continued)

#### Significant Accounting Policies (Continued)

#### Impairment of Real Estate

The Organization reviews its investment in real estate for impairment whenever events and changes in circumstances indicate that the carrying value of such property may not be recoverable. Recoverability is measured by a comparison of the carrying amount of the real estate to the future net undiscounted net cash flows expected to be generated by the property and any estimated proceeds from the eventual disposition of the real estate. If the real estate is considered to be impaired, the impairment to be recognized is measured at the amount by which the carrying amount of real estate exceeds the fair value of such property. There were no impairment losses recognized in 2016 or 2015.

#### Compensated Absences

Accumulated unpaid vacation totaling \$58,617 and \$61,239 at June 30, 2016 and 2015, respectively, is accrued when incurred and included in accounts payable and accrued expenses.

#### Revenue Recognition

Government grant revenue is recognized in the period in which the related work is performed in accordance with the terms of the grant. Grants receivable are recorded when revenue earned under a grant or contract exceeds the cash received. Deferred revenue is recorded when cash received under a grant exceeds the revenue earned. Deferred revenue from grants totaled \$-0- and \$40,250 at June 30, 2016 and 2015, respectively.

Contributions are recognized when the donor makes a promise to give to the Organization that is in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

#### **Donated Goods and Services**

The Organization utilizes the services of many volunteers. This contribution of services by the volunteers is not recognized in the financial statements unless the services received (a) create or enhance nonfinancial assets or (b) require specialized skills which are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. The donated services for the years ended June 30, 2016 and 2015 did not meet the requirements above, therefore no amounts were recognized in the financial statements.

In-kind contributions of goods used for program services with an estimated fair value of \$40,085 and \$2,408 for the years ended June 30, 2016 and 2015, respectively are included in in-kind contributions in the statement of activities.

In-kind contributions of donated goods and materials with an estimated fair value of \$1,249,196 and \$1,227,777 for the years ended June 30, 2016 and 2015, respectively reduce resale stores revenue on the statement of activities.

#### Note 1 - Organization and Significant Accounting Policies: (Continued)

#### Significant Accounting Policies (Continued)

#### Allocated Expenses

Expenses by function have been allocated among program and supporting services classifications on the basis of internal records and estimates made by the Organization's management.

#### **Income Tax Status**

The Organization is a public charity and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code. The Organization believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization is not a private foundation.

Community Resource Center's Return of Organization Exempt from Income Tax and Exempt Organization Business Income Tax Returns for the periods ended June 30, 2016, June 30, 2015, June 30, 2014 and December 31, 2013, are subject to examination by Internal Revenue Service and State taxing authorities, generally three to four years after the returns were filed.

#### Concentration of Credit Risk

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

#### Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all investment instruments purchased with a maturity of three months or less to be cash equivalents.

#### Reclassification

The Organization has reclassified certain prior year information to conform with the current year presentation.

#### Subsequent Events

The Organization has evaluated subsequent events through November 30, 2016, which is the date the financial statements are available for issuance, and concluded that there were no events or transactions that needed to be disclosed, except as disclosed in Note 12.

#### Note 2 - Grants and Contributions Receivable:

Grants and contributions receivable consist of the following at June 30:

	,	<u>2016</u>	<u>2015</u>
California Emergency Management Agency	\$	130,729	\$ 14,239
Foundations and Trusts		97,605	55,517
Emergency Solutions Grant - Domestic Violence Shelter		38,587	-
Other		21,990	7,293
County of San Diego		20,438	31,201
Department of Housing and Urban Development		18,598	14,937
Victims of Crime Act Crime Victims Funds		12,069	13,450
Interfaith Community Services		-	4,995
Total Grants and Contributions Receivable		340,016	 141,632
Less: Allowance for doubtful accounts		(2,520)	(5,000)
Total Grants and Contributions Receivable, Net	\$	337,496	\$ 136,632

At June 30, 2016, contributions receivable of \$12,000 are due in more than one year.

#### Note 3 - Property and Equipment:

Property and equipment consist of the following at June 30:

	<u>2016</u>		2015
Land and buildings	\$ 1,712,678	\$	1,687,195
Leasehold improvements	367,693		296,099
Furniture and fixtures	204,651		229,491
Automobile	62,412		62,412
Software	11,000		11,000
Subtotal	 2,358,434		2,286,197
Less: Accumulated depreciation	(1,111,176)		(1,124,624)
Property and Equipment - Net	\$ 1,247,258	\$_	1,161,573

#### Note 4 - Donated Property:

Donated property consists of land in Apache County, Arizona donated to the Organization. The land has been recorded at fair value based on the value of the County Tax Assessor upon acquisition and totaled \$39,200 at June 30, 2016 and 2015.

#### Note 5 - Reserve for Client Loan Guarantees:

The Organization had a grant agreement with Ways to Work, Inc. (the "Grantor"), in which the Grantor provided automobile loans with a maximum value of \$6,000, a term of three years and an interest rate of 8% to the Organization's clients. The program commenced in July 2012 and the Grantor issued the last loan in July 2014. Pursuant to the grant agreement, the Organization services the client loans and provides a loan guarantee for the client as additional security to the Grantor. The Organization has established a reserve for loan guarantees totaling \$21,960 and \$47,960 at June 30, 2016 and 2015, respectively.

During the year ended June 30, 2015, the Organization terminated this program and is working only with existing clients to assist them in meeting their obligations, keeping their automobile, and protecting their credit rating. The loan guarantee loss reserve (income) expense under this program totaled \$(7,083) and \$109,861 for the years ended June 30, 2016 and 2015, respectively. The final loan matures in July, 2017.

#### Note 6 - Line-of-Credit:

The Organization has a line-of-credit with U.S. Bank in the amount of \$100,000 with interest at the bank's prime rate plus 1% (4.5% at June 30, 2016). The line-of-credit is renewable on September 30, 2016 (Note 12), and is collateralized by investment real property. The line-of-credit balance totaled \$100,000 and \$-0- at June 30, 2016 and 2015, respectively.

#### Note 7 - Note Payable:

Note payable consists of the following at June 30:

		<u>2016</u>		2015
The note payable to U.S. Bank, was payable originally in monthly installments of \$1,891, including interest at 4.23% and was due on January 18, 2021. On September 30, 2015, the note was amended and restated to increase the aggregate amount of the note to \$197,452 and extended the due date. The amended and restated note is payable in monthly installments of \$1,145 including interest at 4.83% and is due on October 15, 2025. The note is collateralized by				
investment in real estate.	\$	195,169	S	112,452
Less: Current portion	_	(4,282)		(6,800)
Note Payable, Noncurrent	\$	190,887	\$	105,652

#### Note 7 - Note Payable: (Continued)

Future principal payments on the note payable are as follows:

Years Ended		
June 30		
2017	\$	4,282
2018		4,496
2019		4,722
2020		4,934
2021		5,205
Thereafter		171,530
Total	\$	195,169

#### Note 8 - Unrestricted Net Assets:

Unrestricted net assets are available for the following purposes at June 30:

		<u>2016</u>	2015
Unrestricted, undesignated net assets Board designated funds	\$	1,466,566 25,000	\$ 1,426,681 25,000
Total Unrestricted Net Assets	\$_	1,491,566	\$ 1,451,681

#### Note 9 - Temporarily Restricted Net Assets:

Temporarily restricted net assets are available for the following purposes at June 30:

	<u>2016</u>	2015
Domestic violence	\$ 86,475	\$ 20,808
Volunteer management	15,133	
Food	13,737	-
Time restriction	2,015	2,015
Marketing and special events		14,549
Ways to Work	-	15,529
Database/Software development		9,891
Total Temporarily Restricted Net Assets	\$ 117,360	\$ 62,792

Net assets in the amount of \$365,999 were released from donor restrictions by incurring expenses and events satisfying the purpose or time restrictions specified by donors for the year ended June 30, 2016.

#### Note 10 - Beneficial Interest in Endowment Funds:

The Organization has a beneficial interest in funds held at Rancho Santa Fe Foundation (RSFF). The Organization has not recorded this asset in the accompanying financial statements. RSFF's spending policy is to disburse 5% of the value of the fund annually, based on a historical average value of the fund. The calculation is based on the average value of the fund for twelve quarters prior to the date of the distribution. The distributions are used to further the Organization's mission. The Organization received distributions totaling \$2,940 and \$-0-for the years ended June 30, 2016 and 2015, respectively. The beneficial interest in funds held at Rancho Santa Fe Foundation totaled \$58,134 and \$61,105 at June 30, 2016 and 2015, respectively, of which \$25,000 at June 30, 2016 and 2015 was contributed by the Organization.

#### Note 11 - Commitments:

#### Retirement Plan

The Organization maintains a qualified deferred compensation plan for eligible employees. Under the Plan, employees may elect to defer a percentage of pretax annual compensation, subject to the Internal Revenue Service limits. The Organization matches the participant's contribution to the Plan, not to exceed three percent of the participant's gross compensation. The Organization contributed \$14,685 and \$15,275 to the Plan for the years ended June 30, 2016 and 2015, respectively.

#### **Operating Leases**

The Organization leases several properties for resale stores, storage facilities and equipment through March, 2021. Rent expense totaled \$344,553 and \$447,792 for the years ended June 30, 2016 and 2015, respectively.

The following is a schedule of future minimum lease payments under the leases:

Years Ended June 30		
2017	\$	237,831
2018		183,840
2019		187,659
2020		176,532
2021		62,399
Total	\$_	848,261

#### Note 12 - Subsequent Events:

On September 30, 2016, the Organization extended the line-of-credit through October 1, 2017 and increased the available balance on the line-of-credit to \$200,000. All other terms and conditions remain the same.

On October 18, 2016, the Organization extended the San Marcos resalc store lease through June 30, 2017.

#### Internal Revenue Service

Date: January 25, 2007

COMMUNITY RESOURCE CENTER
SAN DIEGO R C
650 2ND ST
ENCINITAS CA 92024-3560

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

Person to Contact:
Mr. Morton 31-08703
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
95-3497926

#### Dear Sir or Madam:

This is in response to your request of January 25, 2007, regarding your organization's taxexempt status.

In October 1980 we issued a determination letter that recognized your organization as exempt from toderal 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 section 509(a)(2) 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.

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations 1



FRANCHISE TAX BOARD SACRAMENTO, CALIFORNIA 95867 Telephone: (800)852-5711

December 13, 1979 In reply refer to 344: TLC: vo: g

COMMUNITY RESOURCE CENTER Attn.: Ronald W. Egger 275 Estrelita Dr. Vista, CA 92083

Purpose

Form of Organization Accounting Period Ending:

Charitable Corporation September 30

Organization Number

0967931

On the basis of the information submitted and provided your present operations continue unchanged or conform to those proposed in your application, you are exempt from state franchise or income tax under Section 2370ld, Revenue and Taxation Code. Any change in operation, character or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

You are required to file Form 199 (Exempt Organization Annual Information Return) or Form 199B (Exempt Organization Annual Information Statement) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 3rd month (2 1/2 months) after the close of your annual accounting period.

If the organization is incorporating, this approval will expire unless incorporation is completed with the Secretary of State within 60 days.

Exemption from federal income or other taxes and other state taxes requires separate

applications.

\*This exemption effective November 26, 1979.

Luto, Manager Exempt Organization Section

Registry of Charitable Trusts cc:



#### City of Solana Beach Community Grant Program

Request for Financial Assistance FY 2017-18 APPLICATION

All Applications MUST BE RECEIVED by **5:00 p.m. Tuesday, October 31, 2017.**Please Print Clearly or Type

All requests will be determined by the following criteria:

City Conta Daytir Evenir	of Organization: La Colonia de Eden Gardens, Inc.  g Address: PD. Box 565  State CA Zip 92075  ct Person: Manny Agridar  ne Phone: (619)677.5872  ng Phone: Crame)  address: manny a & shiglobal. net
1.	W-9 must be attached Summary of organization's budget must be attached Proposed program budget must be attached Financial Statements (see Application Guidelines) must be attached
2.	A copy of the certificate of California Nonprofit Corporation must be attached Or, Calif. Non-profit 501 (c) 3 Corporation Certification Number:
3.	Has your organization received financial assistance from the City before?  Yes No ·  If yes, what activities and which fiscal year? 7015
4.	Amount requested for FY 2017-18 s 5,000.00
5.	Proposed Total Program Costs: \$ 16,300.00 (Includes all estimated costs to conduct proposed activity/program.)
<ol> <li>7.</li> </ol>	Title of Proposed Program/Service: 2018 LCE6 Summer Youth Leadership  Program  Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used:  The funds will be used to take be kills (Youth)  and 5 acults to provide life skills to et risk Youth,  and help them reach their full petential and  arvelop leadership skills.
	(Attach extra sheet, if necessary.)

8.	Estimated number of S.B. residents to be served by proposed program: 50
9.	Program Dates/Location:  Orlin/2018 to 07/16/2018 ethe Whispering Winds  Camp in Julian
10.	Anticipated Program Objectives or Accomplishments:  Youth will learn life skills such as teamwork,  Conflict resolution, communications,  mentoring and dealing with difficult situations.
11.	How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?  Acknowledgment will be nidde via a written report at terms camp and during oral  Communications of the Soland Broch City  Conneil Meeting.
12.	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?  Yes Me will apply for additional grants  Via both public and private sources in addition to our own funding efforts.
13.	Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?  Yes Virtually all of our staff are Valuateers.
14.	If the proposed program or service is only awarded partial funding, will it still move forward? Will the program or service be scaled back and/or is there a threshold at which it will not move forward?  We will need to do whatever is in the best Interest of our youth to do wolf pathe best and focus he with whatever resources are a variable. Thank you (i)

#### **Acknowledgment of Responsibility:**

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

Authorized Signature of Organization

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

(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.

T	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank					
	La Colonia de Eden Gardens Inc	•				
أ ن	2 Business name/disregarded entity name, if different from above					
96						
on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  Individual/sole proprietor or C Corporation S Corporation Partnership	4 Exemptions codes apply only to certain entities, not individuals; see instructions on page 3):				
a S	single-member LLC	☐ Trust/estate	Exempt payee code (f any)			
音	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partne		Exemption from FATCA reporting			
Print or type Specific Instructions on	Note. For a single-member LLC that is disregarded, do not check LLC, check the appropriate box the tax classification of the single-member owner.	in the line above for	code (if any)			
[등급	☐ Other (see instructions) ▶		(Applies to accounts meintained outside the U.S.)			
ci.	5 Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)			
ğ	P.O. Bax 565	_				
See S	6 City, state, and ZIP code					
Ŋ.	Solona Beach, CA-92075					
	7 List account number(s) here (optional)					
Part	Taxpayer Identification Number (TIN)					
	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to a		curity number			
	o withholding. For individuals, this is generally your social security number (SSN). However, nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other					
	s, it is your employer identification number (EIN). If you do not have a number, see How to g					
TIN on	page 3.	or				
	If the account is in more than one name, see the instructions for line 1 and the chart on pag	e 4 for Employe	er identification number			
guideli	nes on whose number to enter.	45	-2555259			
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	or a number to be is	ssued to me); and			
Ser	n not subject to backup withholding because: (a) I am exempt from backup withholding, or vice (IRS) that I am subject to backup withholding as a result of a failure to report all interes longer subject to backup withholding; and					
3. Lar	n 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 report	ing is correct.				
Certif	cation instructions. You must cross out item 2 above if you have been notified by the IRS	that you are currer	ntly subject to backup withholding			
	se you have failed to report all interest and dividends on your tax return. For real estate tran					
	it paid, acquisition or abandonment of secured property, cancellation of debt, contributions ally, payments other than interest and dividends, you are not required to sign the certification					
	ctions on page 3.	ii, bat you iilast pii	ariac year correct the acc inc			
Sign	Signature of					
Here		Date ►				
Gen	eral Instructions • Form 1098 (home n	nortgage interest), 109	98-E (student loan interest), 1098-T			

#### 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/f.v9.

#### 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)

- (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.

#### LA COLONIA DE EDEN GARDENS, INC. LCEG KIDS SUMMER LEADERSHIP CAMP 2018 BUDGET

\$2,500

\$18,300

#### Revenues:

**Total Expenses** 

City of Solana Beach Grant Program Santa Fe Christian Schools Other Foundation & Individual Grants Total Revenues	\$5,000 \$3,200 \$ 10,800 <b>\$19,000</b>
Expenses: Camp Fees for 60 kids & 5 adults @ \$220 Activities & Facilities & Presenters Adult lunches & dinners Charter Bus round trip	\$13,200 \$2,000 \$600

Please note any surplus funds will be applied to 2018 Summer Camp

Contingency & Miscellaneous Expenses

#### LA COLONIA DE EDEN GARDENS, INC.

#### TREASURER'S REPORT

January 1, 2016 – December 31, 2016

Beginning Cash Balance, January 1, 2016.....\$20,408.27

Year 2015 Income......\$48,912.30

\*Year 2015 Expenses.....\$30,606.44

Ending Cash Balance, December 31, 2016.....\$38,714.13

#### **ASSETS & LIABILITIES**

CITIBANK ACCOUNT......\$50,563.15

TUFT SHED.....\$ 1,913.61

AQUAPONICS SYSTEM.....\$ 1,933.57

GARDEN PICNIC TABLE.....\$ 750.00

TOTAL ASSETS.....\$55,160.33

LIABILITIES.....\$-----

NET ASSETS.....\$55,160.33

#### \* 2016 Grants, Donations:

Sand Dollar Foundation......\$12,000.00

Santa Fe Christian Schools......\$ 4,000.00

Peter House & Carol Childs.....\$ 2,500.00

H.G. Fenton Company.....\$ 2,500.00

San Diego County...... \$ 3,500.00

St. James Mission Circle.....\$ 3,000.00

Coastal Community Foundation......\$ 5,000.00

City of Solana Beach.....\$ 1,000.00

MiraCosta Community College.......\$ 1,000.00

Wimmer Yamada And Caughey.....\$ 500.00

2016 Major Expenses:

Summer Youth Leadership Camp.....\$18,300.00

Community Garden Terrace Project.....\$5,000.00

LCEG Website Expense.....\$ 325.00

Board of Directors Insurance......\$ 569.00

Arena Soccer YMCA.....\$3,500.00

Please refer to: DDLM Summary Report for income and expense Youth Leadership Summer Camp 2016 Report for income and expense



#### **Entity Status Letter**

Date: 10/31/2017 ESL ID: 5916552030

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

Entity ID: 3385879

Entity Name: LA COLONIA DE EDEN GARDENS, INC.

The entity is in good standing with the Franchise Tax Board.
 The entity is not in good standing with the Franchise Tax Board.
 The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701d.
 We do not have current information about the entity.

The above information does not necessarily reflect:

- The entity's status with any other agency of the State of California, or other government agency.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or the entity
  did business in California at a time when it was not qualified or not registered to do business in California:
  - The status or voidability of any contracts made in California by the entity at a time when the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305.1).
  - For entities revived under R&TC Section 23305b, any time limitations on the revivor or limitation of the functions that can be performed by the entity.

#### Internet and Telephone Assistance

Website:

ftb.ca.gov

Telephone: 800.852.5711 from within the United States

916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments



# City of Solana Beach Community Grant Program Request for Financial Assistance

### **FY 2017-18 APPLICATION**

All Applications MUST BE RECEIVED by 5:00 p.m. Tuesday, October 31, 2017. Please Print Clearly or Type
All requests will be determined by the following criteria:

Name	of Organization:	North Coast	Repertory Thea	tre			
Mailin	g Address:	987 Lomas San	ta Fe Drive STE I	D			
City	Solana Beach			State _	CA	Zip	92075
Conta	ct Person:	Bill Kerlin		17			
	ne Phone:			W			
Evenii	ng Phone:		305) 510-0217				
Email	address:	bill@no	orthcoastrep.org				
1.	W-9 must be at Summary of org Proposed progra Financial Stater	janization's bu am budget mu	st be attached	1	st be atta	eched	
2.	A copy of the co Or, Calif. Non-p	ertificate of Cal rofit 501 (c) 3	lifornia Nonpro Corporation C	ofit Corpor Certification	ation mus Number	st be attac	ched 0451
3.	Has your organi Yes No If yes, what act	•				8	# P P P P P P P P P P P P P P P P P P P
4.	Amount request	ed for FY 201	7-18 \$ <u>5,000</u>				
5.	Proposed Total	Program Costs	i: \$ 9.377				
	(Includes all est			posed acti	vity/progi	am.)	
6.	Title of Propose	d Program/Ser	vice: Theatre	School produ	iction of The	e Secret Ga	rden
7.	Grant funds must activity. Please	describe how	grant funds w	ill be used	:		. ,
produ	trunds from the City uction of THE SECRI plance of those with estoration of the outo	<u>ET GARDEN by the chair is abilities, the chair is a chair in the chair is a chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair in the chair </u>	ne Theatre School allenges faced by	L@ NorthCo	astRep_The	e play's then	nes deal with
	(Attach extra sheet	, if necessary.)					

#### **SECTION 3**

Financial Assistance has been received from the City of Solana Beach in the following years for the project listed below:

- 2004–Educational Outreach Program, "Behind the Mask"
- 2005–Planning costs for Cedros Crossing
- 2006-Educational Outreach Program, "Behind the Mask"
- 2008-Education Outreach program, "Behind the Mask"
- 2010-Educational 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"

The Secret Garden by Frances Hodgson Burnett was a very popular children's novel and is considered a classic of children's English literature. The book was adapted to a play by Pamela Sterling. Highly theatrical and winner of Distinguished Play Award, The Secret Garden truly captures the magic of theatre.

Set in England, The plot begins on a bleak note, certain to capture the attention of young and old alike. Young Mary Lennox loses her parents to a cholera outbreak in India, and she is sent to live with an uncle whom she has never met, a hermit named Archibald Craven, who lives in an imposing, secluded manor on the British heath. Inside the haunting house upon the hill, Mary finds a reclusive, long-suffering collection of souls. Mary gains entrance to a locked walled garden she learns about from a good-natured maid, Martha.

The play evolves into a joyous story about the growth and blossoming of the earth and the human spirit. It is a garden of delight for the ears and the imagination. Mary and her friend Colin, whose natures have been badly warped, thrive with the discovery that selflessness opens a secret door to happiness. They are encouraged by the warmhearted Yorkshire maid, Martha, and her brother, Dickon, who understands the language of birds, animals and flowers; the crusty gardener, Ben Weatherstaff; and, of course, the robin who leads Mary to the garden that changes her life. Colin's reunion with his father touches all of us deeply.

The secret garden at Misselthwaite Manor is the site of both the near-destruction and the subsequent regeneration of a family. The play's themes deal with acceptance of those with disabilities, the challenges faced by orphans, and the rewards found in the discovery, preservation and restoration of the outdoors. Another theme is if something is neglected it withers and dies, but when it is worked on and cared for, it thrives, like the main characters, Mary and Colin. Just as the Theatre School@North Coast Rep students will blossom with the support of the City of Solana Beach.

Time period: 1911

**Settings of play:** An unspecified British colony of East India and on the grounds and interior of Misselthwaite Manor in Yorkshire, England.

Run-time: 90 min, no intermission.

Suggested rating: PG - recommended for grades 2nd & up, but all audiences may

enjoy.

Cast size: 9,

as well of feelings of alienation which turn into acceptance, so much a part of the preteen and adolescent experience. An educational component designed to help meet Visual Arts and Performing Arts, Common C and STEAM goals will be incorporated.  How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?  The City of Solana Beach will be acknowledged in our Mainstage and Theatre School programs, on the Donor Board in the Theatre Lobby, in our Season Brochure and on the Theatre School section of theatre's website as we as the corporate support section of the website (northcoastrep.org).  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? In addition to donations from Theatre School parents, we will receive production fees from students in the Production fees (similar to the fees charged to participate in youth sports) help fund the cost of the activity Fees range from \$150 for current Theatre School students to \$350 for students not currently enrolled in cit Partial and full scholarships are made available to students and their perents as needed. Full and partial ships for all five Theatre School productions at North Coast Rep last season totaled \$16,500, averaging \$150 for Students of School productions. Scholarships go to students from Casa de Amistad and La Colonia de Ede Gardens located in Solana Beach.  Will volunteers be used for the proposed program or service and, if so, will they reduce expenses?  Volunteers are used in many capacities. They serve as ushers, ticket takers, counter workers selling concessions in the cate and sewing or repaining costumes. Some work in the Box Office or hand out programs. Parent Volunteers also bring snacks for the rehearsals and help organize a party for the cast after one of the performances.	Program Dates/Location:
Theatre School Director Ben Cole selected the play because of its themes of tolerance and self-acceptance as well of feelings of alienation which turn into acceptance, so much a part of the preteen and adolescent experience. An educational component designed to help meet Visual Arts and Performing Arts, Common (and STEAM goals will be incorporated.  How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?  The City of Solana Beach will be acknowledged in our Mainstage and Theatre School programs, on the Donor Board in the Theatre Lobby, in our Season Brochure and on the Theatre School section of theatre's website as we as the corporate support section of the website (northcoastrep.org).  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? In addition to donations from Theatre School parents, we will receive production fees from students in the Production fees (similar to the fees charged to participate in youth sports) help fund the cost of the activity Fees range from \$150 for current Theatre School students to \$350 for students not currently enrolled in cit Partial and full seholarships are made available to students and their perents as needed. Full and partial ships for all five Theatre School productions at North Coast Rep last season totaled \$16,500, averaging \$150 all five Theatre School productions at North Coast Rep last season totaled \$16,500, averaging \$250 per Theatre School productions at North Coast Rep last season totaled \$16,500, averaging \$250 per Theatre School productions at North Coast Rep last season totaled \$16,500, averaging \$250 per Theatre School productions at North Coast Rep last season totaled \$16,500, averaging \$250 per Theatre School productions at North Coast Rep last season totaled \$16,500, averaging \$250 per Theatre School productions at North Coast Rep last season totaled \$16,500, averaging \$250 pe	
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If the proposed program or service is only awarded partial funding, will it still move	concessions in the cate and sewing or repairing costumes. Some work in the Box Office or hand out programs. Parent Volunteers also bring snacks for the rehearsals and help organize a party for the cast.
THE DIODOSCU DIOGRAFII OF SCIVICE IS UNIT DWOLDER DOLLAR HUNDIGD. WILL IT STATEMENT	If the proposed program or service is only awarded partial funding, will it still move
forward? Will the program or service be scaled back and/or is there a threshold at which it will not move forward?	forward? Will the program or service be scaled back and/or is there a threshold at
Partial funding will cause the number of scholarships offered to be scaled back, possibly preventing the participation of minority or at-risk youth. The production will be scaled back in terms of sets and costuming. Partial funding might also cause the number of cast members to be decreased.	the participation of minority or at-risk youth. The production will be scaled back in terms of sets and

#### **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 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.

#### SEASON 36



as of 10.23.17

#### **OPERATING FUND & OTHER FUNDS**

Proposed Budget for FY 2017-18 (S36) VS

Current Actuals/Projections for FY 2016-17 (S35)

			1	
	Proposed	Current	VAR	
Actuals: Sep 2017	<u>Budget</u>	<u>Final</u>	ANNUAL	
Budget: Oct 2017 - Aug 2018	17-18	<u>16-17</u>		
	\$ 36	S 35	S36 vs S35	
UNR	ESTRICTED OPERATING FUND		-	
SUPPORT AND REVENUE				
Contributions	883,197	905,057	(21,860)	
Ticket Revenue - Mainstage	1,097,376	1,049,297	48,079	
Ticket Revenue - Variety	237,009	243,346	(6,337)	
Theatre School Revenue	194,954	217,062	(22,108)	
Other Revenue	96,051	90,526	5,525	
Patron Service Revenue	78,493	73,342	5,151	
Special Events Revenue	35,000	6,470	28,530	
Total Support & Revenue	2,622,080	2,585,100	36,980	
EXPENSES				
Personnel - Admin	831,792	775,709	56,083	B
Personnel - Artistic	435,037	399,525	35,512	ı
Personnel - Taxes & Benefits	233,262	217,424	15,838	ı
General & Admin Expenses	333,671	333,917	(246)	
Development Expenses	90,481	89,663	817	
Marketing Expenses	212,527	251,161	(38,634)	
Production Expenses	253,569	259,658	(6,090)	
Theatre School Productions	43,373	37,787	5,585	
Variety Night Expenses	112,759	213,032	(100,273)	
Total Expenses	2,546,471	2,577,873	(31,406)	
NET CHANGE - OPERATIONS	75,610	7,228	68,386	p

## THE THEATRE SCHOOL AT NORTH COAST REP SEASON 36



BUDGET	
<b>EXPENSES</b>	

## THE SECRET GARDEN

Director	\$1,000
Light Designer	\$200
Sound Designer	\$200
Lights & Sound Equip	\$50
Painting Labor/Materials	\$200
Set Design - labor	\$500
Set Materials	\$500
Specialty Designer	\$500
Stage Manager / AD Mentor	\$750
Directing/Writing Mentor	\$0
Assistant Director	\$0
Actor / Mentor	\$750
Costume Designer	\$750
Costumes - materials/rent	\$750
Costume cleaning	\$100
Prop Designer	\$300
Props - materials	\$150
Dramaturg / Dialect	\$250
Stage Combat	\$500
Musical Director	\$0
Choreographer	\$0
Accompaniment (MT Pit)	\$0
Misc / Materials	\$500
Thank You Gifts	\$100
Tech Dinner	\$0
Videographer	\$0
Royalties	\$800
Rental Fee for Materials	\$375
Script copies	\$88
Shipping	\$64
Production Total	\$9,377

# North Coast Repertory Theatre Balance Sheet As of August 31, 2017

	Aug 31, 17
ASSETS Current Assets	
Checking/Savings	224404.00
1000 · BANK ACCOUNTS · OPS UNRESTRICT	334,404.66
1010 · BANK ACCTS- SAVINGS, RESTRICTED	219,220.26
Total Checking/Savings	553,624.92
Accounts Receivable 11103 · Accounts Receivable - TM	13,327.49
11104 - Piedges Recievable	5,000.00
Total Accounts Receivable	18,327.49
Other Current Assets 11112 · OTHER CURRENT ASSETS	40,009.83
1400 · PREPAID EXPENSES	151,299.10
Total Other Current Assets	191,308.93
Total Current Assets	763,261.34
Fixed Assets 1600 · FIXED ASSETS - BASIS	483,242.00
1700 · ACCUMULATED DEPRECIATION	-391,265.66
Total Fixed Assets	91,976.34
TOTAL ASSETS	855,237.68
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	
2010 · Accounts payable	25,851.33
Total Accounts Payable	25,851.33
Credit Cards 2050 · Credit card	-6,282.45
Total Credit Cards	-6,282.45
Other Current Liabilities 2070 - ACCRUALS AND DEDUCTIONS PAYABLE	29,074.08
2250-T · DEFERRED REVENUE - TOTAL	635,425.56
Total Other Current Liabilities	664,499.64
Total Current Liabilities	684,068.52
Total Liabilities	684,068.52
Equity 3000 · Unrestricted net assets	2,704.05
3010 · Unrestrict (retained earnings) Net Income	132,005.60 36,459,51
Total Equity	171,169.16
TOTAL LIABILITIES & EQUITY	855,237.68
rerossional Had Waldell (	033,237.00

## Form W-9 (Rev. December 2014) Department of the Treasury

## Request for Taxpayer Identification Number and Certification

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

	Hevenue Service								S	ena	to	the	IHS	•
	1 Name (as shown	on your income tax return). Name is required on this line; d	o not leave this line blank.				_							_
	North Coast Re	epertory Theatre, a Nonprofit Corporation												
_*	2 Business name/disregarded entity name, if different from above													
<u>9</u>	a parameter of manager of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s													
pag	a Charlessan					1.	<b>-</b>		4*					4.
2		ate box for federal tax classification; check only one of the fo		<b>—</b>		l ce	rtai	n en	rtitles	(cod s, not	indi	vidu	only Us: 8	10 20
9 S	Individual/sole single-membe		on Partnership	Trust/e	state	In	stru	ctio	RS OF	n pag	e 3):	:		
Z Š		y company. Enter the tax classification (C=C corporation, S=	S corporation, Papartners	ship) ►		Б	em	pt pa	ayee	code	(if a	лу)		
2 5	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line a					,   E	(en	ptio	n fro	m FA	TCA	repo	orting	1
Print or type		ication of the single-member owner.	**			C	ode	(If a	.ny)					
<u> </u>	Other (see ins						_			mehte		pytzády	the U	S)
£5.		r, street, and apt, or suite no.)		Requester's	nam	e and	ade	dres	s (op	tional	I)			
Print or type Specific Instructions on page		nta Fe Drive, Suite D												
See	6 City, state, and 2													
S	Solana Beach,									10				
	7 List account nun	nber(s) here (optional)		_										
		<u> </u>												
Par		yer Identification Number (TIN)								_				
Enter	your TIN in the ap	propriate box. The TIN provided must match the name	ne given on line 1 to av	oid So	cial	securi	lγι	ıum	per					
backu	ip withholding. For	r individuals, this is generally your social security nun rietor, or disregarded entity, see the Part I instruction	nber (SSN). However, f	ora	П	П			П		Г			
entitie	s. It is your emplo	yer identification number (EIN), If you do not have a r	is on page 3. For other number, see How to ge	et a		H	_			-				
T/N or	n page 3.			or		_			_					
Note.	If the account is in	n more than one name, see the instructions for line 1	and the chart on page	4 for En	pioy	er Ide	nti	ficat	lon :	ստե	er			
guide	lines on whose nu	, -	, T	T_	lΓ	_		L					ĺ	
				9	5	-	3	8	1	9	3	0	7	0.00
Par	t III Certifi	cation	<u> </u>		-				_	_			•	_
Unde	penalties of perju	ry, I certify that:					Ì			_	_			
1. Th	e number shown o	त्रम this form is my correct taxpayer identification num	ber (or I am waiting for	a number t	o be	issue	ed 1	o n	1e): (	and				
		ackup withholding because: (a) I am exempt from ba	· -								ma	l Rev	/enti	0
Se	rvice (IRS) that I a	m subject to backup withholding as a result of a failu	re to report all interest	or dividend:	s, or	(c) th	e ii	RSI	has	notifi	ed	me t	hat I	am
πο	longer subject to	backup withholding; and			•	.,								
3. I a	m a U.S. citizen or	other U.S. person (defined below); and												- 1
		ntered on this form (if any) indicating that I am exemp	ot from FATCA reportir	na is correct										
Certif	ication instructio	ns. You must cross out item 2 above if you have been	n notified by the IRS ti	hat you are	CUITE	ently :	sub	ieci	t to I	nack	י מנו	with	noldi	na
becau	rse you have failec	i to report all interest and dividends on your tax retur	n. For real estate trans	actions, iter	n 2 c	does :	nat	abi	nlv. 1	For n	nort	nan	A	
intere	st paid, acquisition	n or abandonment of secured property, cancellation	of debt, contributions t	o an individ	ual r	etiren	ner	ıt ar	Tang	jeme	int (	IRA)	, and	1
instru	ctions on page 3.	er than interest and dividends, you are not required	o sign the cermication	, but you m	ust p	provid	e y	our	con	ect	IIN.	See	i ine	
Sign		Nal.	····		4-				1	_	_			
Here			D	ste ► /	0	- 3	2.	/ -	٠/:	7	_			
_							_				_			
Ger	ieral Instruc	ctions	Form 1098 (home mo     fueltice)	ortgage Intere	st), 1	098-E	(stı	ıden	ıt loa	n inte	rest	), 10	9B-T	
Section	n references are to th	ne Internal Revenue Code unless otherwise noted.	(tuition) • Form 1099-C (canceled debt)											
Future	developments, info	ermation about developments affecting Form W-9 (such	Form 1099-A (acquisition or abandonment of secured property)											
_		we release it) is at www.irs.gov/fw9.	* *						•		•	lian).	to	
Purp	ose of Form		Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.											
		n W-9 requester) who is required to file an information	If you do not return F	form W-9 to to	ha re	queste	ar W	ith a	TIN,	, you	mig	ht be	subj	ect
		tain your correct taxpayer identification number (TIN) acurity number (SSN), individual taxpayer identification	to backup withholding. By signing the filled-			ווואו קע	MO	roing	je or	ı pagı	<i>5</i> 2,			
numbe	r (ITIN), adoption tax	payer identification number (ATIN), or employer					+ 6-	e		الأسرور <u>.</u>	ine i	lar -		185
identHi	cation number (EIN),	to report on an information return the amount paid to table on an information return. Examples of information	<ol> <li>Certify that the Till to be issued),</li> </ol>	- Jon ma Alvi	iA iz	COLLEC	ıı (O	, yo	य खारी	WALL	my I	W 8	ruilli	141
		limited to, the following:	2. Certify that you ar	e not subject	to ba	ickup '	witt	hok	ding.	10				
• Form	1099-INT (interest e	armed or paid)	3. Claim exemption (											
• Form	1099-DIV (dividend:	s, including these from stocks or mutual funds)	applicable, you are also any partnership income	certifying the	at as	a U.S	pe	1021	t, you	ar alko	cab	de sh	are c	ıf
• Form	1099-MISC (various	types of income, prizes, awards, or gross proceeds)	withholding tax on fore											d
		utual fund sales and certain other transactions by	4. Certify that FATCA	code(s) ente	red c	on this	fon	m (if	r any)	indic	atin	g tha	t you	are
broken		rom real estate transactions)	exempt from the FATC page 2 for further inform		s con	rect. S	00	Wha	t is F	ATC/	4 <i>rej</i>	oortir	ıg? o	n
- 1 0140	INCODED INTOCOURS !	on real ealate transactions;												

Form 1099-K (merchant card and third party network transactions)

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.

Information about Form 990 and its instructions is at www.irs.gov/form9990.

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<u>A</u>	For ti	he 2015 calendar year, or tax year beginning $09/01/15$ , and ending $08/31/16$	<u> 16</u>				
В		epplicable: C Name of organization		D Employe	r Identification number		
Ш	Address	change NORTH COAST REPERTORY THEATRE	l				
	Name cf	hange Doing business as		819307			
$\overline{\Box}$	Iniliai rei	Number and street (or P.O. box if mail is not delivered to street address)  by  987-D LOMAS SANTA FE DRIVE	Room/sulte	E Telephor	481-2155		
님	Final reb	Uni City or town, state or province, country, and ZIP or foreign postal code			101 1100		
SOLANA BEACH CA 92075							
Ш	Amende	d relum F Name and address of principal officer:	T	0 00210			
	Applicati	ion pending SHARON STEIN	H(a) is this a gro	onb uspine day	ubordinales? 🔲 Yes 🔀 No		
		987 LOMAS SANTA FE DRIVE	H(b) Are all sub	ordinales inci	uded? Yes No		
		SOLANA BEACH CA 92075	1 ''		(see Instructions)		
7	Taxon	empt status: X 501(c)(3) 501(c) ( ) ◀ (Insert no.) 4947(a)(1) or 527	7				
<u>-</u>	Websit		H(c) Group exe	mation weeks	<b>.</b>		
K	_		Year of formation: 1		M State of legal domicile: CA		
			Total Or Posticasoris,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IN ORDER DESIGNATION CONTRACT		
300,00	1	Briafiv describe the omenization's mission or most elegitisent estimities:			•		
	1	TO OPERATE A NOT-FOR-PROFIT PROFESSIONAL THEATRE FOR T	HE PROMOT	ION OF	THE		
2	l	PUBLIC APPRECIATION AND EDUCATION REGARDING THEATRE AR		7.7.7.7.7.7.7.7.7.			
Ĕ		***************************************					
Š	2	Chack this box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net ass		*********************		
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)		1 . 1	20 ·		
8	4	Number of independent voting members of the governing body (Part Vi, line 1b)			20		
ŧ	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		. 5	93		
늉	6	Takal mandan adambankan da aktor da 18 an an an a			0		
4		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0		
	Ь	Net unrelated business taxable income from Form 990-T, line 34	• • • • • • • • • • • • • • • • • • • •	7b	0		
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Prior Yea	r	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)	842	2,972	861,620		
	9	Program service revenue (Part VIII, line 2g)	1,53	5,139	1,598,505		
	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		107	157		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3(	5,150	-42,012		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,414	4,368	2,418,270		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	E		0		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,113	3,021	1,183,279		
S	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0		
Expenses	Ь	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,498					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,983	1,102,794		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,004	2,286,073		
- 40	19	Revenue less expenses. Subtract line 18 from line 12		3,364	132,197		
S OC		T. I. I I	Beginning of Curr		End of Year		
Net Assets of Fund Balance	20	Total assets (Part X, fine 16)		,110	861,570		
돌	21	Total liabilities (Part X, Ilne 26)		406	726,669		
		Net assets or fund balances. Subtract line 21 from line 20		704	134,901		
	adil.				<del></del>		
		nalities of perjury, I declare that I have examined this return, including accompanying schedules and statems act, and complete. Declaration of preparer (other than officer) is based on all information of which preparer i			owledge and belief, it is		
	10, 0011	A Complete. Decimanos or proposos (outer bien cincos) is based on an micrimizabil or which proposes i	as any knowledge	<del>.</del>			
e:-		Signature of officer		Pete			
Sig			3	Date			
He	re	SHARON STEIN Presi	dent		<del></del>		
_		Type or print name and title  Print/Type preparer's name  1 Preparer's signature	Deta		- OTIN		
Paid	4	110,00	Date	Check	U PTIN		
_	parer	Alicia M. Owens	01/31/				
	Only	Firm's name > A.M. Owens & Co., CPA, APC	Fi	m's EiN >	45-4128534		
-30	Unity	9880 N Magnolia Ave # 188			610 600 0401		
Mer	46- F	Firm's address > Santee, CA 92071-1901	Pt	on eno.	619-698-2401		
_		tS discuss this return with the preparer shown above? (see instructions)			X Yes No		
DAA	raperv	vork Reduction Act Notice, see the separate instructions.		- 3	Form 990 (2015)		

W. W.	990 (2015) NORTH COAST	r repertory theatre	95-3819307	Page 2
	Statement of Prog	ram Service Accomplishmen	ts	चित्र
			o any line in this Part III	<u>X</u>
	Briefly describe the organization's			PROVOUTON OF MILE
			NAL THEATRE FOR THE PARDING THEATRE ARTS.	
E	OBLIC APPRECIATIO	M AND EDUCATION REC	ARDING INEATRE ARIS.	
	*		***************************************	
2	Did the organization undertake an	y significant program services during th	e year which were not listed on the	
_				Yes X No
	If "Yes," describe these new service	ces on Schedule O.		
3	Did the organization cease conduc	cting, or make significant changes in ho	w it conducts, any program	
	services?			Yes X No
	If "Yes," describe these changes of	on Schedule O.		
4			f its three largest program services, as m	
		501(c)(4) organizations are required to r f any, for each program service reporte	report the amount of grants and allocation	s to others,
	the total expenses, and revenue, it	i any, for each program service reporte	a.	
Aa	(Code: ) (Expenses \$	1 . 978 . 257 including an	ante of S	evenue \$ 1,598,505
7	HE ORGANIZATION O	PERATES A NOT-FOR-F	ants of \$ ) (RePOFIT PROFESSIONAL T	HEATRE FOR
			OF EDUCATION REGARDI	
7	HEY PRODUCED 8 MA	INSTAGE SHOWS AND M	IAIN OTHER COLLABORAT	IVE EVENTS. THE
	*		TES THROUGHOUT SAN D	
	*		O CHILDREN AND TEENS	
			IN-SCHOOL RESIDENC	
٤	TUDENTS WITH EXPO	SURE TO THE DRAMATI	C ARTS AND WORKSHOPS	INCORPORATE
P	FFORDABLE PROFESS	IONAL INSTRUCTION A	ND ARE OFFERED DURIN ATELY 3,500 STUDENTS	G AND/OK AFTER
1	CHOOL, DUKING FI	SCAL 2014, APPROXIN	WELL AS THEIR TECHNI	ANT NORTH ABILITY
_ (	OWMONICATION WWD	SETE-COME TRENCE WE		
	ND SKILLS BY ATTE	NDING FALL, WINTER	AND SPRING CLASS SES	SIONS AND DAY CAMP
	ND SKILLS BY ATTE	NDING FALL, WINTER	AND SPRING CLASS SES	SIONS AND DAY CAMP
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	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	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	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)			i
_	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,			3
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
	Part III	5		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		0	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		N	
-7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<b>.</b>
	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,"			7.7
9	complete Schedule D, Part III	8		X
э	Did the organization report an amount in Part X, fine 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			7.7
10	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	امدا		₹.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
• •	VII, VIII, IX, or X as applicable.			
а		200200	2000	
-	complete Schedule D. Part VI	11a	x	
h	Oid the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	TIA	<u> </u>	
~	of the total species reported to Dock V. they don't find a Warrant Species of the total D. Bout 2.11	116		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		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	110	_	_
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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	111		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	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	-/		
	"Yes." and if the organization answered "No" to line 12s, 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	$\neg$	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\neg$	X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundralsing, business, investment, and program service activities outside the United States, or aggregate	i	- 1	
	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 fundralsing services on		$\neg$	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	f	X
18	Did the organization report more than \$15,000 total of fundralsing 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?		5	
	if "Yes," complete Schedule G, Part IIi	19	[	X

197 Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2015) NORTH COAST REPERTORY THEATRE 95-3819307 Page 4 Partily **Checklist of Required Schedules (continued)** Yes No 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 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 X 21 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 X 22 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 X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 X is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Dld the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I X 31 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 or IV, and Part V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? if "Yes," complete Schedule R, Part V, line 2 X 36 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. X **37** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Oncovin donestic o contains a response of note to any into in and real victimismismismismismismismismismismismismis		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 39			
b	Enter the number of Forms W-2G included in 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?	10	*******	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			(C) 2
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 93			
þ	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 in 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	Napa ma	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		5a		Х
d.	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		٠,	
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
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 82827	7c	COLUMN TO SERVICE	
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?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h	********	50000000
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	onopones:	***************************************
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	$\dashv$	
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	95	V. 10 10 10 10 10 10 10 10 10 10 10 10 10	V.********
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		×.	
ь	Gross receipts, included on Form 990, Part Vill, fine 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	_		
b	Gross Income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12a		12a		verreserve.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health Insurance Issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	*******	(verjament
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
) c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b		
		_	000	

Form 990 (2015) NORTH COAST REPERTORY THEATRE 95-3819307 Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 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 in Schedule O. 20 Enter the number of voting members included in line 1a, above, who are independent ь Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 A 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? 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at x the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 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 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? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? if "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in 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? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed >	CA
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	

Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

Describe in 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.

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

987-D LOMAS SANTA FE DRIVE CA 92075

858-481-1055

	Form 990 (201	5) NORTH CO	AST REPE	RT(	ORI	<u> </u>	HE	AT	RE	95-381 Key Employees, Hig		Page 7
	Stationic	Independent C	ontractors			·				to any line in this Part		Employees, and
	Section A.				_	_				t Compensated Employe		·····
		his table for all perso								ion for the calendar year e		-
	• List all of	•								· Individuais or organization aid.	s), regardless of amount o	ıf
	List the c     who received r	rganization's five cur eportable compensat	rrent highest co tion (Box 5 of Fo	mper	ısale	ed en	olon	vees	(oth	ons for definition of "key en ner than an officer, director, rm 1099-MISC) of more th	trustee, or key employee)	1
	List all of	nd any related organi the organization's fo	rmer officers, k	ey er	nplo	yees	, an	d hig	hest	compensated employees	who received more than	
3	List all of organization, re	ore than \$10,000 of	rmer directors reportable comp	or tr	uste ition	es t	hat r i the	ecei orga	ved, iniza	in the capacity as a former ation and any related organ	izations,	
		the following order: In employees; and formed			direc	tors	ins	itulic	onal	trustees; officers; key emp	loyees; highest	
	Check this		T	y rela	aled			tlon	com	pensated any current office		
	Na	(A) me and Title	(B) Average hours per week (list any	bo	oc, umb	Po: check ess pe	ITSON	than o	nB c	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of citier compensation
			hours for related		1 40	Officer		1	·	organization (W-2/1099-MISC)	(W-2/109 <del>9 M</del> ISC)	from the organization
			organizations below dotted line)	Individual trustee or director	institutional trustee	卑	Key employee	Highest compensated employee	栗	<i>c</i> : ::	*.0	and related organizations
			100	8	usiee		•	ensates		182 123		
	(1)DAVID	ELLENSTEI		-			$\vdash$					
١	Artistic		40.00	x						102,000	О	0
7	(2) WILLI.	AM KERLIN	40.00									
	Managing (3) JAY S.		0.00	x	_	4		_		81,000	0	0
			2.00			x				٥	o	0
	(4) HANNA		0.00	X	-	<u>A</u>	$\vdash$			0		
	Vice Pres	ident	2.00	x		x					o	o
	(5) IRA E		T									
	Trustee		2.00 0.00	x						0	0	. 0
	(6) PETER	HOUSE	2.00									
	Trustee		0.00	x		_	_			0	0	0
	(7) SHARO	N STEIN	2.00					3				]
	President	YN TEDESCO	0.00	X	_	X	_	_	L	0	0	0
			2.00									
	Vice Pres	ident SMITH JON	0.00	X		X	-		<del> </del>	0	0	0
	Treasurer		2.00 0.00	x		x				o	0	0
		CIA MOISES		Δ,		23,	Н		- 1	V		9
	Secretary	· · · · · · · · · · · · · · · · · · ·	2.00 0.00	x		x				o	0	0
)	(11) JOHN							П		U		12
	Trustee		2.00 0.00	x				¥7		0	0	0
	DAA	10										Form 990 (2015)

(A) Neme and the	(B) Average hours per week (iist eny	(d	a not o or, unte	Pos check	ition more	than c	nte ent	(D) Reportable companiation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	arom ure organization and related organizations
(12) STEVE CHAPMAN						Ī				
Trustee	2.00	x						0	o	٥
(13) CYNTHIA DAVIS					Г	Г				
Trustee	2.00	x							0	0
(14) MARION DODSON	1						Ĭ			
Trustee	2.00 0.00	x					lik:	٥	o	0
(15) DICK FRENCH	-									
Trustee	2.00 0.00	$ _{\mathbf{x}}$							o	. 0
(16) DIANE GOTKIN			П							
Trustee	2.00 0.00	x						٥	o	٥
(17) RICH LEIB										
Trustee	2.00 0.00	x						٥	0	0
(18) JERE OREN		-						Ĭ		<u> </u>
Trustee	2.00 0.00	x						0	0	0
(19) SUSAN ROTH		_		_					è	
Trustee	2.00 0.00	x						٥	0	0
1b Sub-total							<b></b>	183,000		
d Total (add lines 1b and 1c)							<b>&gt;</b>	183,000		
2 Total number of individuals (in	cluding but not (	imite	d to				bov		\$100,000 of	
reportable compensation from  3 Did the organization list any for	rmer officer, dir	ector	r. or t	trusti	ee, k	ey e	mpk	oyee, or highest compensa	ted 15	Yes No
employee on line 1a? If "Yes,"  For any individual listed on line organization and related organ individual	ta, is the sum izations greater	of re than	porta \$15	ible 0,00	com 0? II	pens "Ye:	atio s," c	n and other compensation omplete Schedule J for suc	ch .	4 X
5 Did any person listed on line 1 for services rendered to the or	ganization? If "Y	rue c es,"	comp	ensa plete	tion Sci	fron	e J	y unrelated organization or for such person	individual	5 X
Section B. Independent Contractor  1 Complete this table for your five		ensa	ted in	ndep	end	ent c	ontr	actors that received more t	han \$100,000 of	
compensation from the organiz	zation. Report co							lar year ending with or with	in the organization's tax ye	
Name and I	(A) business address							· Descript	(B) lon of services	(C) Compensation
					55					
					·				54	
. (4)	<u> </u>	-					!			:::
	<del></del>									10.
2 Total number of independent c								e listed above) who	0	
DAA									, i	Form 990 (2015)

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	n
Trustee	ĺ
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add tines 1b and 1c)  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 ▶  3 Did the organization list any former officer, director, or trustes, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual such individual individual set to the organization spread than \$150,000? If "Yes," complete Schedule J for such individual set to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual set to the organization spread to the organization of individual set to the organization? If "Yes," complete Schedule J for such present than \$150,000? If "Yes," complete Schedule J for such present to the organization of the organization of individual set to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 5	
c Total from continuation sheets to Part VII, Section A	0
c Total from continuation sheets to Part VII, Section A	-
Total from continuation sheets to Part VII, Section A	
Total from continuation sheets to Part VII, Section A	
Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	<u>,</u>
Total from continuation sheets to Part VII, Section A	
Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)  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 ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .  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  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	
reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .  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 .  5 Did any person fisted 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 Section B. Independent Contractors	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  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  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 Section B. Independent Contractors	
5 Did any person fisted on line 1e 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 Section B. Independent Contractors	s No
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 Description of services Comp	) isason
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	

2.5	TOV	Check if Schedule (	nue D cor	ıtains a	response	or note to any line	in this Part VIII		
						(A)	(B) Related or	(C)	(D)
						Total revenue	exempl	Unrelated business	Revenue excluded from tex
							function revenue	teveurie	under sections 512-514
智さ	1a	Federated campaigns	1a						
Program Service Revenue Contributions, Giffs, Grants	ь	Membership dues	1b						
NA P	c	Fundraising events	1c		118,113				
	ď	Related organizations	1d						
ŋ E	e	Government grants (contributions)	1e						
the state	f	All other contributions, gifts, grants,							
ě		and similar amounts not included above	1f		743,507				
25	g		lf:	\$					
<u> </u>	h	Total. Add lines 1a-1f			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	861,620			
E E					Busn, Code				
eke	2a	* **********************				1,363,350	<del></del>		
9	Ь	* **********************				153,153			'
5.	C	CONCESSIONS AND OTH	er su	PPORT		82,002	82,002		
Se	d								
텯	9					<u> </u>		<u> </u>	
S.	f	All other program service rever							
Δ.	g	Total. Add lines 2a-2f				1,598,505			
	3	Investment income (including of	livider	ids, intere	est,	:	*		
		and other similar amounts)				157	157		
	4	Income from investment of tax							
	5	Royalties					CONTRACTOR AND A CONTRACTOR ASSESSMENT OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF TH	***************************************	
		· (I) Real		(F) (	Personal				
	6a	Gross rents							
	b								
	C	Rental inc. or (loss)							
	d	Net rental income or (loss)			<u>}</u>				
	/ a	sales of assets (i) Securities		(8)	Other				
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
		Gain or (loss)							
	ď	Net gain or (loss)			<b>&gt;</b>				
•	8a	Gross income from fundraising even							
Revenue		(not including \$ 118,1							
Se		of contributions reported on line 1c).							
늄		See Part IV, line 18	a		30,354				
50		Less: direct expenses	b		72,366				
9		Net income or (loss) from funds		events .	<b>&gt;</b>	-42,012			
	9a	Gross Income from garning activities							
		See Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gami	ng act	<u>ivities</u>					
	10a	Gross sales of inventory, less							
		returns and allowances	. a						
		Less: cost of goods sold	ь[						
	Ç	Net income or (loss) from sales	of Inv	entory	<b>&gt;</b>				<u> </u>
		Miscellaneous Revenue			Busn, Code				
	11a	•						•	
	b	* *************************************							
	C	* =====================================							
		All other revenue							
		Total. Add lines 11a-11d			▶		1		
	12	Total revenue. See instructions	S			2,418,270	1,598,662	0	
									Form 990 (2015)

י מם	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundralsing
	8b, 9b, and 10b of Part Vill.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, fine 21				
2	Grants and other assistance to domestic				
	individuals, See Part IV, line 22				
3					
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees	183,000	129,540	26,730	26,73
6	Compensation not included above, to disqualified	11			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	739,776	622,261	35,248	82,26
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	161,257	144,956	5,909	10,39
0	Payroll taxes	99,246	80,857	6,666	11,72
11	Fees for services (non-employees):				
ē					
k	Legal				
C	Accounting	16,981		11,182	5,79
C	Lobbying				-
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4.2			
9					
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	168,565	164,533		4,03
3	Office expenses	100,603	65,788	24,744	10,07
4	Information technology	13,625	9,536	2,726	1,36
15	Royalties	81,818	81,818		
16	Occupancy	187,167	167,898	11,858	7,41
7	Travel	114,682	104,965	9,717	
8	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	129		129	
!1	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,741	8,846	1,097	79
3	Insurance	14,405	11,523	1,441	1,44
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	100	217,353	217,353		
b	OUTSIDE CONTRACTORS	54,157	54,157		
c	CREDIT CARD PROCESSING	46,262	45,615	647	
d	UTILITIES	25,522	22,204	2,042	1,27
0	All other expenses	50,784	46,407	4,182	19
5		2,286,073	1,978,257	144,318	163,49
6					
_	organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here				

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 182,888 350,607 Cash—non-interest bearing Savings and temporary cash investments 199,533 2 198,974 Piedges and grants receivable, net 62,307 14,769 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 137,140 187,488 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 457,698 b Less: accumulated depreciation 10b 354,722 113,717 10c 102,976 Investments—publicly traded securities 11 11 Investments—other securities, See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 6,756 861,570 Other assets. See Part IV, line 11
Total assets. Add lines 1 through 15 (must equal line 34) 4,525 15 700,110 16 16 Accounts payable and accrued expenses 101,899 56,688 17 17 18 Grants payable 18 595,507 669,981 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities πot included on lines 17-24). Complete Part X of Schedule D 697,406 26 726,669 26 Total liabilities. Add lines 17 through 25 .... Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets -46,650 27 86,334 Temporarily restricted net assets 48,567 49,354 28 Permanently restricted net assets

SEAS 417 /ASC 958). check here ▶ ☐ and 29 complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 134,901 Total net assets or fund balances 2,704 33 700,110 34 861,570 Total liabilities and net assets/fund balances

(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.

	1 Name (as snown on your income tax return). Name is required on this line; do	not leave this line blank.												
	North Coast Repertory Theatre, a Nonprofit Corporation													
હ	Business name/disregarded entity name, if different from above													
page														
2	3 Check appropriate box for federal tax classification; check only one of the fol	lowing seven boxes:				4	Exe	mpti	ons (	code	s app	oly o	nly t	0
Print or type Specific Instructions on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporatio		☐ Tru	st/es	tate	ce	rtair	enti	ities, s on p	not i	individ	Jual	s; se	е
a E	single-member LLC		_							_	: 3): (if any	A		
季普	☐ Limited liability company. Enter the tax classification (C=C corporation, S=					I _						_		_
P	Note. For a single-member LLC that is disregarded, do not check LLC; che the tax classification of the single-member owner.	eck the appropriate box in	the line	abov	e for					FAI	TCA re	spor	ting	
Print or type	l <del></del>					- 1		if an						
<u>ت</u> ۵	Under (see instructions) ►  5 Address (number, street, and apt. or suite no.)		Danie e	-1-							ined out	3/de !	he U.S	<i>i</i> .j
GC.			Request	ers	name	e and	aoo	ress	(opti	onaț	ı			
Š	987 Lomas Santa Fe Drive, Suite D													
See	6 City, state, and ZiP code			,										
S	Solana Beach, CA 92075			ŧ.										
	7 List account number(s) here (optional)													
	<u> </u>													
Par	Taxpayer Identification Number (TIN)							-						
Enter	your TIN in the appropriate box. The TIN provided must match the nam	e given on line 1 to av	oid	So	ial s	ecuri	ty n	umb	er.					
backu	ip withholding. For individuals, this is generally your social security num	ber (SSN), However, f	ora l				ſ	T	一	ſ	$\neg$	T		_
reside	nt allen, sole proprietor, or disregarded entity, see the Part I instruction is, it is your employer identification number (EIN). If you do not have a n	s on page 3. For other	,				-						- 1	
TIN of	s, it is your employer identification number (Eliv). If you do not have a n n page 3,	umber, see How to ge		or		_	Į			ı			!	_
	If the account is in more than one name, see the instructions for line 1	and the about an accord			nlov	er ide	entifi	cati	OD DI	umb	er		_	
guide	lines on whose number to enter.	and the chart on page	4 10r		<b>J</b>	<u> </u>	1	1	7		<del>-</del>	_	⊣	
•				9	5	-1	3	8	1	9	3	o	7	
Par	t II Certification			<u> </u>		<u> </u>								
	penalties of perjury, I certify that:													
	e number shown on this form is my correct taxpayer identification number													
2. la	m not subject to backup withholding because: (a) I am exempt from backup	ckup withholding, or (b	) I have	not	beer	n noti	ified	l by	the I	nte	mal F	lev(	enue	9
56	rvice (IRS) that I am subject to backup withholding as a result of a failur longer subject to backup withholding; and	e to report all interest	or divide	ends	, or	(c) th	e IF	iS h	as n	otific	ed m	e th	at 1	am
	m a U.S. citizen or other U.S. person (defined below); and													
	FATCA code(s) entered on this form (if any) Indicating that I am exemp													
Certif	fication instructions. You must cross out item 2 above if you have bee	n notified by the IRS t	hat you a	are d	urre	ently:	subl	ect	to ba	ackt	iw at	thh	oldir	na
becau	ise you have failed to report all interest and dividends on your tax return	n. For real estate trans	actions.	iten	12 d	ines i	not.	ann	lv F	or in	inda:	200		_
mere	st paid, acquisition or abandonment of secured property, cancellation of ally, payments other than interest and dividends, you are not required to	of debt, contributions t	o an ind	ivid	al re	etiren	nen	t arr	ange	me	nt (IA	IA),	and	1
instru	ctions on page 3.	o sign the certification	, out you	ı mı	ist p	ravia	e yo	our (	orre;	Ct	IIV. S	iee	the	
Sign				_					_	_		_		
Here		D	ate ►		0	- /	21	_		7	-			
_				<u> </u>	_	_								
Ger	neral Instructions	<ul> <li>Form 1098 (home mo (tuition)</li> </ul>	ortgage in	teres	1), 10	)98-E	(stu	dent	loan	Inte	rest),	109	8-T	
Sectio	n references are to the internal Revenue Code unless otherwise noted.	• Form 1099-C (cancel	led debt)											
Future	e developments, Information about developments affecting Form W-9 (such	• Form 1099-A (acquis		and	onme	ent of	Sec	ured	prop	erty)	,			
	slation enacted after we release it) is at www.irs.gov/fw9.	Use Form W-9 only i										n), t	0	
Purp	oose of Form	provide your correct TI	N.		•	·		_				,,		
An ind	ividual or entity (Form W-9 requester) who is required to file an information with the IRS must obtain your correct taxpayer identification number (TIN)	If you do not return f to backup withholding.	Form W-9 See Wha	to ti it is t	ie red acku	queste ip witi	er wi hhol	ith a ding	ΠN, : ? on	you . page	might a 2.	be.	subje	ect
which	may be your social security number (SSN), individual taxpayer identification	By signing the filled-	out form,	you:										
identif	er (ITIN), adoption taxpayer identification number (ATIN), or employer loation number (EIN), to report on an information return the amount paid to	1. Certify that the TII	N you are	givir	ıg is ı	correc	et (o	r you	are '	waiti	ng foi	ra n	umb	er
you, o	r other amount reportable on an information return. Examples of information	to be issued),		,		-4.	***							
	s include, but are not limited to, the following:	<ol> <li>Certify that you are not subject to backup withholding, or</li> <li>Claim exemption from backup withholding if you are a U.S. exempt payee. If</li> </ol>											4.4	
	1 1099-INT (Interest earned or paid)	<ol> <li>Claim exemption that applicable, you are also</li> </ol>												
	1 1099-DIV (dividends, including those from stocks or mutual funds)	any partnership income	e from a l	J.S.	trade	or bu	isine	:55 is	not:	subj	ect to	the		
	n 1099-MISC (various types of income, prizes, awards, or gross proceeds)	withholding tax on fore	iidu bayu	ers'	share	of ef	fecti	vely	conn	ecte	d inco	ome	, and	1

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.

 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

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

brokers)



FRANCHISE TAX BOARD JACRAMENTO, CALIFORNIA 95867 October 12, 1984

In reply refer to 342:APP:PTS:rjs:g

North Coast Repertory Theatre, A Nonprofit Corporation P. O. Box 389 Solana Beach, CA 92075

Purpose : Educational Form of Organization : Corporation Accounting Period Ending: April 30 Organization Number : 1070451

On the basis of the information submitted and provided your present operations continue unchanged or conform to those proposed in your application, you are exempt from state franchise or income tax under Section 23701d, Revenue and Taxation Code. Any change in operation, character or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

You are required to file Form 199 (Exempt Organization Annual Information Return) or Form 1998 (Exempt Organization Annual Information Statement) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to the Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

If the organization is incorporating, this approval will expire unless incorporation is completed with the Secretary of State within 60 days.

Exemption from federal income or other taxes and other state taxes requires separate applications.

October 12, 1984 North Coast Repertory Theatre, A Monprofit Corporation Organization Number 1070451 Page 2

This exemption is granted on the express condition that the organization will secure federal exempt status with the Internal Revenue Service. The organization is required to furnish a copy of the final determination letter to the Franchise Tax Board within 9 months from the date of this letter.

This exemption effective as of April 9, 1982.

D. Hareid, Supervisor Exempt Audit Unit Telephone (800) 852-5711

cc: James T. Blakistone Registrar of Charitable Trusts

Enc.

## City of Solana Beach Community Grant Program

Request for Financial Assistance FY 2017-18 APPLICATION

All Applications MUST BE RECEIVED by 5:00 p.m. Tuesday, October 31, 2017.

Please Print Clearly or Type

All requests will be determined by the following criteria:

Name of Organization: North County Immigration and Citizenship Center (NCICC)

Mailing Address: 120 Stevens Avenue City Solana Beach State: CA Zip: 92075 Contact Person: Linda Martinez Haley

Daytime Phone: 858 509-2589 Evening Phone: 650 703-8440

Email address: linda@northcountycitizenship.org

1. W-9 must be attached Summary of organization's budget must be attached Proposed program budget must be attached Financial Statements (see Application Guidelines) must be attached

- 2. A copy of the certificate of California Nonprofit Corporation must be attached Or, Calif. Non-profit 501 (c) 3 Corporation Certification Number: 3567665
- 3. Has your organization received financial assistance from the City before? Yes

If yes, what activities and which fiscal year? <u>2016-2017</u>: Creation of the Pathways to <u>Citizenship Program at the Solana Beach Public Library</u>

- 4. Amount requested for FY 2017-18 \$5.000
- 5. Proposed Total Program Costs: \$9,000 (coordination costs, supplies, insurance, affiliations, textbooks, hospitality, etcetera for 11 months of tutoring. (Includes all estimated costs to conduct proposed activity/program.)
- 6. Title of Proposed Program/Service: Pathways to Citizenship Scholarship Program
- 7. Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used: (Attach extra sheet, if necessary.)

In its first year, the Pathways to Citizenship Program (funded by last year's grant) made twenty new citizens in Solana Beach! 100% of the students passed their naturalization examination and interview. One problem we encountered was that

low-income residents do not apply for citizenship due to lack of funds. They often wait until they can "save up" to pay the fees. This delays their process of becoming a citizen, which has a negative impact on their family and our community.

For the 2018 grant. NCICC seeks to provide eligible Solana Beach residents who participate in the Pathways to Citizenship Program with a \$200 scholarship that will cover their legal costs for the immigration paperwork prepared by authorized Department of Justice accredited representatives/practitioners at NCICC. \$150 will pay for the processing of the paperwork, and \$50 will pay for the year-round instruction and materials they will get in preparation for their English and civics examinations and their interviews.

- 8. Estimated number of S.B. residents to be served by proposed program: 25-40 permanent residents and 10-15 volunteer tutors
- 9. Program Dates/Location:

Wednesdays, 5:30-7pm at the Solana Beach Public Library (all year, except certain holidays)

- 10. Anticipated Program Objectives or Accomplishments:
- a. 100% of our students will pass their English and civics tests and their oral interview with the United States Customs and Immigration Services (USCIS) as a result of their preparation in the Pathways to Citizenship Program.
- b. At least 25 Solana Beach residents will become citizens of the United States in 2018.
- 11. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

The City of Solana Beach will be recognized on the NCICC Web site and promotional materials that advertise the services and at the donor events and fundraisers as well. In the press we receive in local papers, we will also name the City of Solana Beach as the sponsor of Pathways to Citizenship.

12. 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?

The Daughters of the American Revolution have agreed to help provide additional teaching supplies needed for the citizenship examination (\$100). The awarding of this grant will allow us to see if this new idea of providing scholarships for low-income Solana Beach naturalization applicants will increase the number of new citizens in Solana Beach. If this succeeds, we can apply for permanent funding elsewhere.

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

Ten volunteer tutors/teachers work with approximately twenty students each week, so the instruction is free, yet high quality since the ratio of student to teacher is in the students' advantage. This reduces teaching costs. The only costs are the materials (flashcards, study guides, color copies, examination materials and folders)

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

If partial funding is received, we will offer fewer scholarships to low-income Solana Beach residents who want to become citizens of the United States.

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 Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS

# North County Immigration and Citizenship Center (NCICC) Pathway to Citizenship Scholarship Program Grant Budget Proposal FY 2017-2018 Grant Application

**NCICC Mission:** to help immigrants navigate the legal and cultural pathways to citizenship.

**Project Goal:** Provide eligible Solana Beach residents who participate in the Pathways to Citizenship Program with a \$200 scholarship that will cover their legal costs for the immigration paperwork prepared by authorized Department of Justice accredited representatives/practitioners at NCICC as well as their interview/exam preparation and materials.

Activity	Notes	Amount
Citizenship Application Scholarship	Pays for the \$150 fee to complete the N-400, Application for Naturalization, including a waiver for fees	150/student
Student Scholarship	Year-round instruction, tutoring, and materials in preparation for their English and civics examinations and their interviews with USCIS.	50/student
	TOTAL: 25 student scholarships x \$200/student=	\$5,000

Revised 10/30/17

	Act	CUMMULATIVE FUNDS AVAILABLE 2: Bank Statement Ending Balance 2: Must be zero>	GAIN OR (LOSS) ON OPERATIONS	TOTAL EXPENSES	Bank Charges Hospitality California Tax Board Employment Development Dept.	Continuing Coucardin Cal Western Law - Donation Website & Marketing ESL/Civics Teachers Server / Data Storage Travel Terronce	Accounting & Tax Reporting (ADP) Office Supplies	Office Staffing & NCICC Personnel Withholding, FICA & Workman Heartland Fees Citizenship Scholarship Reimbursements Insurance - Uability, E&O, etc Legal Services Membership & Training Immigration Legal Assistance	EXPENSES Start-up & Nonrecurring Costs	TOTAL INCOME	Operating Income Consultation Income © BIA Legal Income © Business to Business ESL Income Other Income	Donations Congregation Donations Individual Donations Fundraising Class Donation (Citizenship, ESL & AB60) Board of Directors Voluntary Donations	Grant Funds Available Presbytery of San Diego Kingdom Buider Grant Outside Grants & Gifts	SBPC Office Provision SBPC Phone / Internet Provision SBPC Subtotal Provisions	INCOME 2016
	ual revenu	12/31/15 27,974.09						36%			20.00			Non-cash Non-cash Non-cash	
	Actual revenues & expenses in blue	25,273,29 25,273,29 0.00	(2,700.80)	2,700.80		63.95		1,862.10 761.04 13.71		0.00				500.00 100.00	Jan
	es in blue	23,522.68 23,522.68 0.00	(1,750.61)	2,950.61		18.00	11.88	2,002 88 839.85 78.00		1,200.00	1,200 00			500.00 100.00 600.00	Feb
4 4 7 7		20,467.01 20,467.01 0.00	(3,055.67)	3,055.67		40,00	75.00	2,031 97 832.70 76.00		0.00				500.00 100.00	Mar
Notes: Randy Training Travel		18,248.84 18,248.84 0.00	(2,218.17)	4,769.17	74.17	20.00	70,46	2,255.34 971.20 78.00 1,000.00		2,551.00		2,551.00		500.00 100.00	Apr
1,390 10 875.00 515.10		39,786.86 39,786.86 0.00	21,538.02	7,081.98	E C D	1,200.00	35.00	2,875.81 973.07 78.00 500.00		28,620.00	2.0	50.00	24,000.00 4,570.00	500.00 100.00	Мау
		35,778.00 35,778.00 0.00	(4,008.86)	4,008.86		208.90		2,773.83 948.13 78.00		0.00				500.00 100.00 600.00	ປັນກ
		31,583.76 31,583.76 0.00	(4,194.24)	4,194.24				2,276.12 840.12 78.00 1,000.00		0.00				500.00 100.00	μį
		28,842.89 28,842.89 0.00	(2,740.87)	3,785.87		40.00	90.67	2,675.73 901.47 78.00		1,045.00		1,011.00		500.00 100.00	Aug
		22,625.98 22,625.98 0.00	(6,216.91)	8,567.91	100.16	1,200.00	82.41	2,854.75 938.59 78.00 500.00 2,064.00 750.00		2,351.00		2,351.00		500.00 100.00	das
		20,405.99 20,405.99 0.00	(2,219.99)	4,769.99	77.21	40.00	81.46	3,044.17 925.15 82.00 520.00		2,550.00		500.00		500.00 100.00	Oct
		16,828.08 16,828.08 0.00	(3,577.91)	7,342.91	115.80	20.00 900.00	60.47	2,745.01 904.63 82.00 2,515.00		3,765.00	205.00	60.00	2,500.00	100.00	Nov
		16,449.36 16,449.36 0.00	(378.72)	2,944.72		20.00	160.00 212.85	1,499.42 535.20 126.25 340.00 51.00		2,566,00	240.00	100.00	1,776.00	500.00 100.00	Dec
			(11,524.73	56,172.73	0.00 293.17 0.00 74.17	2,400.00 490.85 900.00 0.00	160.00 720.20	28,897.13 10,371.15 925.96 3,340.00 4,579.00 1,321.00	0.00	44,648.00	0.00 445.00 1,200.00	2,551.00 150.00 3,862.00 94.00 3,500.00	24,000.00 1,776.00 7,070.00	6,000.00 1,200.00 <b>7,200.00</b>	Total

Act		V V	GAIN OR (LOSS) ON OPERATIONS	TOTAL EXPENSES	California Tax Board Employment Development Dept.	Bank Charges Hospitality	ESL/Cuvics Teachers Server / Data Storage Travel Expense	Continuing Education Website & Marketing	Accounting & Tax Reporting (ADP) Office Supplies, Print, Pub, Postage & Shipping	Insurance Liability E&O etc Legal Services Membership & Training	Heartland Fees Citizenship Scholarship Reimbursements	EXPENSES Start-up & Norrecurring Costs Operating Costs Office Staffing & NCICC Personnel Withhelding, FICA & Workman	TOTAL INCOME	Operating Income  Consultation Income @  BIA Legal Income @  Business to Business ESL Income Other Income, Reimbursements	Class Donaton (Citizenship, ESL & AB60) Board of Directors Voluntary Donations Cost of Fundraising	Donations & Fundraising Congregation Donations Individual Donations	Grant Funds Available Presbytery of San Diego Kingdom Builder Grants Outside Grants & Gifts	SBPC Office Provision SBPC Phone / Internet Provision SBPC Subtotal Provisions	INCOME 2017
ual revenu		12/31/16 16,449.36							prinq			33%						Non-cash Non-cash Non-cash	
Actual revenues & expenses in blue		12,621.72 12,621.72 0.00	(3,827.64)	3,827.64			150.00	147.35	72.18	313,86	82.00	2,285.34 776.91	0.00					\$00.00 <b>100</b> .00 <b>600,00</b>	Jan
es in blue	1000	8,467.50 8,467.50	(4,154.22)	5,334.22				203.66	25,44	740.00	82.00	3,202.87 1,080.25	1,180.00	1,140.00	40.00			500.00 100.00	Feb
		25,567.11 25,567.11 0.00	17,099.61	8,906.89		63.76	730.00	20.00	78,35	1,500.00	123.00	4,825.16 1,566.62	26,006.50	300.00	200.00	4,606.50	16,000.00	500.00 100.00	Mar
		21,419.27 21,419.27 0.00	(4,147.84)	4,148,01	20.00	0.17	360,00		8 13		41.00	2,726.88 991.83	0.17					500.00 100.00	Арг
		26,720.32 26,720.32 0,00	5,301.05	4,716.72		6.01		692.75	17.31		41,00	2,981.05 978.60	10,017.77	350,00 1,500,00 353,76	300.00	Certific		500.00 100.00 600.00	May
		31,585.76 31,585.76 0.00	4,865.44	4,827.96		6.00		492.19			82.00	3,217.56 1,030.21	9,693.40	150 00	0,093.40	= 1.0	850.00	500.00 100.00 600.00	Jun
2000		25,276.71 25,276.71 0.00	(6,309.05)	4,239.05		VACO	650.00	70.03	111.50		82.00	2,540,41 785,11	(2,070.00)	430.00	(2,600.00)			500.00 100.00 600.00	Jul
		20,708.16 20,708.16 0.00	(4,568.55)	4,568.55				20.00	814.02		82.00	2,767.37 885.16	0.00		- 11		•	500.00 100.00 <b>600.00</b>	Aug
V.A. 900		21,502.05 21,502.05	793,89	6,281.11				20.00	276 85	2,164.00		2,905.13 833.13	7,075.00	1,275 00	200.00	5,600.00		500.00 100.00 600.00	Sep
		17,594.05	(3,908.00)	4,408.00				20.00	50.00		82 00	3,200.00 1,056.00	500.00	500.00				500.00 100.00 <b>600.00</b>	Oct
			(4,493.00)	6,873.00				20.00		2,515.00		3,200.00 1,056.00	2,380.00	500.00	1,000.00 80.00 300.00	500.00		500.00 100.00	Nov
		Į,	473.00	3,427.00			1011-	20.00				2,500.00 825.00	3,900.00	400 00	= 7,1115	500.00	3,000.00	500.00 100.00 600.00	Dec
			(2,875.31	61,558.15	20.00	75.94	1,890.00	0.00	1,453.78	4,679.00 2,553.86		0.00 36,351.77 11,864.82	58,682.84	0,00 5,045,00 1,500.00 353.76	17,307,58 120.00 1,000.00 (2,600.00)		16,000.00 3,850.00 4,900.00	6,000.00 1,200.00 7,200.00	Total

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	CUMMULATIVE FUNDS AVAILABLE Bank Statement Ending Balance> Difference>	GAIN OR (LOSS) ON OPERATIONS	TOTAL EXPENSES	EXPENSES  Start-up & Nonrecurring Costs  Operating Costs  Operating Costs  Office Staffing & NCICC Personnel  Withholding, FICA & Workman  Heartland Fees  Cutzenship Scholarship Reimbursements  Insurance - Liability, E&O, etc  Legal Services Membership & Training  Immigration Legal Assistance  Accounting & Tax Reporting (ADP)  Office Supplies  Continuing Education  Website & Marketing  ESL/Crvics Teachers  Server / Data Storage  Travel Expense  Bank Charges  Hospitality  California Tax Board  Employment Development Dept.	TOTAL INCOME	Operating Income  Consultation Income @  BIA Legal Income @  Business to Business ESL Income Other Income, Reimbursements	Congregation Donations Congregation Donations Individual Donations Fundraising Class Donation (Citizenship, ESL & AB60) Board of Directors Voluntary Donations Cost of Fundraising	Grant Funds Available Presbytery of San Diego Kingdom Builder Grants Outside Grants & Gifts	2018 INCOME SBPC Office Provision SBPC Phone / Internet Provision SBPC Subtotal Provisions
Actual revenues & expenses in blue	13,574.05	12/31/17		4296			,		Non-cash Non-cash
es & expens	13,574.05	0.00	0.00		0.00				3an 500.00 100.00 600.00
es in blue	13,574.05	0.00	0.00		0.00				Feb 500.00 100.00 600.00
	13,574.05	0.00	0.00		0.00				Mar 500.00 100.00 <b>600.00</b>
W = 00 -	13,574.05	0.00	0.00	900 a 1990 a 1990 a 1900	0.00				Apr 500.00 100.00 <b>600.00</b>
	23,574.05	10,000.00	0.00		10,000.00			10,000.00	500.00 100.00 600.00
	24,074.05	500.00	0.00		500.00		500.00		500.00 100.00 <b>600.00</b>
	24,074.05	0.00	0.00		0.00				Ju) 500.00 100.00
	24,074.05	0.00	0.00		0.00				Aug 500.00 100.00 600.00
	24,074.05	0.00	0.00		0.00				Sep 500.00 100.00
	24,074.05	0.00	0.00		0.00			- Feb.	900.00 100.00 <b>600.00</b>
	24,074.05	0.00	0.00		0.00				Nov 500.00 100.00
	24,074.05	0.00	0.00		0.00				500.00 100.00 600,00
		10,500.00	0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	10,500.00	0.00	500.00 0.00 0.00 0.00 0.00 0.00	10,000.00 0.00 0.00	Total 6,000.00 1,200.00 7,200.00

## 4RTS-PB

## Articles of Incorporation of a Nonprofit Public Benefit Corporation

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 filling 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 as requirements and/or applying for tax-exempt status in California, go to https://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

3567665 FILED IN THE OFFICE OF THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA

> APR 29 2013 CC

This Space For Office Use Only

States appenration, Shering	C Dualiteaa Heeda.		
F	or questions about this form, go to www	sos.ca.gov/business/be/filing-tips	s.htm
Corporate Name List the	proposed corporate name. Go to www. sos ca gov/bu	siness/bername-availability.htm for genera	al corporate name requirements
and restrictions )	North County Immigra	tion and Citizenshin Center	,
The name of the	corporation is North County Immigra	doll and Cicizenship contest	
Cornerate Purnose Item	2a Check one or both baxes. Item 2a The specific ppy for tax-exempt status in California		
	ion is a nonprofit Public Benefit Corporatio	n and is no organized for the priva	te gain of any person. It is
organized un-	der the Nonprofit Public Benefit Corporation E	aw for public char	itable purposes.
h The appoint	ourpose of this corporation is to educate a	nd charitably assist immigi	rants on citizenship .
	1		
In case your corporation is sue the agent is a 1505 corporation		California that agrees to be your initial ag may not list your own corporation as the	ant to accept service of process agent. Do not list an address if
③, a. Steve Car	ilion	ga en ga fil i i i i i i i i i i i i i i i i i i	
Again's Name		Faculties.	04 07074
	nutview Dr.	Encinitas	CA 92024 State Zip
	Address (if agent is not a corporation	City (no abnreviations)	State Lib
Corporate Addresses			03075
	ens Avenue	Solana Beach, CA	
Initial Street A	duress of Corporation	Sity (no appreviations)	State Zip
b Initial Mailing	Address of Corporation, if different from 4a	City (no abbreviations)	State Zip
Additional Statements	The following statements are for tax-exemple status in	California I	
a This corpora	ation is organized and operated exclusively	for the purposes set forth in Ar	ticle 2a hereof within the
	alternative to the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the		
h his nubernet	of and of the activities of this cornoration sha	all consist of carrying on propagan	da, or otherwise attempting
to influence	legislation, and this corporation shall not pa	articipate or intervene in any politic	at campaign (including the
publishing o	r distribution of statements) on behalf of any o y of this corporation is irrevocably dedicated	to the purposes in Article 2a hel	reof and no part of the net
c the property	ssets of this corporation is interoclastly dedicated ssets of this corporation shall ever inure to t	he benefit of any director, officer of	r member thereof or to the
hanofit of an	nozian ateura w	•	
al Linea the du	recipition or wanding to of this composition its	s assets remaining after payment, o	or provision for payment, of
al debts an	d liabilities of this corporation shall be distri nd operated exclusively for charitable, educing the status under Internal Revenue Code sactor	buted to a nonprofit fund, foundat ational and/or religious purposes	ion of colboration which is
The last mild be sum	ed by each incorporatol. If you need more x 11", All attachments are made that of those a	space itted extra pages that a	re 1-sided and on standard
GREET-SIZEG DIE TO TIZ		Down Stines	
<u> </u>	Time	11 tours Thunk nin	

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

resigned the first of the second entering the second

By Mail Secretary of State Business Entitles P.O. Box 944260 Sacramento CA 94244-2500

Print your naylie here

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

2013 California Secretary of State Sand united to the proof.

Incorporator - Sign here

hareby cartify that the foregoing transcript of \_\_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

MAY 2 2 2013

Date:\_

DEBRA BOWEN, Secretary of State

## Form 990-EZ

## **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)

2016

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 2016, and ending C Name of organization B Check if applicable: D Employer identification number Address change North Couny Immigration and Citizenship Center 46-2522640 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 120 Stevens Avenue Final return/terminated (858) 509-2589 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending Solana Beach CA. 92075 Number ▶ G Accounting Method: 

☐ Cash ☐ Accrual Other (specify) ► H Check ► ☐ if the organization is not www.northcountycitizenship.org required to attach Schedule B J Tax-exempt status (check only one) - 3501(c)(3) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). 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 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 . . . 44,648 2 Program service revenue including government fees and contracts 2 3 4 Gross amount from sale of assets other than inventory . . . . 5a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from garning (attach Schedule G if greater than 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) . . . Less: direct expenses from garning and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . R 9 44,648 Grants and similar amounts paid (list in Schedule O) 10 10 11 11 12 Professional fees and other payments to independent contractors . . . 39,268 13 13 1,481 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe in Schedule O) 16 15,424 Total expenses. Add lines 10 through 16 . 17 17 56,173 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 <u>-11,525</u> end-of-year figure reported on prior year's return) 19 27,974 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 20 20 

Signature of the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule D  Were any significant changes made to the organization of content of the property of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  3a 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, 6s, and 7s, among others)?  b If "Yes," to line 35s, has the organization less 2, 6s, and 7s, among others)?  b If "Yes," to line 35s, has the organization of the year? If "Yes," provide an explanation in Schedule O. Was the organization activities (such as those reported on lines 2, 6s, and 7s, among others)?  b If "Yes," to line 35s, has the organization of the section 510(5/5) organization subject to send ossale) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35s.  3b Did the organization the organization in control or the year? If "Yes," complete Schedule C, Part III 35c.  3c Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	Р	instructions for Part V) Check if the organization used Schedule O to respond to any question in the	nts in t	he
detailed description of each activity in Schedule O.  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)  35	_			Yes N
Were any significant changes made to the organizing or governing documents if it "Yes," attach a conformed copy of the amended documents if the reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	3:	detailed description of each activity in Schedule O		
34   34   34   35   34   35   35   35	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		
b If "Yes," to line \$5a, has the organization filed a Form 990-T for the year? If "No, "provide an explanation in Schedule o  Was the organization a section 501((4), 501(5)6) or 501((6)0 organization subject to section 503(6) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .  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.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    37b Did the organization file Form 1120-POL for this year?  38a Did the organization for Form 190-POL for this year?  38b Did the organization for a pror year and still outstanding at the end of the tax year covered by this return?  38a Did the organization and a pror year and still outstanding at the end of the tax year covered by this return?  38b Did the organization for a pror year and still outstanding at the end of the tax year covered by this return?  38a Did Hallation fees and capital contributions included on line 9  39a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any section 495 №  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax most on a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I expended on the proparization of tax imposed on the organization and the proparization and the proparization and the proparization and the proparization of tax expended on any of the prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I expended on organization by the section of the proparization of the proparization of the proparization organization organization organization and the pr	35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business		,
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule L. Part I and the instructions ▶ 37a Sab Did the organization file Form 1120-POL for this year? 1975 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? 37b If "Yes," complete Schedule L. Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter and capital contributions included on line 9 Section 501(c)(8) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 39b Gross receipts, included on line 9, for public use of club facilities section 4911 € section 4915 ▶ 39b 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 organization so 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization so 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I do organizations and the organization and sections 4912, 4955, and 4958 expects the organization organization. Solid (c)(29) organizations are 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 do organization solid (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)		If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to Section 503(a) action	35b	
Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    b Did the organization file Form 1120-PQL for this year?   b 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?   b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b    section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9    B Gross receipts, included on line 9, for public use of club facilities 39b    Gestion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4916 per 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 off its prior Forms 990 or 990-272 If "Yes," complete Schedule L, Part I completed or organization and an analysis or disqualitied persons during the year under sections 4912, 4955, and 4958 completed in the organization shall be organization at party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T List the states with which a copy of this return is filed ▶ Telephone no. ▶ ZIP + 4 ▶ A lary time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		
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?  B If "Yes," complete Schedule L, Part if and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4915   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-E27 if "Yes," complete Schedule L, Part i  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.  405 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  All organizations All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  List the states with which a copy of this return is filed ▶  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; ▶  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; ▶  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 any office and the properties of the foreign country. ▶  See th		Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	200	401
b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b 39 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955  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  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  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  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 8886-7  List the states with which a copy of this return is filed ▶  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! ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b) did the organization maintain any donor advised funds during the year? If	38:	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?	D.D.	
b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶  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 1  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.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization  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  List the states with which a copy of this return is filed ▶  Telephone no. ▶  Located at ▶  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account? If "Yes," enter the name of the foreign country: ▶  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 any office outside the United States?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization preceive any payments for indoor tanning services during the		If "Yes," complete Schedule L, Part II and enter the total amount involved		
b Section 4911	k	Gross receipts, included on line 9, for public use of club facilities		
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-E2? if "Yes," complete Schedule L, Part I 40b    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.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization    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 886-T.  List the states with which a copy of this return is filed   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.   See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country.   Section 501(c)(3), 501(c)(4), and 501(c)(29) organization between the amount of tax on line 40c reimbursed by the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization precive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," prov		section 4911 ▶ , section 4912 ▶ section 4955 ▶		
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.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  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.  List the states with which a copy of this return is filed ▶  Telephone no. Located at ▶  Located at ▶  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for Indoor tanning services during the year?  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  44b	Ł	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.	100	
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  List the states with which a copy of this return is filed ▶  Telephone no. ▶  Located at ▶  Telephone no. ▶  Located at ▶  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	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.	40b	
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Docated at ▶  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for Indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  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)?		List the states with which a copy of this return is filed ▶	100	-
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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?  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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for Indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization receive any payment from or engage in any transaction with a controlled eather within the	Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Y	es No
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Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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 receive any payment from or engage in any transaction with a controlled entity within the		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		
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Form 990-EZ (see instructions)		Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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		T T

	990-EZ (2016)						ag'
46	Did the organization engage, directly or to candidates for public office? If "Yes,"	ndirectly, in political complete Schedule (	campaign activities or	n be half of or in oppo	osition	Yes	1
Part	All section 501(c)(3) organization All section 501(c)(3) organization 50 and 51.	s only ns must answer qu	estions 47–49b and	52, and complete			_ ?S
	Check if the organization used Sc	nedule O to respon	d to any question in t	this Part VI	=1		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a	section 501(h) election	on in effect during th		Yes	<u>N</u>
48 49a b 50	Is the organization a school as described in Did the organization make any transfers the "Yes," was the related organization a second leteral this table for the organization is employees) who each received more than	o an exempt non-ch ection 527 organizati five highest comper	aritable related organi; on?	zation?	47 48 49a 49b ctors, truster		i k
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation	e (e) Estimate	d amou	
						_	
		7				_	
51	Total number of other employees paid over Complete this table for the organization's \$100,000 of compensation from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization from the organization	s five highest compenization. If there is no	ensated independent one, enter "None."		h received r	nore t	nar
	(a) Name and business address of each independent	ent contractor	(b) Type of servi	ce (c	) Compensation	1	_
							_
							_
		***************************************					
							_
2 [	Total number of other independent contract Did the organization complete Schedul completed Schedule A	e A? Note: All se	over \$100,000	izations must attach	. —	□ No	_
der pen	alties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer lether than o	turn, including accompany	ing schedules and statemen	ate and to the best of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	owledge and be	lief it is	
gn	Signature of officer	<u> </u>		4,11.	17		_
re	Type or print name and title	Chair No	ETCC Boar	d of Direc	tors		

Preparer's signature

Date

Print/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Paid

Preparer

Use Only

PTIN

. . ▶ ☐ Yes ☐ No

Check if self-employed

Firm's ElN ▶

Phone no.

#### SCHEDULE A (Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		art I	Reason for Public C	harity Status	All organizations mu	st com	plete this	S D art \ See instru	
	The	organi	ization is not a private fou	noation because	titis: (For lines 1 throu	iah 12 c	heck only	(OD o how)	CTIONS.
	1	∠ I A	church, convention of ch	urches, or assoc	iation of churches des	cribed in	section	17(D(b)/4)(A)(0)	
	2		school described in sect	on 170(b)(1)(A)(	ii). (Attach Schedule F	(Form 9	90 or 990	.FZ\\	
	3	LIA	hospital or a cooperative	hospital service.	proanization describe	d in coat	ion 170/k	Ma Sannon	
	4	ΠA	medical research organiz	ation operated in	Conjunction with a ho	enital d	secribed i	7 <b>. i ) (</b> A)(III). 2. S. p G. p. 470 (1744)	4 n l 4440
	_	416	sopital o maine, oity, and o	iaic.					
	5		n organization operated fection 170(b)(1)(A)(iv). (Co	mpiete i ait ii.)					ental unit described i
	6	□ A1	federal, state, or local gov	ernment or gove	ernmental unit describe	ed in se	ction 170	(b)(1)(A)(v).	
	7	∐ An de	organization that normal scribed in section 170(b)	lly receives a su (1)(A)(vi). (Comp	bstantial part of its su lete Part II.)	ipport fr	om a gov	ern mental unit or fr	om the general public
	8	□ A d	community trust describe	d in section 170	(b)(1)(A)(vi). (Complete	e Part II.	)		
	9	uni	agricultural research organiversity or a non-land-giversity:	rum conoge or a	Guenrale (see mistrate	lions). El	iter the na	ame, city, and state	of the college or
	10	sup	organization that normall selpts from activities relate oport from gross investme quired by the organization	ent income and u after June 30, 1	unrelated business tax 975. See section 509	able inco (a)(2), (C	ome (less	section 511 tax) from Part III	hip fees, and gross nan 331,8% of its m businesses
	11	□ An	organization organized at	nd operated exc	lusively to test for nub	lic estati	See see	tion Foot-144	
	12	LI An	organization organized ar	id operated excli	usively for the henefit .	of to no	form the	from a series	
)		Che	eck the box in lines 12a th	rough 12d that d	escribes the type of su	tion 509	(a)(1) or :	section 509(a)(2). S tion and complete lie	ee section 509(a)(3).
	а		Type I. A Supporting orga	inization operate	ed, supervised, or con-	trolled by	life euron	metal and a second	
			the supported organization,	urfa) rue bower r	o requially appoint or	elect a n	naiority ot	the directors or trus	tees of the
	b		Type II. A supporting org	anization superv	ised or controlled in c	oppostic	n with ite	C1	
		1	organization(s). You mus	t complete Part	IV, Sections A and C	i the san :.	ie person	s that control or mar	nage the supported
	C		Type III functionally inte its supported organization	grated. A suppo n(s) (see instructi	orting organization operons). You must comp	rated in lete Par	connection	on with, and function	ally integrated with,
	ď	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentivenes requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.						d an attentiveness	
	e							e II, Type III	
	f	Enter t	the number of supported	organizations .			. 44		
_	9	Provid	le the following information	n about the sup	ported organization(s)				
	(i	i) Name o	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization our governing ument?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
_						Yes	No		
(A	<b>A)</b>								
(B	1)								
(C	)								
(D	)								
(E				-		<del></del>			
To	tal								

	Colored Colored to Colored	41 5	**			_	Page 2
ŀ	Part II Support Schedule for Organiz (Complete only if you checked the Part III. If the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the organization fails the org	ine box on iin	18 5. 7. or 8 o	t Part I or if th	e o manientia	المراجع المحالمة مرا	i) alify under
Se	ection A. Public Support	o quality title	er trie tests ii	sted below, p	lease compl	ete Part III.)	
	alendar year (or fiscal year beginning in) ▶	/s\ 2010	(5) 0040	( ) 0011			
	1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			35220	43501	44648	123369
3	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			35220	43501	44648	123369
5	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)						72000
6	Public support. Subtract line 5 from line 4	_ 1		CALL TERM		THE PERSON	123369
	tion B. Total Support						120000
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			35220	43501	44648	123369
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.)			35220	43501	44648	123369
11 12	Total support. Add lines 7 through 10	7			- 252		12000
13	Gross receipts from related activities, etc.  First five years. If the Form 990 is for the organization, check this box and stop here	organization'	s first, second	third, fourth,	Or fifth toy was	as a section 5	601(c)(3)
Sect	ion C. Computation of Public Support	Percentage				41 (4)	· • 🗸
14	Public support percentage for 2016 (line 6,			column (6)			
15 16a	Public support percentage from 2015 Sche 331/s% support test—2016. If the organization qualified box and stop here. The organization qualified support test—2016 is the organization of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of th	edule A, Part II ation did not d fies as a public	, line 14 check the box cly supported o	on line 13, and	line 14 is 331/3	% or more, che	
b	this box and <b>stop here.</b> The organization q	ation did not c Jualifies as a pi	heck a box on ublicly support	line 13 or 16a, ed organization	and line 15 is :	331/4% or more,	check
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	I6. If the organets the "facts-acts-and-circur	nization did no and-circumstar mstances" tes	t check a box onces" test, check. The organiza	on line 13, 16a, ck this box and tion qualifies as	or 16b, and lin stop here. Exp a publicly sup	e 14 is plain in
þ	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization mesuported organization mesuported organization.	5. If the organon meets the ets the "facts	nization did no "facts-and-cir -and-circumst	t check a box cumstances" t ances" test. Th	on line 13, 16a, lest, check this le organization	16b, or 17a, a box and <b>stop</b> qualifies as a p	nd line here.
18	<b>Private foundation.</b> If the organization did instructions	not check a bo	ox on line 13, 1	6a. 16b. 17a. d	or 17b, check th	is how and con	• •

Part III	Support Schedule	for Organizations Described in Sec	tion 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.)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandises 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	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross recelpts 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 . 7 Amounts included on lines 1, 2, and 3	37 1018
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	
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	
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	
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	
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	
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	
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	
to or expended on its behalf	_
furnished by a governmental unit to the organization without charge	
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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f	Total
9 Amounts from line 6	TOTAL
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	
activities not included in 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.)	
First five 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	<b>▶</b> □
ection C. Computation of Public Support Percentage	
Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	%
6 Public support percentage from 2015 Schedule A, Part III, line 15	%
7 Investment income percentage for 2015 (line 10s polyment) of this table is	
R Investment income percentage from 2015 Cahadula A. Cad III. Card 2015	%
9a 331x9 support tests - 2016. If the organization did not check the box on line 14, and line to is more than 231x94 and	<u>%</u>
17 is not more than 33.3%, check this box and stop nere. The organization qualifies as a publicly supported organization	N
b 331/2% support tests - 2015. If the organization did not check a box on line 14 or line 192 and line 15 is more than not at	and .
ime to is not more than 33'73%, check this box and stop here. The organization qualifies as a publicly supported organization	
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	and ▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 50 1 (c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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f	3c 4a	100	
	4b		
	4c		
	5a		
ŀ	5b 5c		_
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Pa	art IV Supporting Organizations (continued)				-3-
			- IY	es	No
11			(建 )	廟	
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	93			
	below, the governing body of a supported organization?	1	1a		
	b A family member of a person described in (a) above?		1b	$\Box$	
Se	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11	1c	$\perp$	_
36	Ction B. Type I dupporting digamizations				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	100	y tes	es	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at least a majority of the organization's directors or trustees at least a majority of the organization's directors or trustees at least a majority of the organization's directors or trustees at least a majority of the organization's directors or trustees at least a majority of the organization or directors or trustees at least a majority of the organization or directors or trustees at least a majority of the organization or directors or trustees at least a majority of the organization or directors or trustees at least a majority of the organization or directors or trustees at least a majority of the organization or directors or trustees at least a majority of the organization or directors or trustees at least a majority of the organization or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or directors or direc	133	S S	ă,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated supervised or	15	3 5		
	controlled the organization's activities. If the organization had more than one supported Organization,	3			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	d 🕎	题 等	57	
_	•	1			
2		123	6 3	3	
	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,	09	5 6	d g	
	supervised, or controlled the supporting organization.	153	2 3	3	
Sec	ction C. Type II Supporting Organizations	2			_
000	Ator of Type is dupper unity of garinzacions		la:	1.	_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Ye	s N	ю
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-15	8 500	3 8	
	or management of the supporting organization was vested in the same persons that controlled or managed	477	13		
	the supported organization(s).	1	1	2 (9)	
Sec	tion D. All Type III Supporting Organizations	-			_
			Ye	s N	0
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	2	33	1 3	
	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 1	
2		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	-81	13	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	100	ME		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	17 4 2 7	+	_
	significant voice in the organization's investment policies and in directing the use of the progrization's		201		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	32	5.5	1	
	supported organizations played in this regard.	3			
Sect	tion E. Type III Functionally Integrated Supporting Organizations				_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetes	otion		_
а		monu	LUUII	3/.	
b	_				
С		lsee in	staici	lione	
2					_
2	Activities Test. Answer (a) and (b) below.		Yes	No	_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		0.011		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	-33		28	
	how the organization was responsive to those supported organizations, and how the organization determined	100	401	1	
	that these activities constituted substantially all of its activities.	2-	1149		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	DOM:	20	-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	119	63	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1000	1	
	activities but for the organization's involvement.	2b	100-22	2.7	
3	Parent of Supported Organizations. Answer (a) and (b) below.		110	20	-
а	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? 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 Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organization.	ig tru: inizat	st on Nov. 20, 1970 (expions must complete Sec	plain in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
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		1/5/-112	
instructions for short tax year or assets held for part of year):		233	
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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del></del>
6 Multiply line 5 by .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 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	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	<del></del>
5 Income tax imposed in prior year	5	A PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	
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-functional	v into	central T	
instructions).	у шие	Grared Type III supporting	organization (see

-	edule A (Form 990 or 990-EZ) 2016  IT V Type III Non-Functionally Integrated 509(a)	(2) Supporting Organ	i-ntio i ii	Page
2000	ction D - Distributions	(a) Supporting Organ	izations (continued)	
_	Amounts paid to supported organizations to accomplish	exempt numoses		Current Year
	Amounts paid to perform activity that directly furthers exorganizations, in excess of income from activity		orted	
	3 Administrative expenses paid to accomplish exempt put	ranses of supported area	ınizationa	
-	Amounts paid to acquire exempt-use assets	poses or supported orga	IIIIZALIOT IS	-
-	Qualified set-aside amounts (prior IRS approval required	1)		
-	Other distributions (describe in Part VI). See instructions	-		
_	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to white (provide details in Part VI). See instructions.	ch the organization is res	ponsive	
-	Distributable amount for 2016 from Section C, line 6			
10				
	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	A CONTRACT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			en eller en se
3	Excess distributions carryover, if any, to 2016:	LEUS STEAM	CONTRACTOR	
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- 1	Remainder. Subtract lines 3g, 3h, and 3l from 3f.			TO SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SALE OF THE SAL
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	Section D, line 7:			
а	Applied to underdistributions of prior years	and the management		
b	Applied to 2016 distributable amount	at a partition agent	LA PARTIE DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE	
С	Remainder. Subtract lines 4a and 4b from 4.		IN CHANGE AND A	UV Sull become
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	War and a second		
6	Remaining underdistributions for 2016, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			Charles Sin
8	Breakdown of line 7:		a Keriopa da ana	Sylvent pesting
а				Control of the second
b	Excess from 2013			Charles Service
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	Part VI	Supplemental Information. Provide the explanations required by Part II, Line 10; Part II, line 17a or 17b; FIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 1a, 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, 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization	and AMA and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a	Employer identification number				
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Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation				
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private found	ation				
	501(c)(3) taxable private foundation					
		Q				
Check if your organization	is covered by the General Rule or a Special Rule.					
Note: Only a section 501(c instructions.	Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule	General Rule					
or more (in mone)	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						
13, 16a, or 16b, ar	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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.					
CONTRIDUCT, GUNING	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, II, and III.					
contributor, ouring contributions totals during the year for	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	at isn't covered by the General Rule and/or the Special Rules doesn't file ust answer "No" on Part IV, line 2, of its Form 990; or check the box on li	Catal t 2/5				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (201	
	6

Page 2

Name o	of organization		Pag Employer identification number
North C	County Immigration and Citizenship Center		46-2522640
Part I	Contributors (See instructions). Use duplicate of	opies of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	San Diego Presbytery  3707 Udall Street  Sna Diego, CA. 92107	\$ 24,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	Solana Beach Presbyterian Church  120 Stevens Avenue  Solana Beach, CA. 92075	\$ 6657	Person
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>S</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person

Name of organization

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
**************************************		ss	****
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received
		S	
a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		S	
i) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	***************************************
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
***********		S	***************************************
No. om irt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule	В	(Form	990.	990-EZ.	or 990-P	Ð	(2016)
COLLEGE OF THE	_	(1 01111	200.	www.p	01 200 1	٠,	(5010)

North County Immigration and Citizenship Center

Name of organization

Page 4

Employer identification number

Part II	Exclusively religious, charitable	oto contribution to consi	46-2522640
raith	1 10) that total more than 51.000 fi	or the year from any one cor ations completing Part III, ent	zations described in section 501(c)(7), (8), or atributor. Complete columns (a) through (e) and er the total of exclusively religious, charitable, etc.
	Use duplicate copies of Part III if ac	iditional snace is needed	n once. See Instructions.) > \$
(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, a	ind ZIP + 4	Relationship of transferor to transferee
		777777777777777777777777777777777777777	
(a) No.	(b) Purpose of gift	(a) the of the	
Part I	(b) Purpose of grit	(c) Use of gift	(d) Description of how gift is held
		***************************************	
		(e) Transfer of gift	•••••••••••••••••••••••••••••••••••••••
	Transferee's name, address, a	Polationship - (A)	
			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, an		Deletionation
			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	d ZIP + 4	Relationship of transferor to transferee
		***************************************	

# General Instructions

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

Future developments. For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Note: Terms in **bold** are defined in the *Giossary* of the Instructions for Form 990.

### **Purpose of Schedule**

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt from Income Tax, Part VIII, Statement of Revenue, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt from Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

# Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it doesn't meet the filing requirements of this schedule by taking the following action:

- Answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2, or
- · Checking the box on
  - Form 990-EZ, line H, or
  - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization isn't required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

### **Accounting Method**

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

# **Public Inspection**

**Note:** Don't include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors aren't required to be made available for public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it shouldn't include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that don't require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

# Contributors to be Listed on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report governmental units as contributors.

## **Contributions**

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions don't include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

#### General Rule

Unless the organization is covered by one of the *Special Rules* below, it must list in Part I every contributor who, during the year, gave the organization, directly or indirectly, money, **securities**, or any other type of property that total \$5,000 or more for the organization's **tax year**. In determining the total amount,

separate and independent gifts of less than \$1,000 can be disregarded.

Include each contribution included on Form 990, Part VIII, line 1, in calculating a contributor's total contributions and determining whether that contributor must be reported on Schedule B under this General Rule (or one of the following Special Rules, if applicable). For example, if an organization that uses the accrual method of accounting reports a Pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the Contributor meets the General Rule (or one of the Special Rules, if applicable), even if the organization didn't receive the property during the tax year.

## Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A), or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 331/2% support test for the current year or prior year, or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A) (vi) organization in its first five years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 wouldn't be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it didn't exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that weren't for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under General Rule, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization didn't receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently wasn't required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

# Specific Instructions



Don't attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II,

and III of Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number consecutively. In column (b), enter the contributor's name, address, and ZiP code. Identify a donor as "anonymous" only if the organization doesn't know the donor's identity. In column (c), enter the amount of total contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution

includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an employee's cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization didn't receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that aren't reported on Form 8872, Political Organization Report of Contributions and Expenditures, don't need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the noncash contribution received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property isn't immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and

asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV can't be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any qualified conservation contributions and contributions of conservation easements listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.



# State of California Secretary of State

Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

TYPE/PRINT NAME OF PERSON COMPLETING FORM

Filing Fee: \$20.00. If this is an amendment, see instructions. IMPORTANT ± READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

### 1: CORPORATE NAME

DATE

SI-100 (REV 01/2016)

NORTH COUNTY IMMIGRATION AND CITIZENSHIP CENTER

# FM15157 FILED

N

In the office of the Secretary of State of the State of California

APR-18 2017

SIGNATURE

APPROVED BY SECRETARY OF STATE

2. CALIFORNIA CORPORATE NUMBER C3567665		This Space for Fi	iling Use Only
Complete Principal Office Address (Do not abbreviate the name of the city. Ite	em 3 cannot be a P.O. Box	.)	····
3 STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
120 STEVENS AVENUE, SOLANA BEACH, CA 92075			
4. MAILING ADDRESS OF THE CORPORATION	CITY	STATE	ZIP CODE
Names and Complete Addresses of the Following Officers (The corpora officer may be added; however, the preprinted titles on this form must not be altered.)	ation must list these three	officers. A comparat	ole title for the specific
5. CHIEF EXECUTIVE OFFICER/ ADDRESS JUDY ENNS 120 STEVENS AVENUE, SOLANA BEACH, CA 92075	CITY	STATE	ZIP CODE
6 SECRETARY ADDRESS MARIE GREY 120 STEVENS AVENUE, SOLANA BEACH, CA 92075	CITY	STATE	ZIP CODE
7 CHIEF FINANCIAL OFFICER/ ADDRESS WILLIAM RICHARD CARSON 3301 CADENCIA ST., CARLSBAD, CA 92	CITY 2009	STATE	ZIP CODE
Agent for Service of Process If the agent is an individual, the agent must residudress, a P.O. Box address is not acceptable. If the agent is another corporation certificate pursuant to California Corporations Code section 1505 and Item 9 must be I	i, the agent must have on	must be completed to file with the California	with a California street a Secretary of State a
STEVE CARLTON			
9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDI 1318 WALNUTVIEW DR., ENCINITAS, CA 92024	IVIDUAL CITY	STATE	ZIP CODE
Common Interest Developments			
Check here if the corporation is an association formed to manage a communication Development Act, (California Civil Code section 4000, et seq.) or under (California Civil Code section 6500, et seq.). The corporation must file a State required by California Civil Code sections 5405(a) and 6760(a). Please see in	the Commercial and Indu ement by Common Interest	ustrial Common Intere	est Development Act
11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.			
04/18/2017 LINDA MARTINEZ-HALEY EX	ECUTIVE DIRECTOR		

TITLE



# City of Solana Beach Community Grant Program

Request for Financial Assistance FY 2017-18 APPLICATION

All Applications MUST BE RECEIVED by **5:00 p.m. Tuesday, October 31, 2017.**Please Print Clearly or Type

All requests will be determined by the following criteria:

CHRISTOPHER YANDERS CHRISTOPHER YANDERS CHRISTOPHER YANDERS CHRISTOPHER YANDERS CHRISTOPHER YANDERS ORE
be attached of organization's budget must be attached program budget must be attached Statements (see Application Guidelines) must be attached
the certificate of California Nonprofit Corporation must be attached Non-profit 501 (c) 3 Corporation Certification Number: 26-3757355
organization received financial assistance from the City before?  No ·  Nat activities and which fiscal year? Low-Income Source Beach  S PALTICIPATING IN COULER-PROP PROGRAMS, 2014-17
equested for FY 2017-18 \$ 5,000
Total Program Costs: \$_55,000 all estimated costs to conduct proposed activity/program.)
oposed Program/Service: SOLANA BEACH'S COLLER APPS ACLOOMY
ds must be used for services or materials directly associated to proposed Please describe how grant funds will be used:  **E ATTACHED**  Ta sheet if peressary )

	Mangay evenings From Copy-9pm A7 STOVENS AVE, SOLAND BOREY CA 970
	Program Objectives or Accomplishments:
community/	e organization acknowledge the City's financial contribution to the beneficiaries of the proposed activity?
program or	e any matching funds or other grants that would be applied to this service? If awarded this grant, will that enable other funding sour
reduce expe	ers be used for the proposed program or service and, if so, will the enses?  ATTACHED

## **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** 

Date

Oct 31,2017

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.

7. Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used: (Attach extra sheet, if necessary.)

Reality Changers believes that college changes everything, especially for low-income youth. Along with supporting Reality Changers' entire program in Solana Beach for 60 students and their families, this grant will specifically support 20% of Reality Changers' College Apps Academy program in Solana Beach. Approximately 25 low-income youth will be guided through a year-long course that will help them produce the best applications possible for college, financial aid, and scholarships.

#### 10. Anticipated Program Objectives or Accomplishments

In 2016, 17 high school seniors at Reality Changers' Solana Beach location earned \$1,353,740 in college scholarships. The cost to serve each student was \$1,000 and they earned \$79,631 in scholarships apiece, an 79: 1 ROI. We expect to replicate this success next year with your support.

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

Reality Changers will recognize the City's contribution in front of 5,000 attendees at our 18th Annual Scholarship Celebration in May 2018. We will include the City in all print materials for the event as well as any major pieces of promotion that list sponsors in the year 2018. The City will also be recognized on our website throughout the year.

12. 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?

If the 2018 students produce the same return on investment as previous years, a \$5,000 investment in Reality Changers' College Apps Academy program in Solana Beach will produce \$410,000 in scholarships for the City's low-income youth. Additionally, for 12th graders who choose to attend UCSD, the Chancellor will give each student an additional \$40,000 each over four years.

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

Yes, approximately 40 volunteers are used on a weekly basis to help build more first generation college students at Reality Changers' location in Solana Beach. Furthermore, the students' parents volunteer to cook food for 75-100 people every week throughout the school year to ensure that students and mentors are well-nourished and that families are included in the college-going process.

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

Reality Changers is committed to serving low-income youth in Solana Beach. The faster that full funding can be secured, the faster we can solely focus on delivering high-quality programming to these students. The program will still move forward with partial funding, but we will continue to spend other resources on fundraising until all funding is secured.

Form VV-9
(Rev. December 2014)
Department of the Treasury

# Request for Taxpayer Identification Number and Certification

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

Interna	Revenue Service						30114 13 1110 11101
	1 Name (as shown	on your Income tax return). N	lame is required on this line; do	not leave this line blank.			
	128	EALITY ('N)	LN6ERS				
લં	2 Businesa name/o	lisregarded entity name, if diff	erent from above				_
96							
Print or type Specific Instructions on page	3 Check appropria	le hox for federal tax classific	ation; check only one of the fo	lowing seven boxes:		4 Exempl	ons (codes apply only to
6	Individual/sole	proprietor or 100 C Co	proporation	n Partnership	Trust/estate	certain enti	illes, not individuals; see s on page 3);
pe	single-membe	ruc , , , (	PROFIT) silication (C=C corporation, S=				yee code (if any)
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Print or type Instructions	Other (see inst					•	ounts maintained outside the U.S.)
- #		r, street, and apt. or suite no.)			Requester's name a		
ě	3910	UNIVERSITY	AUE SUITE	300-RC			
Ω Q	6 City, state, and Z		7 (02) (0-111-	<u></u>			
See	' بہلاک	DIEGO (A	92105				
	7 List account num	ber(s) here (optional)					
Par	Taxpay	er Identification Nu	imber (TIN)				
			vided must match the nam	e given on line 1 to av	old Social sec	urity numb	or
becku	p withholding. For	individuals, this is general	lly your social security num	ber (SSN). However, f	or a	7 [	
reside	nt alien, sole propi	rietor, or disregarded entit	y, see the Part I instruction EIN). If you do not have a n	s on page 3. For other	[	-	-
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		more than one name, sec	e the instructions for line 1	and the chart on nace		dentificati	on number
guidel	ines on whose nur	nber to enter.		and the chair on page			
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Par	II Certific	cation				1711	711/1-1/1
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			e: (a) I am exempt from ba				•
Se	rvice (IRS) that I an	n subject to backup withh	olding as a result of a fallur	e to report all interest	or dividends, or (c)	the IRS h	one internal nevenue
no	longer subject to I	packup withholding; and		,			
3. 1a	m a U.S. citizen or	other U.S. person (defined	d below): and				
			indicating that I am exemp	t from FATCA reportir	o ls correct		
			m 2 above if you have bee			v sublact	ta backup withholding
becau	se you have failed	to report all interest and o	dividends on your tax return	n. For real estate trans	actions, item 2 doe	s not appl	v. For mortgage
intere:	st paid, acquisition	or abandonment of secur	red property, cancellation o	if debt, contributions t	o an individual retir	ement am	engement (IRA), and
gener	any, payments om ctions on page 3.	ar than interest and divide	nds, you are not required to	o sign the certification	, but you must prov	ide your d	correct TIN. See the
Sign		12 . 31					·
Here		- / lust	ty	D	alor MARC	47	7,2017
Ger	eral Instruc			• Form 1098 (home mo			,
		e Internal Revenue Code unle	se nihenules noted	(tuition)			
		rmation about developments		* Form 1099-C (cancel		-f	
		we release it) is at www.irz.go		• Form 1099-A (acquis			
	ose of Form			provide your correct Ti			
		i W-9 requester) who is require tain your correct taxpayer ide:		If you do not return to to backup withholding.	-опп w-у to the reque . See What Is backup v	sier with a' vithholdina	TIN, you might be subject ? on page 2.
which.	may be your social as	scurity number (SSN), ľadividu	al texpayer Identification	By signing the filled-	•		
		payer identification number (A to report on an information re		1. Certify that the Til		rect (or you	are waiting for a number
you, or	other amount report	able on an information return.	Examples of information	to be issued),	-		
		limited to, the following:			e nol subject to back.		
	1099-INT (Interest e	amed or paid) I, including those from stocks	or mutual funde	applicable, you are als	o certifying that as a t.	J.S. person,	e a U.S. exempt payee. If your allocable share of
_		types of Income, prizes, awar		any partnership incom	e from a U.S. trade or	business is	not subject to the connected income, and
		riypes or income, prizes, awar rival fund sales and certain of					connected income, and any) Indicating that you are
broker	ত্ত)			exempt from the FATC	'A reporting, is correct	See What	is FATCA reporting? on
• Form	1099-S (proceeds fr	om real estate transactions)		page 2 for further Infor	mation.		

• Form 1099-K (merchant card and third party network transactions)

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- . An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301,7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

in the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person, if you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident allen who becomes a resident allen. Generally, only a nonresident allen individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident allen for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- 2. The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China Income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States, A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an examption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233,

#### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalities, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from tishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TiN to the requester.
- You do not certify your TIN when required (see the Part II instructions on page 3 for details),

- 3. The IRS tells the requester that you furnished an incorrect TIN.
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

#### What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

#### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TiN changes for the account; for example, if the grantor of a grantor trust dies.

#### **Penalties**

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TiNs. If the requester discloses or uses TiNs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### **Specific Instructions**

#### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return, If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a, This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. Other entitles, Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TiN.

#### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

#### Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided, if the LLC has filled Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

#### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
  - 2-The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
  - 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
  - 8-A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11 -A financial institution
- $12\!-\!A$  middleman known in the investment community as a nominee or custodian
- 13-A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13,

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012,
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

See Form 1099-MISC, Miscellaneous Income, and its instructions.

\*However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank, Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B-The United States or any of its agencies or instrumentalities
- C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E-A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
  - G-A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the investment Company Act of 1940
  - I-A common trust fund as defined in section 584(a)
  - J-A bank as defined in section 581
  - K-A broker
  - L-A trust exempt from tax under section 664 or described in section 4947(a)(1)
  - M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

#### Line (

Enter your city, state, and ZIP code.

#### Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TiN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC*) on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer identification Number, to apply for an IFIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments method with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

#### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident allen, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in Items 1 through 5 below.

- Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage Interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

#### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
Individual     Two or more individuals (joint account)	The individual The actual owner of the account or, if combined funds, the first individual on the account
Custodian account of a minor (Uniform Gift to Minors Act)	The minor
The usual revocable savings     trust (grantor is also trustee)	The grantor-trustee'
b. So-called trust account that is not a legal or valid trust under state law	The actual owner
Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The granter*
For this type of account:	Give name and EIN of:
Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity*
Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
Association, club, religious, charitable, educational, or other tax- exempt organization	The organization
1, Partnership or multi-member LLC	The partnership
2. A broker or registered naminee	The broker or nominee
<ol> <li>Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments</li> </ol>	The public entity
Grantor trust filing under the Form     1041 Filing Method or the Optional     Form 1099 Filing Method 2 (see	The trust

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

Regulations section 1.671-4(b)(2)(i)

(B))

- <sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust,

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

#### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a retund.

To reduce your risk:

- · Protect your SSN,
- . Ensure your employer is protecting your SSN, and
- . Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or latter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Thatt Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

#### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their taws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TiN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

<sup>&</sup>lt;sup>2</sup> Circle the minor's name and furnish the minor's SSN,

	JUL 18" + J		JUL 17 JUN	18
	TOTAL Budget	_	TOTAL Budget	
Ordinary Incomo/Expense				
Income 4000 - Contributions				
4010 - Individual of Earthy Foundations	700,000 00	873,470 29	750,000.00	
4028 - Corporate contributions	129,000 00	204,176 19	590,000,00	
4030 - Church contributions 4640 - Emmeditive Grants	1,419,000 00	47.122.21	1,500,000 00	
4060 - Evert Income (Contribution)	229,000 00	200	400 000 00	
6060 Stock Donation		48,895 83		
4140 - Gifts in blood				
4141 - In-Almd - Laptop computers 4142 - In-Almd epholocythy dhys Income		1,189 00		
4143 - UCSD Academie Conn. In bind		11,400 00		
4148 - Gats in hand - Other		43.599 00		
Total 4140 - Citto in bind 4000 - Contributions - Difter		80,177 00		
Total 4000 Contributions	2.929.000 00	2 921 417 94	2,960,000.00	
4566 - Academy Revenue	20 000 00	7,017 00	260,000.00	
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6310 - Int. savings/short term invest.		4 48		
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Espense			3.223.200	
1006 Schalarblips, Euggert & Awards				
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7941 - Princeton Mexicor 7948 - RG Bissions Support	10,300 00	58,385 CD 4 891 12	26,000 00	
7044 - Christin Scholarships	DO 200,01	20 821 24	20,000 00	
7046 - Scholarshope UCSD -Academic Con	200,000 00	391,800,00	23/,200 00	
7946 - SAT_ACT_transcript & app fees	4,000,00	-5.781 50	1,500 00	
7047 - Forest Hame Schaferships 7049 - Lieston Germanters for Students	\$2,000 00	\$2,192.00	40,000.00	
7049   Lighter Georgesters for Students 7040   Stand Discretionary Scholarship	200,000 00 6,000,00	800 (to	2,000 00	
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Total 7888 - Schularyhips, Support & Awards	\$25,000,00	267,230 16	481,700-00	
1200 Salaries and Bernitz				
1737 - Contractor payments 1740 - Health Insurance povenums	15,000 00 25,000 04	31,894.52	75,000 00 50,000 00	
7241 Life Insurance	25.000 04	311 65	3,000,00	
7348 Westers Comp Insurance		140 00		
?754 - Payrall taxes		108,322 63	180,000 00	
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Total 7201 - Soleries and Benefits 7220 - Payroll taxes and benefits	1,836,450 04	E75.36	15,000 00	
7806 - General Operating Expunses		*****	13,000	
7520 - Accounting form				
66408 Payert Expenses	4,020 00	0.907 23	10,000.00	
2629 - Accounting leas - Other	\$0,000,00	45,170 00	40 000 00	
Total 7820 - Automorphing from TE21 - Bank/Herchant Food	\$4,000.00 7,000.00	54,157 53 2,401 36	20.000 00 2,500 00	
7623 - Gifte & Recognition	8,000.00	13,700 41	5,000 00	
7630 Logal fear		8,800 00	90,000 00	
7840 Speaker free	3,000-00	0.00		
8114 - Pend & beverege 8116 - Office supplies	24,000 00 9,000 00	10,339 21	18,000-00	
6117 - Program supplies	20 000 00	20,761.56	20,000.00	
6130 - Telephone & telecommunications	1,858.00	1,856.00	9,000 00	
6140 Strjapingdollverytpostope	6,000 00	4.237.80	8,000 00	
6170 Priviling & copying	7,800,00	9 087.49	12,000 00	
8100 : Simb t, tubscriptions, reference 8210 : Rand	3 000 00 78 000 00	717.36 40.308.78	2,000 00	
6262 - Computer seltvers & herstvare	25 900 00	49.875.60	45,000 00	
8278 - Daywoo, F7-S-E		3,478 00	3,000 00	
8518 - Mileoge & Off-site parking	27 000 CO	20,856 86	22,500 00	
8318 - Transportation Program related: 8317 - Field Tries	8 000 CD	3,906.24	6,000 00 4,000 00	
6328 - Travel, conferences, mortings	7,000 00 14,000 00	3.314 38 8 861.80	4,000 00 12,000 00	
8346 - Background Checks	1.500.00	\$19.00	\$60,00	
8829 - broutonce, Liability/C&D	34 000 00	24 679 41	35,000 00	
8530 - Monther ship duce & maste	4,000,00	4,184 25	12,000 do	
8540 = Staff development 8540 = Media & Outside computer Srv	6 000 00 6 800 00	8,118 37 861 00	8,000 day 2,000 day	
8565 - PayPal Pees	2 000 04	0.00	Last feet	
8670 - Advertising & Promo expense	4,900 00	37,896 68	4.000 00	
8676   Events				
8519 - Advertising 8577 - Equipment Portal	2,000 00 2,700 00	1,413.96	3,500.00	
BITS - Food & Severage	24,000 00	12,417,07	25.000 00	
BETE - Photography & AV	1,900 00	3,000 90	\$.000.00	
8680 - Printing & Copyling	5,000 00	3,134 90	8,000.00	
1681 - Cocurty		735 08	10,000,00	
662   Bhipping/Vollvery/postage 6563   Supplies	00.000.0	17 70 8,744 94	4,000,00	
1904 - Venue Rental	800 00	2,861.00	15,000 00	
8381 Entertainment and Speakers	2,900 00	4,117.00	23,000 00	
6576 Everes - Other		350.00	1,000 00	
Total 6575 - Events	49,700 00	38,301.30	135,503 00	
8500 - Difter operating expenses. 8550 - Taxon & Government Films Form	3,900 98 33,00	8 00 145 00	1e5 00	
Total 7500   General Operating Expenses	25.00	420,000.14	673.149.08	
9660 - Investment Lata		2,793 61		
Total Expense	2,450,541,04	2,100,784.78	3,100,531.66	
Het Ordersery Income	63.451 30	829,749 88	110.400 Ot 510.466.61	
Nel Income	\$6.440.0d	820,749.69	110 448.01	

# 2017-18 Budget for Reality Changers' Program in Solana Beach

\$25,000	25 students attending College Apps Academy @ \$1,000 each

\$20,000 Program Staff

\$5,000 Leadership Camp

\$2,250 Food/Activities/Supplies

\$1,500 Rent

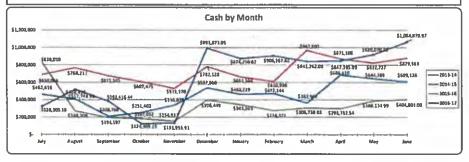
\$1,250 25 College Sweatshirts @ \$50 each

\$55,000 Total

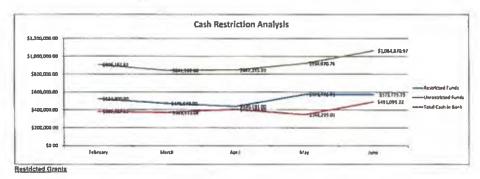
# REALITY CHANGERS June 2017 Executive Summary

			INCOM	E SUMMAR'	<u>Y.</u>				
		June		YTO				Amt,	%
Revenue Source		Revenue	June Budget	Revenue	YTO Budget	Varlance	Annual Budget	Remaining	Received
Individual / Femily F	oundations	73,728	50,000	922,426	700,000	222,426	700,000	(222,428)	132%
Corporate		25,000		204,178	125,000	79,176	125,000	(79,178)	183%
Church		171	3,000	47,122	60,000	(12,878)	60,000	12,878	79%
Competitive Grants		125,384	242,500	1,434,741	1,415,000	19,741	1,415,000	(19,741)	101%
Events		111,845		232,921	225,000	7,921	225,000	(7,921)	104%
Gifts in Kind		13,200		90,177		90,177		(90,177)	
Academy Revenue		3,547	1,000	7,017	20,000	(12.983)	20,000	12 983	35%
Funds released from	restriction			63,000		63,000			
'Grante recognized :	IS FEVERUS								
	Sub total - cath be	352,875	298,500	3,001,580	2,545,000	456,580	2,545,000	(393,580)	118%
Interest				4		4			
	"Total	352,875	298,500	3,001,584	2,545,000	456,584	2,545,000	(393,580)	11114

	June		Actual Expenses				Remaining	
	Expenses	June Budget	YTO	YTD Budget	Variance	<b>Annual Budget</b>	Amount	% Spent
Scholarships, support & awards	4,992	226,250	357,350	525,600	(168,250)	525,600	168,250	68%
Health Insurance	2,012	2,917	31,899	35,000	(3,101)	35,000	3,101	91%
Payroll, Taxes and Benefits	105,831	126,623	1,351,081	1,458,450	(105,369)	1,458,450	105,360	93%
Rent	7,055	6,000	80,309	76,000	4,309	75,000	(4,309)	106%
Events	2,651		38,391	49,700	(11,309)	49,700	11,309	77%
General Operating Expenses	38,287	20,731	321,681	316,791	4,890	316,791	(4,890)	102%
Investment Luss					-		-	
Total	150,828	382,521	2,180,711	2,459,541	(278,836)	2,459,541	278,830	89%
Net tricome	194,047	(36,021)	820,873	85,459	735,414	85,459		



	07/31/16	02/31/16	09/30/16	10/31/16	11/30/18	12/31/10	1/31/2017	2/25/2017	3/31/2017	4/30/2017	5/31/2017	6/30/2017	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Annual Total
Monthly Revenue	\$73,182	\$332,232	\$93,368	\$46,879	\$111,270	\$793,562	\$48,373	\$165,647	\$422,644	\$109,485	\$450,088	\$352,875	\$ 3,001,584
Monthly Expenses	\$97,498	\$229,026	\$152,946	\$322,327	\$132,288	\$189,852	\$198,107	\$158,111	\$170,158	\$146,476	\$217,095	\$158,828	\$ 2,180,710
<b>Total Cash Assets</b>	\$326,305	\$517,749	\$383,416	\$124,909	\$133,958	5993,873	\$874,357	\$906,168	\$841,262	\$847,396	\$920,071	\$1,064,671	



Grantor	February	March	April	June
Thrive	\$225,000.00	\$0.00	\$0.00	\$0.00
The California Wellness Foundation	\$249,000.00	\$248,640.00	\$247,920.00	\$247,600.00
The Parker Foundation	\$50,000.00	\$50,000.00	\$50,000,00	\$50,000.00
AT&T		\$173,000.00	\$134,771.00	\$33,675.75
Country Friends			\$7,500.00	\$7,500.00
Satterberg Foundation				\$200,000.00
The Caterpillar Foundation				\$15,000.00
McCarthy Family Foundation				\$20,000.00
Total	\$524,000.00	\$471,640.00	\$440,191.00	\$573,775.75

# EXTENDED TO NOVEMBER 15, 2016

Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

	roi un	20 io calendar year, or tax year beginning	and	enuing				
В	Check If applicabl	C Name of organization			D Employer ide	ntific	ation number	
	Addre	*   KEALITI CHANGERS						
	Name chang	Doing business as			26	-37	57305	
	initial return	Number and street (or P.O. box if mall is not deliver	ed to street address)	Room/suite				
	Final	2010 HMTUPPCTMV AMP CHTS					16-2222	
	termin aled	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$		2,291,983.	
	Amen	SAN DIEGO, CA 92105			H(a) Is this a gro	up ret		
	Applic tion	I F Name and address of principal officer: URX 13	TOPHER YANOV		for subordin		( )	
	pendi	SAME AS C ABOVE			1		luded? Yes No	
T	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1 ' '		st. (see instructions)	
J	Websi	e: ► REALITYCHANGERS.ORG			H(c) Group exem		,	
K	Form of	organization: X Corporation Trust Associ	iation Other	L Year			State of legal domicile, CA	
P	art I	Summary						
a)	1	Briefly describe the organization's mission or most sig	nificant activities: WE B	ELIEVE	THAT COL	LEG	E CHANGES	
Activities & Governance		EVERYTHING. WE HELP 8TH GR	RADERS WITH GP.	AS BEL	OW 2.0 BE	COM	E	
Ë	2	Check this box 🕨 📖 if the organization disconting	ued its operations or dispo	sed of more	than 25% of its n	et ass	sets.	
Š		Number of voting members of the governing body (Pa			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	3	12	
ب مع	4	Number of independent voting members of the gover	ning body (Part VI, line 1b)		viculumbu (harania	4	12	
es	5	Total number of individuals employed in calendar yea	r 2015 (Part V, Ilne 2a)			5	38	
<u> </u>	6	Total number of volunteers (estimate if necessary)	nrn: ::::::::::::::::::::::::::::::::::			6	600	
Ę.	7 a	Total unrelated business revenue from Part VIII, colum	nn (C), line 12			7a	0.	
_	b	Net unrelated business taxable income from Form 99	0-T, line 34			7b	0.	
					Prior Year	_ [	Current Year	
<u>a</u>	В	Contributions and grants (Part VIII, line 1h)		*********	1,779,03		2,096,313.	
	9	Program service revenue (Part VIII, line 2g)			55,58		22,880.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, ar	nd 7d)			4.	3.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d	c, 10c, and 11e)	1000101	"	0.	114,128.	
		Total revenue - add lines 8 through 11 (must equal Pa			1,834,62		2,233,324.	
	13	Grants and similar amounts paid (Part IX, column (A),	lines 1·3)	and the same	547,45	6.	745,774.	
	14	Benefits paid to or for members (Part IX, column (A), I	ine 4)	*********		0.1	0.	
S	15	Salaries, other compensation, employee benefits (Par	t IX, column (A), lines 5-10)		911,04			
Expenses	16a	Salaries, other compensation, employee benefits (Par Professional fundralsing fees (Part IX, column (A), line Total fundralsing expenses (Part IX, column (D), line 2	11e)			0.	0.	
Š	b	Total fundralsing expenses (Part IX, column (D), line 2	5) ► 307,0	08.		200		
ш	11/	Other expenses (Part IX, column (A), lines 118-110, 1	H·248)	*******	260,61		304,412.	
		Total expenses. Add lines 13-17 (must equal Part IX,			1,719,11		2,325,630.	
	19	Revenue less expenses. Subtract line 18 from line 12			115,50		-92,306.	
t Assets or	3			8e	ginning of Current Y		End of Year	
SSE	20				809,14		712,262.	
¥	21	Total liabilities (Part X, line 26)		11212121	150,83		146,258.	
칊	22	Net assets or fund balances. Subtract line 21 from lin	e 20		658,31	0.	566,004.	
15	arcill	Signature Block						
		illies of perjury, I declare that I have examined this return, inc				of my	knowledge and belief, it is	
tru	e, corre	t, and complete. Declaration of preparer (other than officer) i	s based on all information of w	hich preparer	has any knowledge.			
		Signature of officer						
Sig		<u></u>			Date			
He	re	CHRISTOPHER YANOV, PRES	LDENT		<del></del>			
_		V			Date Cher		-11 -570)	
n.	eal .		eparer's signature		CALL CO.		PTIN	
Pa		RICHARD HOTZ	THE	ļu	9/20/16 if		P00452784	
	parer	Firm's name CONSIDINE & CONSI			Firm's EIA		95-2694444	
US.	e Only	Firm's address 501 FIFTH AVENUE				640		
_	41	SAN DIEGO, CA 9210			Phone no.	от5	9.231.1977	
		RS discuss this return with the preparer shown above			***************************************		X Yes No	
532	001 12-	8-15 LHA For Paperwork Reduction Act Notice.	see the senerate instructi	ORS			Form 990 (2015)	

	1990 (2015) REALITY CHANGERS 26-3/5/305 Page of Will Statement of Program Service Accomplishments
d	rt III   Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
Į.	Briefly describe the organization's mission:
	THE MISSION OF REALITY CHANGERS IS TO TRANSFORM LIVES, SCHOOLS, AND
	COMMUNITIES BY PROVIDING YOUTH FROM DISADVANTAGED BACKGROUNDS WITH THE
	ACADEMIC SUPPORT, FINANCIAL ASSISTANCE, AND LEADERSHIP TRAINING TO
	BECOME FIRST GENERATION COLLEGE STUDENTS. + TO ADVANCE THIS MISSION,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
ı	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.
la	1 105 155
-	COLLEGE ASSISTANCE. REALITY CHANGERS PROVIDES ITS 12TH GRADERS WHO
	PLAN TO ATTEND A FOUR-YEAR UNIVERSITY WITH A NEW LAPTOP COMPUTER, SAT
	FEES AND PRINCETON REVIEW. WE ALSO PROVIDE PROGRAM GRADUATES WITH
	EDUCATIONAL SCHOLARSHIPS IN CASES WHERE FINANCIAL HARDSHIP WOULD
	PRECLUDE STUDENTS FROM CONTINUING HIS OR HER EDUCATION.
 b	(Code: ) (Expenses \$ 227, 224 • Including grants of \$ ) (Revenue \$
~	UCSD ACADEMIC CONNECTIONS. REALITY CHANGERS STUDENTS WHO ACHIEVE A 3.
	GPA QUALIFY TO ATTEND ACADEMIC CONNECTIONS, AN INTENSIVE, 3 WEEK
	RESIDENTIAL PROGRAM OFFERED EACH JULY BY UC SAN DIEGO. AT ACADEMIC
	CONNECTIONS, STUDENTS TAKE REAL COLLEGE CLASSES AND EARN REAL COLLEGE
	CREDIT BEFORE EVEN BECOMING SOPHOMORES IN HIGH SCHOOL, THUS CONVINCING
	THEM THAT THEY CAN ACHIEVE SUCCESS AT HIGH ACADEMIC LEVEL.
	THEM THAT THEI CAN ACHIEVE SUCCESS AT HIGH ACADEMIC DEVEL.
c	(Code: ) (Expenses \$ 50,888 a including grants of \$ ) (Revenue \$
_	SUMMER LEADERSHIP CAMP. THIS WEEK LONG SUMMER CAMP ALLOWS STUDENTS TO
_	
	MAKE TRANSFORMATIONAL DECISIONS THAT WILL IMPACT THEIR DAILY LIVES BOT
	MAKE TRANSFORMATIONAL DECISIONS THAT WILL IMPACT THEIR DAILY LIVES BOT
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	MAKE TRANSFORMATIONAL DECISIONS THAT WILL IMPACT THEIR DAILY LIVES BOT
	MAKE TRANSFORMATIONAL DECISIONS THAT WILL IMPACT THEIR DAILY LIVES BOTH INSIDE AND OUTSIDE OF THE CLASSROOM.
łd	MAKE TRANSFORMATIONAL DECISIONS THAT WILL IMPACT THEIR DAILY LIVES BOTH INSIDE AND OUTSIDE OF THE CLASSROOM.  Other program services (Describe in Schedule O.)
	MAKE TRANSFORMATIONAL DECISIONS THAT WILL IMPACT THEIR DAILY LIVES BOTH INSIDE AND OUTSIDE OF THE CLASSROOM.

# 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		7.	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2_		<u> </u>
	public office? If "Yes," complete Schedule C, Part I	з		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5		
•	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,	<u> </u>		
	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ť		<del></del>
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	No.	W/7	15000
	as applicable.	-31	1,00	OAF
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	11a	х	
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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	ļ
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	l		Į "
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_ <del>-</del>	
	complete Schedule G, Part III	19		X
		17	000	/001C)

Form **990** (2015)

			Yes	No
	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
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 27 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		х
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		
	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		х
ь	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		$\overline{}$	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	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 in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2015

Par	Statements Regarding Other IRS Filings and Tax Compliance			age
	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	TEST	173	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	153	134	1/1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	528	3.8	15
	(gambling) winnings to prize winners?	10	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	N. S.	100	
	filed for the calendar year ending with or within the year covered by this return 2a 3	100/00		100
ь	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)		0	1
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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			1,0
	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:	123		100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1500	193	1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, dld 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			١
	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	_	1
7	Organizations that may receive deductible contributions under section 170(c).	125		4
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
	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
đ	If "Yes," indicate the number of Forms 8282 filed during the year	3	11/24	15
0	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?	71		
9	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, dld the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	15.56	100	150
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	VALUE OF		IE.
а	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:		1000	-
а	Initiation fees and capital contributions included on Part VIII, line 12	350	15 5	TE.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	(RE)	100	1
11	Section 501(c)(12) organizations. Enter:	1223		
а	Gross income from members or shareholders	1990	200	15
b	Gross income from other sources (Do not net amounts due or paid to other sources against			懂
	amounts due or received from them.)	183	Die	000
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b	1385		15
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4	1-2-	
8	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.	15	1828	13
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	193	30	10
	organization is licensed to issue qualified health plans	1	100	
C	Enter the amount of reserves on hand	1000	16.	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 990 (2015) REALITY CHANGERS 26-3757305 Page
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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	····· · · · · · · · · · · · · · · · ·				X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	780	200	1						
	If there are material differences in voting rights among members of the governing body, or if the governing		-	2	- 1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		- 8		157	0.00						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		1	-						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	and the second		3		- 1						
	officer, director, trustee, or key employee?	•		2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the		-	-								
_	of officers, directors, or trustees, or key employees to a management company or other person?		- 1	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	00 was filed?		4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5	-	X						
6	Did the organization have members or stockholders?	arzı		6		X						
_	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
7 4				_		v						
	more members of the governing body?	(a do súnicosomba)		7a	_	X						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					7,7						
	persons other than the governing body?		1000	7b	CONTRACT OF	X						
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		Į.	2756	Ban.							
a	The governing body?			8a	X	_						
ь	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea											
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		_								
			-		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such ch											
	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	y before filing the for	m?	11a	X	-						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		8		Visit I	STREET, STREET,						
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 TY	es," describe										
	in 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 approve		700	286		FFE.						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	104	30	1000							
а	The organization's CEO, Executive Director, or top management official			15a	X							
Ь	Other officers or key employees of the organization			15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1		12.0	1000						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a	8		10	13.00						
	taxable entity during the year?		-	16a	1	Х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		9	IUa	15007	WC50-1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				(In	-						
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			16b	0000	10,						
Sec	exempt status with respect to such arrangements? tion C. Disclosure	THE REAL PROPERTY.		IOD		-						
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 (or 1024 if applicable), 990, and 990-T	(Section 601/a)/2\n	anlul nu	-ilah	î.							
	for public inspection, indicate how you made these available. Check all that apply.	(Section 30 (C)(S)a C	Jilly) av	allau	110							
		in Schedule O)										
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	,		tt	-1-1							
19		mict of interest polic	y, and f	ınanı	cial							
20	statements available to the public during the tax year.	-t ( - S										
20	State the name, address, and telephone number of the person who possesses the organization's bo RICHARD EVANS $-619-516-2222$	oks and records:										
		2105										
	3910 UNIVERSITY AVE SUITE 300-RC, SAN DIEGO, CA 9	2105										

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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box.	nat c	Posi heck as per	more more	than s bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual frustee or director	institutional trustee	Officer	Кеу етрізуее	Highest compensated employee	Farmer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHRISTOPHER YANOV	50.00							100 000		
FOUNDER/PRESIDENT	- 00	Х	$\vdash$	Х	<u> </u>	_	<u> </u>	126,626.	0.	0.
(2) RICHARD EVANS	5.00	١,,,								
TREASURER	F 00	X			_		<u> </u>	0.	0.	0.
(3) ROBERT FREUND CHAIRMAN	5.00	x						0.	0.	0.
(4) JUANCHO EEKHOUT	5.00			-	-		$\vdash$	0.	0.	
VICE CHAIRMAN		x					l	0.	0.	0.
(5) MADDY KILKENNY	5.00	<u> </u>	$\vdash$	$\vdash$	$\vdash$					
SECRETARY		x						0.	0.	0.
(6) MALCOLM BUND	2.00	Н	Т	Г						
DIRECTOR		х						0.	0.	0.
(7) MARYE ANNE FOX	2.00	Г		Г	П	П	П			
DIRECTOR		X					1	0.	0.	0.
(8) CHAD NELLEY	2.00			П			П			
DIRECTOR		X						0.	0.	0.
(9) ELI MORGAN	2.00									
DIRECTOR		X		L.				0.	0.	0.
(10) MARCIA BORGMAN	2.00									
DIRECTOR		X			_			0.	0.	0.
(11) CELIA LANNING	2.00									_
DIRECTOR		X	_	╙		<u> </u>	_	0.	0.	0.
(12) BEN MARTINEZ	2.00									
DIRECTOR	0.00	X		1		L	<u> </u>	0.	0.	0.
(13) HEATHER BERGMAN	2.00							0.		
DIRECTOR	2.00	X	┡	┡	H	┡	┡	<b> </b>	0.	0.
(14) EDUARDO GUERRA	2.00	x						0.	0.	
DIRECTOR		^	⊢	$\vdash$	H	-	$\vdash$	0.	0.	0.
		1								
							Г			
			Т			$\vdash$	$\vdash$			
			_							<u></u>

Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E)  Name and title Average Position Reportable Reportable	(F)
hours per week (list any (list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list any list	Estimated amount of other ompensation from the
organizations	organization and related organizations
1b Sub-total 126,626. 0. c Total from continuation sheets to Part VII, Section A 0.	0.
d Total (add lines 1b and 1c) 126,626. 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.
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	3 X 4 X
Section B. Independent Contractors	5 X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B)	(C)
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	orm <b>990</b> (2015)

	Check If Schedule O con			(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2 1 a	a Federated campaigns	1a	and the second second	Date Made	Icacina	revenue	512-514
<b>[</b> ] ' ',	b Membership dues						
	c Fundraising events	1c					
۲ ا ا	d Related organizations	1d					
	Government grants (contribution)						
	All other contributions, gifts, gra similar amounts not included ab	nts, and	,096,313. 233,085.			Ar. T	
<u> </u>	h Total. Add lines 1a-1f	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		2,096,313.			
1			Business Code			S Y	Tense Valle
2 a		CADEMY	611600	22,880.	22,880.		
2 a b	ь						
ē c	c						
מ   מ	d					<u>.</u>	
e	6						
'	f All other program service rev			22 000	5-2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		
1	g Total. Add lines 2a-2f			22,880.		200 100	s size it a Min
3	Investment income (including			3.			
	other similar amounts)			٥.			3.
4	Income from investment of ta						<del>                                     </del>
5	Royalties				NAVO - 11000	-10-10-	
		(i) Real	(ii) Personal				U BLETZER
6 a	***************************************		<del> </del>				
	b Less: rental expenses		<del> </del>				
	c Rental income or (loss)			CARLES AND			A LINE AND THE
	d Net rental income or (loss)			THE STREET	median balanca Ma	E- 10-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
' a	a Gross amount from sales of	(i) Securities	(ii) Other		W. T. C. T. S. C.		
١.	assets other than inventory		<del> </del>	La de la constantion			
"	b Less: cost or other basis and sales expenses						
١.	c Gain or (loss)						
				S			S. EUrasakusing
	d Net gain or (loss)a  Gross income from fundralsk			FR 100 (10)	table to be a second of	PROPERTY NO.	ar man contractor man
" "	including \$						
	contributions reported on line				ASSISTANCE OF THE SECOND		
			172,787.				S Nowand Lands
b	Part IV, line 18 b Less: direct expenses		58,659.		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
١,	c Net income or (loss) from fun			114,128.			114,128.
	a Gross income from garning a	_			YOUR SHOWING		114,120.
"	Part IV, line 19		,				
1 .	b Less: direct expenses						
,	c Net income or (loss) from gar	ming activities			70774	7,100	
	a Gross sales of inventory, less			THE RESERVE OF THE SECOND	Section 1	1.100	or transfer of the standards
	and allowances		.	17 21 3			
1 6	b Less; cost of goods sold						
	c Net income or (loss) from sal				Carrier San Carrier	Contract Contract	
<u> </u>	Miscellaneous Reven		Business Code		CTETO TYPE STATE	Total Calling	7 DISCORDING IN
11 a				-	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	HELD PROPERTY	A LOSSON MARKET
1	ь						
	d All other revenue						
	e Total. Add lines 11a-11d			-			1 0 3/5/5
12	Total revenue. See instructions.			2,233,324.	22,880.	0	. 114,131.
							Form 990 (2015)

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				1000
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	845 884	745 874		
	individuals. See Part IV, line 22	745,774.	745,774.		
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	-		100000000000000000000000000000000000000	
5	Compensation of current officers, directors,	126,626.	86,325.	14,312.	25,989
c	trustees, and key employees Compensation not included above, to disqualified	120,020.	00,523.	13,314,	23,707
6	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	1,018,963.	694,657	115,167	209,139
8	Pension plan accruals and contributions (include	2,020,3031	031,031	113/11/	103,1133
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,768.		28,768.	
0	Payroll taxes	101,087.	69,424.	11,249.	20,414
1	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	36,404.	4,409.	30,390.	1,605
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other, (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	51.	6.	43.	2.
2	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	66,179.	2,668.	63,511.	
17	Travel	49,099.	28,864.	1,396	18,839
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	6,138.		6,138.	
22	Depreciation, depletion, and amortization	8,072.	338.	7,734.	
23	Other expenses, Itemize expenses not covered	0,012.	550.	1,134.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	46,006.	34,497.	6,372.	5,137
ь	PUBLISHING AND MAILING	28,663.	11,000.	1,847	15,816
c	FOOD AND BEVERAGE	19,600.	12,296.	3,768.	3,536
d	EQUIPMENT	16,869.	9,577.	1 901	5,391
е	All other expenses	27,331.	5,932.	20 259	1,140
25_	Total functional expenses. Add lines 1 through 24e	2,325,630.	1,705,767.	312,855	307,008
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 if Schedule O contains a response or not	e to any lir	e in this Part X			
					(A) Beginning of year		(B) End of year
1	J				805,122.	1	396,748
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net	i manistrii i	programming the second		3	288,000
4	ŀ	Accounts receivable, net		4			
5	,	Loans and other receivables from current and for	rmer office	ers, directors,		EE 37 (5	THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
		trustees, key employees, and highest compensations	ated emplo	yees. Complete		200	
		Part II of Schedule L				5	
6	3	Loans and other receivables from other disquali		33 3			
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(	9) voluntary		THE R.	
		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
7	,	Notes and loans receivable, net	************			7	
8	3	Inventories for sale or use				8	
9		Prepaid expenses and deferred charges				9	
10	a	Land, buildings, and equipment: cost or other				AUT VI	
		basis. Complete Part VI of Schedule D	10a	50,165.			
1	b	Less: accumulated depreciation	10b	22,651.	4,021.	10c	27,514
11		Investments - publicly traded securities			"	11	
12	!	Investments - other securities. See Part IV, line 1			12		
13		Investments - program-related. See Part IV, line	11			13	
14	}	Intangible assets				14	
15	5	Other assets. See Part IV, line 11				15	
16		Total assets. Add lines 1 through 15 (must equ			809,143.	16	712,262
17	,	Accounts payable and accrued expenses			150,833.	17	146,258
18	3	Grants payable				18	
19	}	Deferred revenue				19	
20	)	Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete I	Part IV of S	chedule D		21	
22	1	Loans and other payables to current and former				No.	
		key employees, highest compensated employee	s, and dis	qualified persons.			
		Complete Part II of Schedule L			and a supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied	22	
23	1	Secured mortgages and notes payable to unrela	ated third p	arties		23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Co	implete Part X of			
		Schedule D				25	
26	3	Total liabilities. Add lines 17 through 25	*************		150,833.	26	146,258
		Organizations that follow SFAS 117 (ASC 958	), check h	ere X and		(EE)	
		complete lines 27 through 29, and lines 33 an	d 34.				
27	,	Unrestricted net assets		***************************************	563,009.	27	278,004
28		Temporarily restricted net assets			95,301.	28	288,000
29	)					29	
		Organizations that do not follow SFAS 117 (A			FEMALES IN	- 3-1 5	The second second
		and complete lines 30 through 34.					
30	)	Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or ed	quipment fu	ind		31	
32	2	Retained earnings, endowment, accumulated in				32	
		Total net assets or fund balances			658,310.	33	566,004
33	5	TOTAL TICE ADDOCTO OF TAKEN DAMPINGS					

	990 (2015) REALITY CHANGERS	26-37	57305	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
4	Tetal reveaue (must organ) Burt (III) ant year (A) II-o (C)		2 22	2 2	24
1 2	Total revenue (must equal Part VIII, column (A), line 12)	1	2,23	3,3	20
3	Total expenses (must equal Part IX, column (A), line 25)	2	4,34	$\frac{3}{2}, \frac{6}{3}$	06
4	Revenue less expenses, Subtract line 2 from line 1	3		<u>2,3</u> 8,3	
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		001	0,3	TO.
6	Net unrealized gains (fosses) on investments  Donated services and use of facilities	5	-		
7	THE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	7			
8	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa				
9	Prior period adjustments  Other spanger in not except or fined between families in School de City	8			0.
10	Other changes in net assets or fund balances (explain in Schedule O)	9			U,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		5.6	- n	0.4
Pa	column (B)) rt XII  Financial Statements and Reporting	10	301	5,0	04
	Check if Schedule O contains a response or note to any line in this Part XII			Man	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		On all	Yes	IAD
			4.1-3		100
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		250	112	35
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	-Charles	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	100		100
	separate basis, consolidated basis, or both:		13.2		
	Separate basis Consolidated basis Both consolidated and separate basis		35.33	199	Miles
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 separat	e basis,	Salet.		
	consolidated basis, or both:		7-33		
	Separate basis Consolidated basis Both consolidated and separate basis		292		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1000	200	
	review, or compliation 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 in Sch		22.5	1	S.E.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	123		MI
	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 requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015

#### SCHEDULE A

Department of the Treasury

internal Revenue Service

(Form 990 or 990-EZ)

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/farm990. Inspection

Employer Identification number

OMB No. 1545-0047

Open to Public Inspection

26-3757305

Name of the organization

REALITY CHANGERS

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 11, check only one box.) 1 L 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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 (ii) EIN (iii) Type of organization (lv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing document? organization (described on lines 1-9 support (see other support (see above (see Instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 REALITY CHANGERS 26-37573

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

Sec	ction A. Public Support		<del></del>						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	1,442,864.	1,015,041.	1,234,906.	2,162,570.	2,096,314.	7,951,695.		
_	include any "unusual grants.")	1,442,004.	1,015,041.	1,234,300.	2,102,570,	2,050,014.	7,302,033.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to			1-1					
_	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge		14 24 24			2000 211	7 051 505		
4	Total. Add lines 1 through 3	1,442,864.	1,015,041.	1,234,906.	2,162,570.	2,096,314.	7,951,695.		
5	The portion of total contributions		New Sections S			新·李子·泰山 (c)			
	by each person (other than a			2905 1720					
	governmental unit or publicly								
	supported organization) included	L							
	on line 1 that exceeds 2% of the								
	amount shown on line 11,			- A-K	production is	g right stable			
	column (f)	The second second				and believe as			
6	Public support. Subtract line 5 from line 4.						7,951,695.		
Se	ction B. Total Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	1,442,864.	1,015,041.	1,234,906.	2,162,570.	2,096,314,	7,951,695.		
8	Gross income from Interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	1,092.	1,117.	158.	4.	3.	2,374.		
9	Net income from unrelated business			-		1			
	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			State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state				7,954,069.		
12		etc /see instructi	onel			12	22,880.		
13	· ·								
10	organization, check this box and sto	-							
Se	ction C. Computation of Pub	ic Support Pe	rcentage				and the second		
14	Public support percentage for 2015			olumo (fl)		14	99.97 %		
	Public support percentage from 2014					15	99.97 %		
	a 33 1/3% support test - 2015. If the								
100	stop here. The organization qualifies						_ V		
	b 33 1/3% support test - 2014. If the	organization did no	ot chack a box on l	ing 12 or 18g and	line 15 ie 33 1/39	6 or more check th			
•									
	and stop here. The organization qualifies as a publicly supported organization								
17	10% -facts-and-circumstances test - 2015. 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 - 2014. 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 cir								
18	Private foundation. If the organization	on did not check a	oox on line 13, 16	a, 160, 1/a, or 17t					
					201	edule A (Form 990	UI 99U-EZIZU13		

# Schedule A (Form 990 or 990-EZ) 2015 REALITY CHANGERS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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	siow, piease com	pieto i alt ii.j				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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 bus- iness under section 513				:		
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		<u> </u>			<u> </u>	
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.)					Market E	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 in 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.)		l				
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	ation,
				<u></u>		<b>&gt;</b>
Section C. Computation of Publi						
15 Public support percentage for 2015 (I					15	%
16 Public support percentage from 2014					16	
Section D. Computation of Inves					149	
17 Investment income percentage for 20					17	96
18 Investment income percentage from 2 19a 33 1/3% support tests - 2015. If the					18	99
more than 33 1/3%, check this box as b 33 1/3% support tests - 2014. If the	nd stop here. Th	e organization qua	lifies as a publicly	supported organi	zation	
line 18 is not more than 33 1/3%, che	ck this box and r	stop here. The org	anization qualifies	as a publicly supp	oorled organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
532023 09-23-15				Scl	nedule A (Form 990	or 990-EZ) 2015

# Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70
3a	79	239
3b		1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
3c		
4a		10340
4b		100
4c		
5a		記が
5b 5c	(acal)	Wat Krist
7		
8		isai
_ 9a _ 9b		
90	N P	1.2
10a		
10b m 990 or 91	n.57	2015

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See Instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	<u></u>
Sect	ion 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	1 1		
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	53000		Sign metallic with
	instructions for short tax year or assets held for part of year):	363		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b	· · · · · · · · · · · · · · · · · · ·	
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	T.C. COLUMN		The state of the second second
	factors (explain in detail in Part VI):			
2		2		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	8		<u> </u>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	., .		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	5.624 3.434 14-75.21	
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	Burkey Land Control	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1	10000000000000000000000000000000000000	
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	iv-integr	sted Type III supporting area	nization (see
•	instructions).	., anogic	154 m subbound olds	a needoll (300

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-FZ) 2015 REALITY CHANGERS 26-3757305 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see Instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: a b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount I Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3l from 3f. Distributions for 2015 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2015

b

c Excess from 2013 d Excess from 2014 e Excess from 2015

#### 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/iorm990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

REALITY CHANGERS 26-3757305 Part 1 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 writin	g that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclu-	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor		
	for charitable purposes and not for the benefit of the donor or dor	or advisor, or for any other purpose confe	rring
	Impermissible private benefit?		Yes No
Par	t ii Conservation Easements. Complete if the organiza		
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).	
	Preservation of land for public use (e.g., recreation or educa	tion) Preservation of a historically	y important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structur		2c
d	Number of conservation easements included in (c) acquired after		<u> </u>
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		nization during the tax
	year >		· ·
4	Number of states where property subject to conservation easeme	ent 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 hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	iling of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation e	asements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above sa	tisfy 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 ea		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the or	rganization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of Ar	t, 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 SFAS 116 (ASC 95	58), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance o	f 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 SFAS 116 (ASC 95)	58), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa-	tion, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	***************************************	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasure	es, or other similar assets for financial gain	, prov de
	the following amounts required to be reported under SFAS 116 (4	ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	**************************************	<b>▶</b> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2015
53205 11-02-	1 -15		

		CHANGERS				26	-375	7305	Page :
Pa	rt IIII Organizations Maintaining (	Collections of A	rt, Historical 1	Treasures, or	Other	Similar .	Assets	continu	ied)
3	Using the organization's acquisition, access	ion, and other record	s, check any of th	ne following that a	ıre a sig	nificant use	of its co	llection	ltems
	(check all that apply):								
a		d		xchan <mark>ge prog</mark> ram	S				
b		е	Other						
C									
4	Provide a description of the organization's c	oliections and explai	n how they furthe	r the organization	's exem	pt purpose	in Part X	III.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or other	similar a	essets	<del></del>		
Pa	to be sold to raise funds rather than to be m	aintained as part of t	me organization's	collection?				/es	No.
1 4	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	rt X line 21	ete if the organiza	tion answered "Ye	es" on F	orm 990, P	art IV, line	9, or	
18	Is the organization an agent, trustee, custod	<u> </u>	dans for containst	and as other sone					
	on Form 990, Part X?						$\Box$	es	□ No
ь	If "Yes," explain the arrangement in Part XIII					nui Secritore	T-R	es	L NO
		and complete the to	motting table.				Δ	mount	
С	Beginning balance					1c		HOGH	
d	Additions during the year				**********	1d			
е	Distributions during the year		A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF			1e			
f	Ending balance				**********	11			
2a		orm 990, Part X, line	21, for escrow or	custodial accoun	it liability			es .	☐ No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	cplanation has bee	en provided on Pa	art XIII				
	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on	Form 990, Part IV	, line 10	),			
		(a) Current year	(b) Prior year	(c) Two years b	ack (d	I) Three years	s back (e	) Four y	ears back
18	Beginning of year balance								
þ	Contributions								
¢	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities						- 1		
	and programs								
f	Administrative expenses						_		
9	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc		(a)) held as:					
a	Board designated or quasi-endowment		_%						
þ	Permanent endowment	%							
С	Temporarily restricted endowment	%							
2-	The percentages on lines 2a, 2b, and 2c sho	•	-1111						
38	Are there endowment funds not in the posse	assion of the organiza	ation that are held	and administere	d for the	organizatio	on	E-	
	by:						Г	_	es No
	(i) unrelated organizations	onywerrencenhousethald						3a(i)	+
h	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	ations listed as mark	enternamination					3a(li)	+
4	Describe in Part XIII the intended uses of the	itions isteo as requi	red on Schedule F	16iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	(meniter)	enterining.	therese.	3b	
_	rt VI Land, Buildings, and Equipm		witherk fullds.			<del></del> -			
	Complete if the organization answere		). Part IV line 11a	See Form 990 F	Part Y lie	no 10			
	Description of property	(a) Cost or o	ther (b) Co	st or other s (other)	(c) Acc	umulated eciation	(d	) Book	value
1a	Land	`	, 543	- 1-4 (4)	Зори		12		
ь	Buildings								
c	Leasehold improvements	816		<del> -</del>					
d	Equipment			50,165.		22,651		27	,514
	********************************	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	1			_ ,	- 1		
	Other								

532053 09-21-15

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

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, Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 10,000. 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 58,660. 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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	h			
1	Total expenses and losses per audited financial statements		4-1	1	2,394,290.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25;			= 31	
а	Donated services and use of facilities	2a	10,000.	100	
Ь	Prior year adjustments	2b		I S	
C	Other losses	2c		180	
d	Other (Describe in Part XIII.)	. 2d	58,660.	-	
е	Add lines 2a through 2d			2e	68,660.
3	Subtract line 2e from line 1	onessorreia	· · · · · · · · · · · · · · · · · · ·	3	2,325,630.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			100	
а	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	2,325,630.
Pa	rt 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 ORGANIZATION FOLLOWS ACCOUNTING STANDARDS WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE STANDARDS ALSO PROVIDE GUIDANCE ON DERECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR TO BE AS OF DECEMBER 31, 2015 AND 2014, THE ORGANIZATION TAKEN IN A TAX RETURN. HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 532054 09-21-15

58,660.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 REALITY CHANGERS	26-3757305 Page 5
Schedule D (Form 990) 2015 REALITY CHANGERS  Part XIII   Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
IMI MIL, BING 25 - OTHER REGISTER	
SPECIAL EVENTS EXPENSE	58,660.
·	

### SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

REALITY	CHANGERS				26-3757	305
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV,	line 17. Form 990-E2	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundralsers) purs	ion of ion of fundra (includerofess	non-gover gover lising o ding ol ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or	□ No
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody	(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			▶			
<ol> <li>List all states in which the organization or licensing.</li> </ol>			oution	s or has been notifie	d it is exempt from r	egistration
		-				
	-11		_			-

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

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

he ar		e G (Form 990 or 990 EZ) 2015 REALITY Fundralsing Events. Complete if t		I "Voc" on Form 900. Bar		3757305 Page 2
CIL	5 10	of fundraising event contributions and g				
T			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GRADUATION		0	col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	172,787.			172,787
	2	Less: Contributions				
	3	Grass income (line 1 minus line 2)	172,787.			172,787
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	13,423.		_	13,423
	7	Food and beverages	13,858.			13,858
	8	Entertainment	7,659.			7.659
	9	Other direct expenses				7,659
	10	Direct expense summary. Add lines 4 through		mintracional distribution.		58,660
	11	Net income summary. Subtract line 10 from		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		114,12
	τι	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
Γ		\$13,500 UII 1 UIII 330 LE, RIE UE.	4.151	(b) Puil tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
_	1	Gross revenue				
Ì	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 throu	ah 5 in aahuma (d)			
	7	Direct expense summary. Add lines 2 throu	gri a in column (a)			
ļ	8	Net gaming income summary, Subtract line	7 from line 1, column (d)	*************************		
	_					
		ter the state(s) in which the organization con- the organization licensed to conduct gaming		states?		Yes I
		No," explain:		States I James Language	nanwoningon impubaten	
	_					
		ere any of the organization's gaming licenses			year?	Yes LI
Ü	III."	Yes," explain:				
	_			·		
_		9-14-15			Cabadula C (F.	orm 990 or 990-EZ) 20

Schedule G (Form 990 or 990-EZ) 2015 REALITY CHANGERS	26-3757305 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	is:
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 amou	int
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 i	
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 P 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	'art III, lines 9, 9b, 10b, 15b,

Part IV Supplemental Information (continued)	26-3757305 Pa
- Initialization	
et publication and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	
to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	

Employer identification number 26-3757305 Open to Public OMB No. 1545-0047 Inspection ¥es 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 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 (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ■ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable Part | General Information on Grants and Assistance REALITY CHANGERS (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part II

<u>2</u>

Schedule I (Form 990) (2015) (h) Purpose of grant or assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Page 2 Schedule I (Form 990) (2015) (f) Description of non-cash assistance 26-3757305 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 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. ALL RECEIPTS ARE TRACKING IN DONOR SYSTEM AND CODED AS UNRESTRICTED OR RESTRICTED. RESTRICTED GRANTS ARE PERIODICALLY REVIEWED TO MAKE SURE (d) Amount of non-cash assistance o. 745,774. (c) Amount of cash grant (b) Number of recipients 70 REALITY CHANGERS PROCEEDS USED FOR GRANT PURPOSES (a) Type of grant or assistance Schedule I (Form 990) (2015) LINE SCHOOL ASSISTANCE PART I, 532102 10-28-15 Part III

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Noncash Contributions**

OMB No. 1545-0847

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

REALITY CHANGERS

Employer identification number 26-3757305

Pai	t 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	Method of noncash contr			s
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		<del></del>	<u> </u>				
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securitles - Miscellaneous			<u> </u>				
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate · Residential			<u> </u>				
16	Real estate · Commercial							
17	Real estate - Other		<del></del>					
18	Collectibles							
19								
20	Food inventory  Drugs and medical supplies							
21								
22	Taxidermy				<u> </u>			
	Historical artifacts				<u> </u>			
23	Scientific specimens							
24	Archeological artifacts Other ► (SCHOLARSHIPS)	X		233,085.	128477			
25	Other ( BCHOHARSHIPS )	-		233,000.	LMA			
26	Other ( )							
27	Other ()				<u> </u>			
28	Other ( )	<u> </u>						
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement29				
							Yes	No
30a	During the year, did the organization receive b					4.6	150	RES.
	must hold for at least three years from the dat					200		
	exempt purposes for the entire holding period	!?	***************************************			30a		X
b	If "Yes," describe the arrangement in Part II.					915	275	
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?		******************			32a		X
b	If "Yes," describe in Part II.					1		
33	If the organization did not report an amount in	column (c) (	or a type of prope	rty for which column (a) is ch	ecked,	- 1	1	
	describe in Part II.					204		171
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule	M (Form £	990) (	2015)

532141 08-21-15

ichedule M	(Form 990) (2015) REALITY CHANGERS  Supplemental Information, Provide the information required by Part Lines 30b, 32b, and 32b, and 32b.	26-3757305	Page
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a cothis part for any additional information.	33, and whether the organiz mbination of both. Also con	ation iplete
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			_

Schedule M (Form 990) (2015)

#### SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

REALITY CHANGERS

Employer identification number 26-3757305

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLLEGE-READY BY 11TH GRADE, OFFER 12TH GRADERS YEAR-LONG TRAINING ON
COLLEGE APPLICATIONS, AND PROVIDE PROGRAM GRADS WITH ACADEMIC AND
CAREER SUPPORT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WE OFFER COLLEGE APPS ACADEMY, A FOR BENEFIT ENTERPRISE THAT SERVES ALL
STUDENTS SEEKING ADMISSION TO FOUR-YEAR UNIVERSITIES.
FORM 990, PART VI, SECTION B, LINE 11:
E-MAILED TO ALL THE MEMBERS
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEWED ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15:
REVIEWED ANNUALLY
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

# City of Solana Beach Community Grant Program Request for Financial Assistance FY 2017-18 APPLICATION

Name of Organization: Solana Beach Civic and Historical Society (SBC&HS)

Mailing Address: P. O. Box 504

City: Solana Beach

State: California

ZIP: 92075

Contact Persons: Lisa Montes

Sandy Mills

**Daytime Phone:** 858-519-6645

(cell) 619-952-0268

**Evening Phone:** 

same

same

Email address:

monteslisa1964@gmail.com

sandynew2@yahoo.com

1. W-9 must be attached

Summary of organization's budget must be attached

Proposed program budget must be attached

Financial Statements (see Application Guidelines) must be attached

- 2. A copy of the certification Nonprofit Corporation must be attached OR, California Non-profit 501(C)3 Certificate Number: <u>95-1950979</u>
  - 3. Has your organization received financial assistance from the City before? NO
  - 4. Amount requested FY 2017-2018: \$5000.00
- 5. Proposed Total Program Costs: (Includes all estimated costs to conduct proposed activity/program.) This will be an ongoing project, in that there will always be new items added to our collection, so it's difficult to estimate "Total Program Costs", Initial start-up costs will be to send 11 large scrapbooks to a professional digitizing company since these can only be handled on special machines. From then on, there will be purchase of large amounts of external hard drive space, archival acid-free paper and storage boxes for the original documents for starters. These range in price from\$6.00 to \$39.00. At this point, we do not anticipate purchase of a cradle scanner as we can use the one at the Carlsbad Library, but this might be advisable at a later date.
- 6. Title of Proposed Program/Service: "Preserving Solana Beach History by Digitalization of all our Records"
- 7. Grant funds must be used for services or materials directly associated to proposed activity. Please describe how the funds will be used: We want to convert all saved documents to digitization in order that they are preserved for posterity. To begin, we are taking all the scrapbooks which date to the beginning of Solana Beach and will then tackle other documents. On the recommendation of Sarah Dana, Archivist at the Carlsbad Library, we will

#### **SBC&HS GRANT APPLICATION - Page 2**

first outsource our digitization to The BackStage Library Works company, because of the large size of our scrapbooks. Later we hope to do much of the work ourselves or with Interns and College students. We are presently checking with other digitizing companies to get several more estimates of this cost. We will always check prices and use good sense in spending every penny! We've learned we must also purchase Liability insurance to cover workers in this project and that cost is \$650.00.We've just received a quote for the 11 large scrapbooks to be fully digitalized and preserved and that comes to \$800.00. We will be getting other quotes before we move forward.

- 8. Estimated number of S.B. residents to be served by proposed program: 13.000++ We believe our project will be available to ALL S.B. residents AND to all future researchers who want to know all about our early history.
- 9. Program Dates/Location: <u>This will be an ongoing project as there are many documents</u> that have accumulated over the past thirty-plus years and these will deteriorate and be gone forever unless they are preserved by digitization.
- 10. Anticipated Program Objectives or Accomplishments: <u>To preserve the history of our area and to save through digitalization the many years of accumulated scrapbooks, newspapers and clippings, photos, and documents of all our citizens. Currently, these materials have been housed on shelving in the Solana Beach Heritage Museum, under no protection at all. They are quickly deteriorating, yellowing and being devoured by various insects, mostly silverfish!</u>
- 11. How will the organization acknowledge the City's financial contribution to the community/beneficiaries of the proposed activity? It will enable us to begin this huge project. We'll come to City Council and report regularly on our progress due to the City's Grant contribution and we'll ask the City to put out an E-Blast about this exciting project. Copies of all the digitized records and documents will be housed at a local liibrary, with total access for all our interested residents and researchers! We also hope to have a website that will keep our community abreast of our progress.
- 12. 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 at this point, but perhaps we can use some of the SBC&HS funds to help out when special handling is needed. Solana Beach may be the first City to undertake a project such as this and once again, we will be the leaders in providing digitized historical records to all its citizens!
- 13. Will volunteers be used for the proposed program or service, and if so, will they reduce expenses? Yes, we hope to be innovative in our utilization of many volunteers! We have made contact with two colleges who want to use our project as a Service Learning Project

for students and this will be at no cost to us. We also will be available for Research Assistants and Archivists to work under the auspices of a librarian while they earn college credit. Of

#### **SBC&HS GRANT APPLICATION - Page 3**

course, some of our volunteers will be from the SBC&HS membership as they are very anxious to participate in saving our great city's history.....current to very early history.

14. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program or service be scaled back and/or is there a threshold at which it will not move forward? We will certainly try to keep this project moving forward, but it will need to be scaled back if we do not receive Grant money. We feel very impassioned by this project because we know this MUST be done or all of the saved historical photos, clippings, ad documents will be gone forever! We feel this project will be a huge benefit to the entire City of Solana Beach for now and for years to come.

Thank you for this opportunity to apply for this Grant!

### **Acknowledgment of Responsibility:**

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

**Authorized Signature of Organization** 

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

## Solana Beach Civic and Historical Society Income & Expenses July 2016 through June 2017

Income		*			30-Jun-17
	Functions				
		Barbecue	ſ	\$	960.00
		Holiday Luncheon		\$	1,470.00
		Installation Dinner		\$	676.00
		Sub Total		\$	3,106.00
	Interest			\$	33.33
		Sub Total		\$	33.33
	Sales	Holiday Bazaar		\$	7,303.90
		Photo Sales		\$	190.00
		Poinsettia Sales		\$	2,220.00
		Book Sales		\$	505.00
		Sub Total		\$	10,218.90
	Membersh			<b>\$</b>	3,325.00
		Sub Total		\$	3,325.00
)	Donations			<b>,</b> \$	3,840.00
		Sub Total		, \$	
		Jub (Ota)		Ş	3,840.00
	TOTAL II	NCOME		\$	20,523.23
F	_				
Expense	5				
		Beautification	9	\$	281.00
		Donations		\$	2,000.00
		Education		\$	3,609.99
		Functions		\$	3,523.90
		Insurance		\$	1.022.00
		Miscellaneous	9	\$	684.93
		Printing	i = 5	\$	994.45
		Postage		\$ \$ \$ \$	209.50
		Sales	5	\$	2,402.33
2		Scholarships/Sponsorshi	ips ş	\$	5,000.00
		Taxes			314.00
	TOTAL E	XPENSES		\$	20,042.10

## Solana Beach Civic and Historical Society Balance Sheet

As of June 30, 2017

		June 30, 2017
ASSETS		
Current Assets		
Checking/Savings		
SDCCU Checking	\$	4,512.34
SDCCU Money Market	*	41,575.66
SDCCU Savings		55.00
TOTAL Checking/Savings		46,143.00
TOTAL Current Assets	\$	46,143.00
LIABILITIES & EQUITY  Current Liabilities		
Restricted Grant/Memorial Funds		
S. Sprague Fund for art, community improvement	18,350.27	
Seaweeders Fund for community beautification	6,079.05	
Memorial Gifts for 4 deceased Society Leaders	4,435.00	ž.
Total Restricted Funds	28,864.32	
TOTAL Liabilities		28,864.32
Equity		
Opening Balance Equity	\$	16,511.75
Unrestricted Net Assets	Ą	-17,789.81
Net Income		481.13
Total Equity		17,278.68
TOTAL LIABILITIES & EQUITY	\$	46,143.00

## Solana Beach Civic & Historical Society Proposed Budget for 2017-18

### INCOME:

Memberships Social Outreach Activities Holiday Boutique	\$	3500 500
BBQ		
Book, Photo Sales		200
Poinsettia Sales		500
Donations Interest		1500 150
Illfelezt		130
Restricted Funds Capital:		28,864
S. Sprague Fund for art, education, community improvement Seaweeder's Fund for community beautification Memorial Fund	_	
TOTAL INCOME & RESTRICTED FUNDS	\$	35,214
EXPENSES:		
Administration/Operations		4,000
P.O.Box; Insurance; CA & IRS fees/taxes'; Supplies,		4,000
Speaker's Honorariam; Dues to outside organizations;		
Social, Community Outreach		1,500
Holiday Luncheon		·
Fall BBQ		
Annual Dinner at Tony's JaCal		
Ice Cream Social Friendraiser		
Educational Outreach		8,400
Scholarships 3000		-,
Sponsorships 2000		
School Buses 3050		
Student Booklets 350		
Community Improvements –		15,000
Fletcher Cove Community Centre		·
Post Office		
Community Beautification		
Museum Maintenance, repairs,		1,500
Memorial Project		4,335
Miscellaneous, incidentals		150
TOTAL EXPENSES	\$	34,885

01/26/17

## California State SOV Board of Equalization

**Taxpaver Name: SOLANA BEACH** 

CIVIC/HSTRCL.SOCIETY

Filing Period: 01/01/2016 to 12/31/2016

Due Date: 01/31/2017

Account Number: 25705377

Express Login Code: h621844x

For assistance during regular business hours call 1-800-400-7115 (TTY:711)

Your filing has been accepted 01/26/2017 at 11:28:38 (PT). Your payment has been submitted for processing. Your filing confirmation number is 00028656968.

1 Total Gross Sales	\$3,672.00
2 Purchases Subject to Use Tax	\$0.00
3 Total	<b>\$3,672.00</b>

#### No Deductions Entered

12 Total Taxable	Transactions	\$3,672.00

#### **District Tax**

Total District Tax	\$ 18.00
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#### **Computation Schedule for District Tax**

#### Amount Due

13 Sales and Use Tax Due	\$294.00
15 Remaining Tax Due	\$294.00
18 Total Amount Due and Pavable	\$294.00

#### Preparer Information

Preparer Name	Walter F. Oliver
Preparer Title	Treasurer
Preparer Phone Number	858-603-6060

#### Return and Payment information

Effective Date of Filing	01/26/2017 11:28:38 (PT)
Payment Method	E-Check (ACH Debit)
Bank Routing Number	322281617
Bank Account Number	*******0395
Bank Account Type	Checking
Payment Amount	\$294.00
Payment Effective Date	01/26/2017

Paid 1/26/2017



## Secretary of State Statement of Information

SI-100

(California Nonprofit, Credit Union and General Cooperative Corporations)

IMPORTANT -- Read instructions 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

 Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

Solana Beach Civic and Historical Society Post Office Box 504 Solana Beach, California 92075 V 289
Pd by ck #289

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C0445698

3.	Business	Addresses
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a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
1412 San Lucas Court	Solana Beach	CA	92075
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
Post Office Box 504	Solana Beach	CA	92075

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.

a. Chief Executive Officer/	First Name	Middle Name	Last Name			Suffix
Michele			Stribling			
Address			City (no abbreviations)	State	Zip Code	
.12 Ocean Street			Solana Beach	CA	92075	
b. Secretary	First Namo	Middle Name	Last Name			Suffix
Cindi			Clemons			
Address			City (no abbreviations)	State	Zip Code	
543 Glenmont Drive			Solana Beach	CA	92075	
c. Chief Financial Officeri	First Name	Middle Name	Last Name			Suffix
Walter		Francis	Oliver			
Address		manufacture of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	City (no abbreviations)	State	Zip Code	
1412 San Lucas Court	t		Solana Beach	CA	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	· <u> </u>		Suffix
Walter	Francis	Oliver			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	ļ
1412 San Lucas Court	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). See Instructions.

7. The Information contained herein, including in any attachments, is true and correct.

2/18/2017	Walter F. Oliver	Treasurer	
Date	Type or Print Name of Person Completing the Form	Tille	Signature

orm 990-N

Jepartment of the Treasury

nternal Revenue Service

#### **Electronic Notice (e-Postcard)**

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

OMB No. 1545-2085

2016

Open to Public Inspection

For the 2016 Calendar year, or tax year beginning 2016-07-01 and ending 2017-06-30

Check if available
Terminated for Business
Gross receipts are normally \$50,000 or less

EWebsite:

Www.solanabeachcivicandhistoricalsociety.org

F Name of Principal Officer: Walter Oliver

P O Box 504, Solana Beach,

CA. US. 92075

F Name of Principal Officer: Walter Oliver

P O Box 504, Solana Beach,

P O Box 504, Solana Beach,

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

CA. US. 92075

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filling via paper. You must file your form 990-N (e-Postcard) electronically.

Filed contineer is

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185 per junt ling

185 pull for 1201

10-29-201

#### FOR GRANT REQUIREMENTS RE FINANCIALS:

Here are the hard copies for:

- \* The California State Board of Equalization tax return (we paid \$294) for the sales taxes we collected prior to Dec. 2016
- \* The Secretary of State Statement of Information form Si-100 for 2016 2017
- \* The California Franchise Tax Board 199N-e-Postcard filing for 2016-17
- \* The IRS Electronic e-Postcard Form 990-N for 2016 (this is a copy of the filing--no confirmation in file (I found reference to it being done online)
- \* The Balance Sheet of Assets and Equity/Liability for 2016-2017
- \* The Proposed Budget for 2017- 2018
- \* The Income & Expenses sheet for 2016-17

The requirement for a W-9 does not pertain to us as it is for individuals to use.

Peggy Martin, Treasurer for SECNAS. 10-20-2017

i City of SB Grant Committee

This explanation from our

Treasurer is why there is no

W-9 Form attached to our application

Anills



## STAFF REPORT CITY OF SOLANA BEACH

TO: FROM: Honorable Mayor and City Councilmembers

Gregory Wade, City Manager

MEETING DATE: ORIGINATING DEPT: November 15, 2017 City Manager's Office

SUBJECT: Consideration of

Consideration of Resolution 2017-164 Calling Upon Congress to Continue the Existing DACA Program and Provide DACA Recipients with a Pathway to Permanent

Residence and Eventually US Citizenship

#### **BACKGROUND:**

At the request of Councilmember Zito, this item is being presented to the City Council to consider approval of a resolution to call upon Congress to continue the existing Deferred Action for Childhood Arrivals (DACA) program and provide DACA recipients with a pathway to permanent residence and eventual United States (US) citizenship. The DACA program, implemented in 2012, offered work authorization and a renewable two-year reprieve from deportation to unauthorized immigrants who were brought to the United States as children and met specific eligibility requirements. To be eligible for the DACA program, some of the requirements for applicants included having entered the United States prior to the age of 16, being enrolled in school, having earned a high school diploma or its equivalent or being an honorably discharged veteran of the United States Armed Forces or Coast Guard.

DACA recipients are commingly referred to as "Dreamers". According to the United States Citizenship and Immigration Services (USCIS), as of March 2017, some 887,000 individuals had applied for DACA and 788,000 applications had been approved. According to the Pew Research Center, there are 222,795 DACA recipients in California, more than a quarter of the program's total. Supporting communities and public schools are an important part of the successful assimilation of Dreamers into American society and into the American workforce.

This item is before the City Council to consider approval of Resolution 2017-164 (Attachment 1) calling upon Congress to continue the existing DACA program and provide DACA recipients with a pathway to permanent residence and eventually US citizenship.

CITY COUNCIL ACTIO	N:		
	-		

#### **DISCUSSION:**

On September 5, 2017, the current Administration announced that, without action by Congress to approve legislation to formally create or replace the DACA program, the current program would cease to exist within six months, or by March 2018. This announcement by the current Administration has reportedly caused panic and distress in the DACA-eligible community and for many undocumented students and families throughout California. The uncertainty over DACA is reportedly creating an atmosphere that discourages some undocumented students from attending schools, as is their legal right. Diminished attendance jeopardizes the ability of schools to prepare all students for the demands of the 21st century and success in college, career and civic life.

There are no fewer than four separate bills pending in Congress to address the DACA program, including the bipartisan "DREAM Act," sponsored by Senators Lindsey Graham (R-SC) and Richard Durbin (D-IL) to expand eligibility for conditional residency to 1.8 million immigrants, including all DACA recipients, who entered the United States before the age of 18 and who have been in the country longer than four years, and the Republican-sponsored "Recognizing America's Children Act," which would provide conditional residency for immigrants who arrived in this country before the age of 16 and who have been in the country for five years.

More than 400 Chief Executive Officers of America's largest corporations, including the CEOs of such companies as AT&T, Best Buy, Amazon, Apple, Wells Fargo, Microsoft, Facebook and Alphabet, have signed a letter calling upon President Trump to "preserve the DACA program," and calling upon Congress to "pass the bipartisan DREAM Act or legislation that provides these young people raised in our country the permanent solution they deserve." The letter signed by more than 400 CEOs states that "97% (of DACA participants) are in school or in the workforce" and that without these Dreamers, "the US economy would lose \$460.3 billion from the national GDP and \$24.6 billion in Social Security and Medicare tax contributions."

This item is before the City Council to consider calling upon Congress to continue the existing DACA program and provide DACA recipients with a pathway to permanent residence and eventually US citizenship.

#### **CEQA COMPLIANCE STATEMENT:**

Not a project as defined by CEQA.

#### FISCAL IMPACT:

There is no fiscal impact.

WORK PLAN: N/A

#### **OPTIONS:**

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

#### **DEPARTMENT RECOMMENDATION:**

This item is before the City Council to consider approval of Resolution 2017-164 calling upon Congress to continue the existing DACA program and provide DACA recipients with a pathway to permanent residence and eventually US citizenship.

#### **CITY MANAGER RECOMMENDATION:**

Approve Department Recommendation

Gregory Wade, City Manager

Attachments:

1. Resolution 2017-164

#### RESOLUTION NO. 2017-164

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SOLANA BEACH, CALIFORNIA, CALLING UPON CONGRESS TO CONTINUE THE EXISTING DACA PROGRAM AND PROVIDE DACA RECIPIENTS WITH A PATHWAY TO PERMANENT RESIDENCE AND EVENTUALLY US CITIZENSHIP

WHEREAS, the Deferred Action for Childhood Arrivals (DACA) program, implemented in 2012, offered work authorization and a renewable two-year reprieve from deportation to unauthorized immigrants who were brought to the United States as children and met specific eligibility requirements; and

WHEREAS, to be eligible for the DACA program, some of the requirements for applicants included having entered the United States prior to the age of 16, being enrolled in school, having earned a high school diploma or its equivalent or being an honorably discharged veteran of the United States Armed Forces or Coast Guard; and

WHEREAS, DACA recipients are commingly referred to as "Dreamers"; and

**WHEREAS,** according to the United States Citizenship and Immigration Services (USCIS), as of March 2017, some 887,000 individuals had applied for DACA and 788,000 applications had been approved; and

WHEREAS, according to the Pew Research Center, there are 222,795 DACA recipients in California, more than a quarter of the program's total; and

WHEREAS, supporting communities and public schools are an important part of the successful assimilation of Dreamers into American society and into the American workforce; and

WHEREAS, there are no fewer than four separate bills pending in Congress to address the DACA program, including the bipartisan "DREAM Act," sponsored by Senators Lindsey Graham (R-SC) and Richard Durbin (D-IL) to expand eligibility for conditional residency to 1.8 million immigrants, including all DACA recipients, who entered the United States before the age of 18 and who have been in the country longer than four years, and the Republican-sponsored "Recognizing America's Children Act," which would provide conditional residency for immigrants who arrived in this country before the age of 16 and who have been in the country for five years; and

WHEREAS, more than 400 Chief Executive Officers of America's largest corporations, including the CEOs of such companies as AT&T, Best Buy, Amazon, Apple, Wells Fargo, Microsoft, Facebook and Alphabet, have signed a letter calling upon President Trump to "preserve the DACA program," and calling upon Congress to "pass the bipartisan DREAM Act or legislation that provides these young people raised in our country the permanent solution they deserve; and

Resolution No. 2017-164 DACA Support Page 2 of 2

**WHEREAS**, the letter signed by more than 400 CEOs states that "97% (of DACA participants) are in school or in the workforce" and that without these Dreamers, "the US economy would lose \$460.3 billion from the national GDP and \$24.6 billion in Social Security and Medicare tax contributions."

**NOW, THEREFORE**, the City Council of the City of Solana Beach, California, does resolve as follows:

- 1. That the above recitations are true and correct.
- The City Council calls upon Congress to continue the existing DACA program and provide DACA recipients with a pathway to permanent residence and eventually US citizenship.

**PASSED AND ADOPTED** this 15<sup>th</sup> day of November, 2017, at a special meeting of the City Council of the City of Solana Beach, California by the following vote:

AYES: Councilmembers – NOES: Councilmembers – ABSENT: Councilmembers – ABSTAIN: Councilmembers –		
	MIKE NICHOLS, Mayor	
APPROVED AS TO FORM:	ATTEST:	
JOHANNA N. CANLAS, City Attorney	ANGELA IVEY, City Clerk	