

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

41

SCORE 503

**SERVICE CORPS OF RETIRED
EXECUTIVES' ASSOCIATION**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Entrepreneur & Leadership Series Start Date: 1/25/23 End Date: 1/25/24

Physical Address of Project/Program: 26442 Beckman Ct Murrieta, CA 92562

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Service Corps of Retired Executives Association

Mailing Address: 3985 University Ave

Riverside, CA 92501

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: SCORE 503 Year Founded: 1964

Website: www.inlandempire.score.org Social Media https://www.facebook.com/SCOREInlandEmpire

Number of Paid Staff: 0 Number of Volunteers: Over 10,000 Nationwide

Geographic Area(s) the Organization Serves: Nationwide

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Rick Schoenberg Title/Position: Fundraising Team Lead

Contact Person's Direct Telephone: (951) 790-6335 Contact Person's Email: richard.schoenberg@scorevolunteer.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 1964

No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 52-1067290 State Identification Number: C2640987

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

Type text here

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

NA

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

NA

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

SCORE's mission is to foster vibrant small business communities through mentoring and education. We aim to give every person the support they need to thrive as a small business owner.

Clients matter

Our clients' success is our success. The quality of their experience at SCORE is the truest measure of our success as an organization.

Small business matters

Small business drives our national economy through business formation, job creation, and wealth building. Small businesses are critical to vibrant communities in our society.

<https://www.score.org/content/mission-vision-and-values>

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 22,000	SBA	September 2021
\$ 9,000	Corona Economic Development Ctr	August 2022
\$ 3,000	San Bernardino Economic Development Ctr	August 2022
\$ 4,200	Lester, Muriel, & Edie Fraser Women Entrepreneur Fund	May 2022
\$ 3,000	Fundraising	June 2022
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Entrepreneur and Leadership Series will be tailored specifically for Temecula entrepreneurs and a will include a series of business workshops, certified mentors, expert panels, tips, resources, checklists templates, cheat sheets, workbooks and expert materials to help Entrepreneurs who have been in business 0 - 3 years navigate starting or improving a business. This unique workshop enables students to interactively work on the steps to starting or growing their business .

Students will collaborate and learn from industry leaders in the following core areas: Start Up Basics, Business Concepts, Marketing, Financial Planning and Funding. Students will participate in cohort projects to solidify their business accumen. The Series is completed with a Pitch Presentation where students can share their elevator pitch with a panel of judges comprised of community lenders and local business professionals who will score and provide valuable feedback.

Students will have access to exclusive monthly expert business panels.

Students will create and/or improve a business plan, marketing plan, elevator pitch, and a budget.

Students will also be provided an year long mentorship comprised of a team of expert mentors.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Start Up Business Training Materials Resource Kit, \$100 per participant x 150 participants. = \$15,000
 Food for 10 Days x 170 people (Participants and Workshop Team) = \$10,000
 Water and light refreshments 10 days x 170 people = \$2,000
 Marketing using social media, text services, alliance marketing = \$7,500
 5 Specialized Business Related Speaker fee and Materials \$2000 each = \$10,000 Services
 total \$44,500

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Given the important role small businesses play in the local economy, there is lot riding on the ability of business owners to bounce back from Covid's impact to improve their businesses, grow their businesss and stay in business.

The Entrepreneur and Leadership Series will be tailored specifically for Temecula entrepreneurs and a will include a series of business workshops, certified mentors, expert panels, tips, resources, checklists templates, cheat sheets, workbooks and expert materials to help Entrepreneurs who have been in business 0 - 3 years navigate starting or improving a business.

This unique workshop enables students to interactively work on the steps to starting or growing their business .

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	150 Entrepreneurs
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	84

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

SCORE Mentors is seeking \$44,500 to help Entrepreneurs 0-3 years in business via workshops certified mentor sessions, expert panels, and resources. Small businesses are the backbone of local economy. Our one-year program helps to start and grow businesses stronger in a post covid economy.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Given the important role small businesses play in the local economy, there is lot riding on the ability of business owners to bounce back from Covid's impact to improve their businesses, grow their businesses and stay in business.

SCORE Inland Empire partnered with the SBA to respond to Businesses in dire need of assistance during the pandemic by making information regarding EIDL PPP Restaurant Revitalization and Forgiveness readily available to communities in our area. Our service points for this collaboration alone totaled almost 108,000.

We are now being asked to help these businesses (a lot in dire need of our services) navigate post covid protocols and business norms this has drastically made our budget swell year over year and we are seeking financial assistance to provide the support our community is asking for.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

We serve the Temecula community via webinars and mentoring. These funds will allow us to expand our service offering to include a live in person series of workshops designed to educate and support Entrepreneurs in business 0-3 years. In doing so, this bolsters Temecula's economy through the growth of small businesses.

This ensures that we help people in business, we help their families. Then they can pay their bills, keep food on the table, and maybe even hire others. SCORE mentoring and volunteering makes changes exponentially.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)			
LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 44,500	
Amount contributed to the Project/Program by the Applicant Organization		\$ 4,500	
Other grants or funding already awarded for Project/Program, if any		\$ 0	
In-Kind match amount or volunteer credit hours estimated amount		\$ 33,600	
TOTAL REVENUE		\$ 88,100	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment			\$
Facilities/Rent/Insurance			\$
Supplies			\$15,000
Marketing			\$ 7,500
Services			\$ 10,000
Food			\$ 12,000
Other			\$
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$ 38,100
TOTAL EXPENSES			\$ 88,100
TOTAL BUDGET		\$ 88,100	\$ 88,100

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: _____ Name of Project/Program: _____

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. **Attach copies of receipts/invoices (in the same order listed in table below).**
 Start Up Business Training Materials Resource Kit. \$100 per participant x 150 participants. = \$15,000
 Food for 10 Days x 170 people (Participants and Workshop Team) = \$10,000
 Water and light refreshments 10 days x 170 people = \$2,000
 Marketing using Social media, text services, and direct marketing = \$1,500
 5 Specialized Business Related Speaker fee and Materials \$2000 each = \$10,000 Services

total \$44,500

EXPENDITURE REPORT DATED _____

Organization: _____ **Name of Project/Program:** _____
 richard.schoenberg@scorevolunteer.org

TOTAL FY 2022-2023 **Month & Year FIRST \$5,000 check**
Amount of Grant Fund Awarded: \$ _____ **was received from City: _____**

1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).
 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City
 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.

Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project
(approximate number of beneficiaries if you do not have precise number) _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024	Expenditure MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: SCORE

MAILING ADDRESS: 3985 University Ave **PHONE:** (951) 790-6335
Riverside, CA 92501 **EMAIL:** richard.schoenberg@scorevolunteer.org

PRESIDENT / AUTHORIZED OFFICER: Richard Schoenberg Fundraising Team Lead
PRINT NAME TITLE

SIGNATURE:  **DATE:** 9/12/2023
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

Service Corps Of Retired Executives Association

EIN: 52-1067290 | Herndon, VA, United States

Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.



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

Entity Status Letter

Date: 9/20/2022

ESL ID: 5156652186

Why You Received This Letter

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

Entity ID: 2640987

Entity Name: SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION

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

Important Information

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

Connect With Us

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

**WATSONRICE LLP
5 PENN PLZ, FL 19
NEW YORK, NY 10001
2124477300**

March 14, 2022

Service Corps of Retired Executives
Association
1165 Herndon Parkway, Suite 100
Herndon, VA 20170

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Baruti Bediako

Baruti Bediako, CPA

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

¹
8
In reply refer to: 0248188029 Oct. 22, 2018 LTR 4168C 52-
1067290 000000 00
00015646 BODC: TE

**SERVICE CORPS OF RETIRED EXECUTIVES
ASSOCIATION 1175 HERNDON PKWY STE 900 HERNDON VA 20170**

010718

Employer ID number: 52-1067290
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Oct. 11, 2018,
about your **tax-exempt status**.

We issued you a determination letter in July 1976, recognizing you
as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

**We also show you're not a private foundation as defined under
IRC**

Section 509(a) because you're described in IRC Sections
509(a)(1) and 170(b)(1)(A) (vi).

**Donors can deduct contributions they make to you as provided in
IRC Section 170. You're also qualified to receive tax**

deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after

the end of your annual accounting period:

- **Form 990, Return of Organization Exempt From Income Tax - Form 990EZ, Short Form Return of Organization Exempt From Income Tax Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ - Form 990-PF, Return of Private Foundation or Section 4947(a)(1)**

Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

mation return of notice for's consecutive years, we'll revoke

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248188029 Oct, 22, 2018 LTR 4168C 0 52-1067290 00000000

00015647

SERVICE CORPS OF RETIRED EXECUTIVES

ASSOCIATION 1175 HERNDON PKWY STE 900 HERNDON VA 20170

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Alolluse

Kim A. Billups, Operations Manager Accounts Management Operations 1

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 10/01, 2020, and ending 9/30, 2021

B Check if applicable: Address change, Name change, Initial return, Final short-form report, Amended return, Application pending
C SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION, 1165 HERNDON PARKWAY, SUITE 100, HERNDON, VA 20170
D Employer identification number: 52-1067290
E Telephone number: (800) 634-0245
F Name and address of principal officer: BRIDGET WESTON, SAME AS C ABOVE
G Gross receipts \$ 15,846,129.
H(a) is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If "No," attach a list. See instructions. Yes No
J Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527
K Website: WWW.SCORE.ORG
L Year of formation: 1964
M State of legal domicile: DC

Part I Summary
1 Briefly describe the organization's mission or most significant activities: PROVIDE FREE AND CONFIDENTIAL SMALL BUSINESS COUNSELING FOR ENTREPRENEURS NATIONWIDE.
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 17
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 49
6 Total number of volunteers (estimate if necessary) 6 14,032
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
8 Contributions and grants (Part VIII, line 1h) 13,726,915. 14,222,619.
9 Program service revenue (Part VIII, line 2g) 1,320,442. 1,161,776.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 50.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 715,255. 312,159.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,762,662. 15,696,554.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,740,909. 4,637,895.
16a Professional fundraising fees (Part IX, column (A), line 11e)
16b Total fundraising expenses (Part IX, column (D), line 25)
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,298,734. 10,715,485.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,039,643. 15,353,380.
19 Revenue less expenses. Subtract line 18 from line 12 723,019. 343,174.
20 Total assets (Part X, line 16) Beginning of Current Year End of Year 10,052,562. 10,399,530.
21 Total liabilities (Part X, line 26) 1,450,763. 1,454,557.
22 Net assets or fund balances. Subtract line 21 from line 20 8,601,799. 8,944,973.

Part II Signature Block

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

Sign Here
Signature of officer: BRIDGET WESTON
Date: CEO

Paid Preparer Use Only
Print preparer's name: BARUTI BEDIAKO, CPA
Preparer's signature: BARUTI BEDIAKO, CPA
Date: 3/14/22
Check self-employed if: []
PTIN: P00740658
Firm's name: WATSONRICE LLP
Firm's address: 5 PENN PLZ, FL 19, NEW YORK, NY 10001
Firm's EIN: 26-1726741
Phone no.: 2124477300

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

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

42

**SKYROCKET PEDIATRIC
THERAPY FOUNDATION**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Pediatric Development Outreach Program Start Date: 1/1/2023 End Date: 12/31/2023

Physical Address of Project/Program: Various preschools, schools, daycares, childcare, community event locations
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Skyrocket Pediatric Therapy Foundation

Mailing Address: 43406 Calle Carabana

Temecula, CA 92592

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: Skyrocket Pediatric Therapy Foundation Year Founded: August 2021

Website: www.skyrockettherapy.org Social Media: https://www.instagram.com/skyrockettherapy/

Number of Paid Staff: 0 Number of Volunteers: 10

Geographic Area(s) the Organization Serves: Southern California

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Rachel Troccoli Title/Position: Founder & Executive Director

Contact Person's Direct Telephone: (949) 350-4053 Contact Person's Email: rachel@skyrockettherapy.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 2/9/2022
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 87-2744121 State Identification Number: 4773558

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Skyrocket Pediatric Therapy Foundation (Skyrocket) is a 100% volunteer run organization that supports children with developmental disabilities and their families to help them gain access to essential developmental therapies that will improve functional life skills and enable greater participation in their social, academic, and community environments. The mission of Skyrocket is to support pediatric therapy clinics, including those providing speech-language therapy, occupational therapy, and physical therapy, through the provision of free educational opportunities and through building collaborative relationships in the community that will improve access to developmental services to children and families in need.

We are committed to providing no-cost assistance to families in Temecula by: 1) providing information about typical and atypical development; 2) facilitating community outreach; 3) providing information about services available in the community; 3) assisting families in obtaining services; 4) assisting families in accessing funding for services; 5) providing case management to families to coordinate services and ensure collaboration; 6) creating community events for the families to be able to participate and foster relationships with other families with special needs.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Pediatric Development Outreach Program sponsors social media content, free digital materials, printed materials, attendance to community events, and organized in-service events for Temecula area families, daycares, preschools, elementary schools, and healthcare providers. The information shared on social media and printed material support knowledge of developmental milestones, red flags for developmental delay, how to encourage development of communication, motor, feeding, and sensory skills, and the process for accessing and funding services for children. In-services are provided to increase the knowledge of those who work with young children regarding developmental milestones, signs of delay, and services available in the community. Local family events will be attended to help spread this information as well. We want to increase community and caregiver capacities including knowledge, skills, and resources to identify children who may have a developmental delay and who may benefit from developmental services as early as possible and ensure families are utilizing services already available in the community.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Skyrocket will use the grant funding to promote and expand the reach of the current outreach program. Funding will be used for professional design and printing services for both promotional and educational materials (brochures, flyers, signs, etc) to be provided directly to families and service providers at community events and educational in-services. Skyrocket will use grant funding to better utilize search engine optimization and targeted advertising on social and traditional media platforms to further expand reach within the Temecula community. To meet the increased interest and demand for events, Skyrocket will use grant funding to increase current educational in-service capacity to 2 free in-service events per month (24 total throughout the year). Grant funding will be used to purchase equipment and supplies needed to conduct the educational in-service presentations, as well as the cost of consultation services provided by a Speech-Language Pathologist, Occupational Therapist, Physical Therapist and Licensed Marriage & Family Therapist. Examples of these services include the development and review of educational materials, assessment tools, educational presentations, and instructional support presentations within the community. Please see attached list.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

This program will potentially benefit all Temecula residents with children 0-5 years old and even older.

More than half of California families report not receiving screenings for their children under three years old. More than two-thirds of California children who receive services start AFTER they turn three, missing out on crucial early intervention. Over 75% of families receiving services DO NOT get assistance arranging and coordinating the services. Early intervention is crucial to improving lifelong social, academic, and career outcomes for people with disabilities, but it is not being utilized as much as it could.

This program will increase the capacity of families, childcare providers, teachers, and healthcare providers to identify children as early as possible who may benefit from developmental services and give them information about how to receive and fund services.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

25,000+ families

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

10

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

This program supports all families with children and pediatric service providers in Temecula by increasing their knowledge about development, existing community resources and developmental services, and the process for accessing services. Grant funding will support the continued provision of free educational materials, free in-service events, and community events.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Skyrocket was incorporated in August 2021, so fortunately we were not impacted by COVID-19.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

This grant will allow Skyrocket to expand the current capacity and reach of our Pediatric Developmental Outreach Program. Since its inception in June of 2022, the Pediatric Outreach Program has been met by high demand, which is beyond the current capacity of our volunteers. Grant funding would allow for the expansion of the current program to meet the growing demand and to support the needs of the Temecula community.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 40,383	
Other grants or funding already awarded for Project/Program, if any	\$ 2,500	
In-Kind match amount or volunteer credit hours estimated amount	\$ 0	
TOTAL REVENUE	\$ 92,883	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$ 5,708
Facilities/Rent/Insurance		\$ 660
Supplies		\$ 46,754
Marketing		\$ 7,361
Services		\$ 32,400
Food		0
Other		\$ 0
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 0
TOTAL EXPENSES		\$ 92,883
TOTAL BUDGET	\$ 92,883	\$ 92,883

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Skyrocket Pediatric Therapy Foundation

MAILING ADDRESS: 43406 Calle Carabana

PHONE: (909) 475-7002

Temecula, CA 92592

EMAIL: info@skyrockettherapy.org

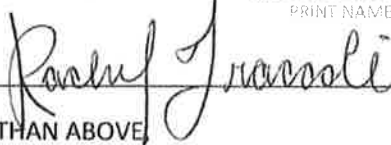
PRESIDENT / AUTHORIZED OFFICER: Rachel Troccoli

President / Executive Director

PRINT NAME

TITLE

SIGNATURE:



DATE:

9/8/2022

MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,

APPLICATION PREPARED BY:

PRINT NAME

TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

**Skyrocket Pediatric Therapy Foundation
Pediatric Development Outreach Program**

Goods, Equipment, Services to be Purchased

	Per Unit Cost	Number Required	Year Total
<u>Services</u>			
Speech-Language Pathologist Educational Presentation	450 / 3 hours	24.00	\$ 10,800
Occupational Therapist Educational Presentation	450 / 3 hours	24.00	\$ 10,800
Licensed Marriage and Family Therapist Presentation	450 / 3 hours	24.00	\$ 10,800
		Services Total	\$ 32,400
<u>Equipment</u>			
Dedicated Computer (Microsoft Surface Pro)	1349.99	3.00	\$ 4,050
Printer (HP LaserJet)	489.99	1.00	\$ 490
Projector (Kodak Luma 350)	299.99	1	\$ 300
Projector Remote (DinoFire)	15.99	1	\$ 16
Projector Case	19.99	1	\$ 20
Projector Tripod	29.99	1	\$ 30
External Battery Pack	349.99	1	\$ 350
HDMI Cables	19.99	1	\$ 20
Laptop Travel Case	54.99	3	\$ 165
Lavalier Microphone system (Tarion)	89.99	2	\$ 180
Portable Screen	86.99	1	\$ 87
		Equipment Total	\$ 5,708
<u>Supplies</u>			
Milestone Booklet Design	4500	1	\$ 4,500
Milestone Booklet Printing/ 250	836 / 250	36	\$ 30,096
Speech-Language Teacher Resources Design	3500	1	\$ 3,500
Speech-Language Teacher Resource Printing / 50	46.80 / 50	24	\$ 1,123
Sensory-Motor Teacher Resources Design	3500	1	\$ 3,500
Sensory-Motor Teacher Resource Printing / 50	46.80 / 50	24	\$ 1,123
Toner Cartridges	228.64	12	\$ 2,744
Paper Ream	6.99	24	\$ 168
		Supplies Total	\$ 46,754
<u>Marketing</u>			
Marketing Consultation	2500.00	1.00	\$ 2,500
Promotional Products	9.72	500	\$ 4,861
		Marketing Total	\$ 7,361
<u>Insurance</u>			
Liability Insurance	660 / year	1.00	\$ 660
		Expenses Total	\$ 92,883



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

SKYROCKET PEDIATRIC THERAPY FOUNDATION
43406 CALLE CARABANA
TEMECULA, CA 92592

Date:
02/08/2022
Employer ID number:
87-2744121
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
August 04, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053716002031

Dear Applicant:

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

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

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

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

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

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



[Home](#) > [Tax Exempt Organization Search](#) > [Skyrocket Pediatric Therapy Foundation](#)

[< Back to Search Results](#)

Skyrocket Pediatric Therapy Foundation

EIN: 87-2744121 | Temecula, CA, United States

Determination Letter

A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt status under the Code section the organization applied.

> Final Letters

- [FinalLetter_87-2744121_SKYROCKETPEDIATRICTHERAPYFOUNDATION_11102021_00.tif](#)

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> Tax Year 2021 Form 990-N (e-Postcard)

Tax Period:
2021 (01/01/2021 - 12/31/2021)

EIN:
87-2744121

Legal Name (Doing Business as):
Skyrocket Pediatric Therapy Foundation

Mailing Address:
43406 Calle Carabana
Temecula, CA 92592
United States

Principal Officer's Name and Address:
Rachel Troccoli

43406 Calle Carabana
Temecula, CA 92592
United States

Gross receipts not greater than:
\$50,000

Organization has terminated:
No

Website URL:
www.skyrockettherapy.org



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

Entity Status Letter

Date: 10/12/2022

ESL ID: 5217483050

Why You Received This Letter

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

Entity ID: 4773558

Entity Name: SKYROCKET PEDIATRIC THERAPY FOUNDATION

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

Important Information

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

Connect With Us

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



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO Box 1286
Rancho Cordova CA 95741-1286

SKYROCKET PEDIATRIC THERAPY FOUNDATION
ATTN: RACHEL TROCCOLI
43406 CALLE CARABANA
TEMECULA CA 92592

Date: 09.08.2022
Case: 26560798970699610
Case Unit: 26560798970699613
In reply refer to: 760:DG:F120

Regarding:	Tax-Exempt Status
Organization's Name:	SKYROCKET PEDIATRIC THERAPY FOUNDATION
CCN:	4773558
Purpose:	Charitable
R&TC Section:	23701d
Form of Organization:	Incorporated
Accounting Period Ending:	12/31
Tax-Exempt Status Effective:	08/04/2021

Exempt Acknowledgement Letter

We have received your federal determination letter and Form 3500A, *Submission of Exemption Request*, and have approved your request for California Tax-exempt status.

Under California law, Revenue and Taxation Code (R&TC) Section 23701 provides that an organization is exempt from taxes imposed under Part 11 upon submission of the federal determination letter approving the organization's tax-exempt status.

Generally, the effective date of an organization's California tax-exempt status is the same date as the federal tax-exempt status.

To retain tax-exempt status, the organization must be organized and operating for nonprofit purposes within the provisions of the above R&TC section. An inactive organization is not entitled to tax-exempt status.

In order for us to determine any effect on the tax-exempt status, the organization must immediately report to us any change in:

- Operation
- Character
- Purpose
- Name
- Address

For filing requirements, refer to FTB Pub.1068, *Exempt Organizations - Filing Requirements and Filing Fees*. Go to ftb.ca.gov and search for **1068**.

All California public benefit corporations must register with the California Attorney General's Office Registry of Charitable Trusts within 30 days of first receiving any assets.

The Attorney General regulates charities and the professional fundraisers who solicit on their behalf. The purpose of this oversight is to protect charitable assets for their intended use and ensure that the charitable donations contributed by Californians are not misapplied and squandered through fraud or other means.

Please refer to oag.ca.gov/Charities for further information on registration requirements and contact information. Also see the publication Attorney General's Guide for Charities.

This exemption is for state franchise or income tax purposes only. For information regarding sales tax exemption, contact the California Department of Tax and Fee Administration at 800.400.7115 or go to their website at cdtfa.ca.gov.

Daniel Galeazzi
Telephone: 916.845.4171
Fax: 916.364.2791

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Inspection

A For the **2021** Calendar year, or tax year beginning **2021-01-01** and ending **2021-12-31**

B Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: **SKYROCKET PEDIATRIC THERAPY
FOUNDATION**

43406 Calle Carabana,

Temecula, CA, US, 92592

D Employee Identification
Number **87-2744121**

E Website:

www.skyrockettherapy.org

F Name of Principal Officer: **Rachel Troccoli**

43406 Calle Carabana,

Temecula, CA, US, 92592

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.

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 filing via paper. You must file your Form 990-N (e-Postcard) electronically.

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

43

**SMILES BY ANGELS
FOUNDATION**



CITY OF TEMECULA
FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION

(Please Print or Type)
DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Temecula - Smiles Start Date: 12/22 End Date: 12/23

Physical Address of Project/Program: _____

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Smiles by Angels Foundation

Mailing Address: 42248 Via Nortada
Temecula, CA 92590

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Smiles by Angels
Organization: Foundation Year Founded: 2019

Website: in development Social Media: Facebook: Smiles by Angels

Number of Paid Staff: 0 Number of Volunteers: 20+

Geographic Area(s) the Organization Serves: Riverside, LA and OC counties

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Corine Peralta Title/Position: Executive Director

Contact Person's Direct Telephone: 7143282883 Contact Person's Email: corinekperalta@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 6/2019
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 841991401 State Identification Number: 4287742

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doi.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The purpose of this corporation is to empower communities and organizations to inspire hope, strength, and joy to disadvantaged and underserved children. We aim to increase support, social impact, and economic justice through empowering people and communities across our society. We will provide these services for disadvantaged, low income, neglected, delinquent, and maladjusted youths in our community. Our mission is to create and implement positive teaching methods that educates, informs, and inspires young minds. Our goal is to create program initiatives that support "at-risk" children and youths by creating positive structures in their lives that will ultimately help promote civic responsibility in the future. These educational methods will be used within our care, counseling, and mentoring programs. With encouraging lessons of good citizenship, personal accountability, and self-esteem, the foundation believes that these are essential qualities for children and youths to develop in order to live a productive, self-sufficient, happy and fulfilling life.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Temecula grant funding will provide us the means to continue, strengthen and expand our relationships with the following Temecula organizations and prioritized communities: OakGrove, Temecula Public Schools, Koinonia Family Services, Brandywood Foundation, Temecula youth of disadvantaged families, foster care, USA armed forces youth, all at-risk Temecula youth and new community outreach programs by providing new books, clothing, food, literacy based entertainment and at risk mentoring and internship programs.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Funding will be spent on continuing and expanding our book/literacy program within Temecula (planning on buying approximately 10,000 books focused on skill development, community enhancement, self-improvement, diversity, among other topics). Clothing, food and entertainment for our disadvantaged and at risk students. The expansion of internships, mentors, curriculum and tutors.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

This will offer the community a long-lasting service by teaching children valuable lessons that encourage them to be respected pillars in society. Our program will help develop life management, social skills, and increase literacy for low-income individuals that are underserved, handicapped, underprivileged, disenfranchised and disadvantaged. Our program gives underprivileged youths in our community a safe haven to express their feelings while also learning positive lessons in life. We will host events in the community that assist parents with teaching them these valuable social, emotional, and educational skills. The target group will comprise of children and youths to help to combat illiteracy, poverty, violence, and unemployment.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	50,000
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3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	50
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PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

We moved to Temecula in October 2021, and we have brought our already successful programs from LA. Now that we have found our new here in Temecula, we are eager to lay roots and expand our involvement with our new community to make a difference. Our work will demonstrate that youth and parents working together are a powerful force for improving our communities and making real change. We will provide opportunities and resources to underprivileged youths to keep them off the street, promote higher education, develop creativity and provide the tools for children to be afforded with the means to make positive change in their lives.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

We started our foundation in Los Angeles in 2019 but moved to Temecula in October 2021. Covid-19 has impacted our ability to raise funds through events and other type of campaigns; and certainly inflation has limited the cash flow available from our supporting families and organizations to keep contributing to our different programs.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

The funds from this grant will help us create new programs and partnerships with local organizations, as well as expand our already succesful partnerships with the aforementioned local organizations that we have ongoing efforts and programs.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 10000	
Other grants or funding already awarded for Project/Program, if any	\$	
In-Kind match amount or volunteer credit hours estimated amount	\$	
TOTAL REVENUE	\$ 60000	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment miscelaneous equipment to support events		\$1000
Facilities/Rent/Insurance		\$
Supplies Books and other supplies to support programs and events		\$50000
Marketing		\$
Services Various services from third-party vendors		\$3000
Food Food for kids while participating in events		\$3000
Other variable expenses due to programs and events requirements		\$3000
Staffing Expense THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$
TOTAL EXPENSES		\$60000
TOTAL BUDGET	\$60000	\$60000

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Smiles by Angels Foundation

MAILING ADDRESS: 42248 Via Nortada **PHONE:** (714) 3282883
Temecula, CA 92590 **EMAIL:** corinekperalta@gmail.com

PRESIDENT / AUTHORIZED OFFICER: Luis Peralta - President

SIGNATURE:  **DATE:** 9/8/22
PRINT NAME TITLE MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

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

DEPARTMENT OF THE TREASURY

Date: JUN 18 2020

SMILES BY ANGELS FOUNDATION
C/O LOUIS PEPALTA
925 8TH PLACE
HERMOSA BEACH, CA 90254-0000

Employer Identification Number:
84-1991401

DLN:

26053561001600

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

June 7, 2020

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

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

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

Letter 947

SMILES BY ANGELS FOUNDATION

Sincerely,



Director, Exempt Organizations
Rulings and Agreements



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: SMILES BY ANGELS FOUNDATION
File Number: C4287742
Registration Date: 06/11/2019
Entity Type: DOMESTIC NONPROFIT CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of March 18, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 19, 2021.

A handwritten signature in black ink, appearing to read "S. N. Weber", written over a horizontal line.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: YWM4XJZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Inspection

A For the **2021** Calendar year, or tax year beginning **2021-01-01** and ending **2021-12-31**

B Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: **SMILES BY ANGELS FOUNDATION**

**42248 Via Nortada Rd,
Temecula, CA, US, 92590**

D Employee Identification
Number **84-1991401**

E Website:

F Name of Principal Officer: **Luis Peralta**

**42248 Via Nortada Rd,
Temecula, CA, US, 92590**

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.

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 filing via paper. You must file your Form 990-N (e-Postcard) electronically.

HOME ABOUT MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:	SMILES BY ANGELS FOUNDATION	IRS FEIN:	841991401
Entity Type:	Public Benefit	SOS/FTB Corporate/Organization Number:	4287742
Registry Status:	Current	Renewal Due/Exp. Date:	5/15/2023
RCT Registration Number:	CT0280096	Issue Date:	7/8/2022
Record Type:	Charity Registration	Effective Date:	7/8/2022
Date of Last Renewal:		DBA:	

Mailing Address

Street: 42248 VIA NORTADA
Street Line 2:
City, State Zip: TEMECULA CA 92590

Filings & Correspondence

Founding Documents	Click on Document Type at the left to open PDF
Form RRF-1	2019
Renewal Filing	2020
Renewal Filing	2021
CT-451C 1st Delinquency Notice	Click on Document Type at the left to open PDF

Annual Renewal Data

Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2019
Accounting Period End Date:	12/31/2019
Filing Received Date:	7/25/2022
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2020
Accounting Period End Date:	12/31/2020
Filing Received Date:	7/25/2022
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2021
Accounting Period End Date:	12/31/2021
Filing Received Date:	7/25/2022
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	

Notes From Registry Staff:

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

No Related Records

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

44

**SOUTHWEST
WOMEN'S CHORUS**

CITY OF TEMECULA
FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 5000.00 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Empowering Young Women - Find Your Voice Thru Song Start Date: 05/06/23 End Date: 05/07/23

Physical Address of Project/Program: 32555 Deer Hollow Way, Temecula, CA 92592

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Southwest Women's Chorus

Mailing Address: 41145 Engelmann Oak St

Murrieta, CA 92562

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: Southwest Women's Chorus Year Founded: 2004

Website: https://southwestwomenschorus.org Social Media: Facebook, Instagram

Number of Paid Staff: 0 Number of Volunteers: 35

Geographic Area(s) the Organization Serves: Temecula, Murrieta, Wildomar, Lake Elsinore, Hemet

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Darlene (Dolly) Nickerson Title/Position: President

Contact Person's Direct Telephone: 760-716-2319 Contact Person's Email: president@southwestwomenschorus.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: _____
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 20-1694150 State Identification Number: 2670632

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

1. Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
2. Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
3. Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The Southwest Women's Chorus provides women who love to sing with the experience of performing quality choral music while empowering them through artistic growth, camaraderie and community involvement.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

"Empowering Young Women - Find Your Voice through Song", Community event. A one day seminar for female singers ages 12-18 on May 6th (middle and high school students) will be held to encourage female singers' participation in organized singing groups in middle school, high school, and beyond. A one day seminar taught by the Southwest Women's Chorus members and director including curriculum such as warm up exercises, how to practice and learn a musical number, performance techniques, and teamwork with other performers will be taught. Three songs will be learned during the seminar culminating in a performance with the Southwest Women's Chorus at the Old Town Temecula Theater on May 7, 2022. The event is meant to show how a love of singing can benefit young women during their middle and high school career and how they can benefit their communities after graduation.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Southwest Women's Chorus will use the funds for the following items:

- Rental of seminar Venue
- Sheet Music
- Meals for Participants (breakfast and lunch)
- T-Shirts for performance
- Accompanist
- Miscellaneous Office Supplies (TBD)
- Publicity for Event

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

There are approximately 20 middle schools, high schools, and charter schools located in Temecula. In addition, there are home schooled young women who do not have access to in-school vocal music programs. Southwest Women's Chorus will publicize the event to all young women ages 12-18 in the Temecula area to show the benefit and joy of singing music in a group setting.

If awarded the grant, we will offer this seminar only to Temecula School District students and Temecula residents.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	30-50
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3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	20-30
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PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

The "Empowering Young Women- Find your Voice through Song" event will teach the joy and benefit of singing with others in a group setting. This will be accomplished by teaching three songs with the Southwest Women's Chorus, culminating in a performance at the Old Town Temecula Community Theater.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Not Applicable

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

Not Applicable

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 5,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 1,500	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 0	
TOTAL REVENUE	\$ 6,500	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$
Facilities/Rent/Insurance		\$ 1500
Supplies		\$ 750
Marketing		\$ 750
Services		\$ 500
Food		\$ 750
Other Music, T-Shirts, Office Supplies, Name tags		\$ 750
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 1500
TOTAL EXPENSES		\$ 6,500
TOTAL BUDGET	\$	\$ 6,500

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: _____ Name of Project/Program: _____

FY 2021-2022 Amount of \$ _____
CSF Grant Fund Awarded: _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022	Expenditure		
			Amount	Description DESCRIBE THE EXPENDITURE	Purpose PURPOSE OF EXPENDITURE
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ if yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
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- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Southwest Women's Chorus

MAILING ADDRESS: 41145 Engelmann Oak St **PHONE:** (760) 716-2319
Murrieta, CA 92562 **EMAIL:** president@southwestwomenschorus.org

PRESIDENT / AUTHORIZED OFFICER: Darlene Nickerson President
PRINT NAME TITLE

SIGNATURE: Darlene Nickerson **DATE:** 9/5/22
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

Revised by IRS to
Correct the address

Rec'd 5/30/5

J. Paul's copy

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

DEPARTMENT OF THE TREASURY

Date: DEC 10 2004

SOUTHWEST WOMENS CHORUS
C/O WILLIAM PAISNER
30914 DEL REY RD
TEMECULA, CA 92591-1739

Employer Identification Number:
20-1694150
DLN:
17053307058034
Contact Person:
ERIC J BERTELSEN ID# 31323
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
July 23, 2004
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
June 30, 2009

Dear Applicant:

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

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

SOUTHWEST WOMENS CHORUS

Sincerely,

A handwritten signature in cursive script that reads "Lois G. Lerner".

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Addendum



Entity Status Letter

Date: 9/5/2022

ESL ID: 2162142712

Why You Received This Letter

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

Entity ID: 2670632

Entity Name: SOUTHWEST WOMEN'S CHORUS

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

Important Information

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

Connect With Us

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

California

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



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CA NONPROFIT CORPORATION

California Secretary of State
 1500 11th Street
 Sacramento, California 95814
 (916) 653-3516

For Office Use Only
-FILED-
 File No.: BA20220591819
 Date Filed: 7/29/2022

Entity Details			
Corporation Name	SOUTHWEST WOMEN'S CHORUS		
Entity No.	2670632		
Formed In	CALIFORNIA		
Street Address of California Principal Office of Corporation			
Street Address of California Office	42051 MAIN ST. TEMECULA, CA 92590		
Mailing Address of Corporation			
Mailing Address	41145 ENGLEMANN OAK STREET MURRIETA TEMECULA, CA 92562		
Attention	Dolly Nickerson		
Officers			
Officer Name	Officer Address	Position(s)	
<input checked="" type="checkbox"/> Darlene Nickerson	41145 ENGLEMANN OAK ST MURRIETA, CA 92562	Chief Executive Officer	
<input checked="" type="checkbox"/> Kiya Maxwell	45728 CORTE LOBOS TEMECULA, CA 92592	Secretary	
<input checked="" type="checkbox"/> Rhonda Maxwell	41431 BLUE BONNET CT. MURRIETA, CA 92562	Chief Financial Officer	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
<input checked="" type="checkbox"/> Marion Miller	42200 MAIN ST. #139 TEMECULA, CA 92590	Vice President	
Agent for Service of Process			
Agent Name	Darlene Nickerson		
Agent Address	41145 ENGLEMANN OAK STREET MURRIETA, CA 92562		
Email Notifications			
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.		
Electronic Signature			
<input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.			
Sara L Giampiccolo		07/29/2022	
Signature		Date	

2025 RELEASE UNDER E.O. 14176

Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:	SOUTHWEST WOMEN'S CHORUS	IRS FEIN:	201694150
Entity Type:	Public Benefit	SOS/FTB Corporate/Organization Number:	2670632

Registry Status:	Not Registered	Renewal Due/Exp. Date:
RCT Registration Number:		Issue Date:
Record Type:	Charity Registration	Effective Date:
Date of Last Renewal:		DBA:

Mailing Address

Street:	30914 DEL REY RD
Street Line 2:	
City, State Zip:	TEMECULA CA 92591

Filings & Correspondence

No Related Documents

Annual Renewal Data

No Annual Renewal Data

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

No Related Records

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

45

**SPECIAL OLYMPICS
SOUTHERN CALIFORNIA
INLAND EMPIRE**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 5000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Special Olympics Southern California - Temecula Start Date: 7/2022 End Date: 6/2023

Physical Address of Project/Program: _____
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Special Olympics Southern California
Mailing Address: 41880 Kalmia Street, Suite 140
Murrieta, CA 92562

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Special Olympics Southern California-Inland Empire Year Founded: 1996

Website: www.sosc.org/inlandempire Social Media: _____

Number of Paid Staff: 3 Number of Volunteers: 276

Geographic Area(s) the Organization Serves: Riverside & San Bernardino Counties

Geographic Area(s) the Project/Program Serves: City of Temecula and surrounding communities

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Abbey Leffler Title/Position: Development Director

Contact Person's Direct Telephone: 951-703-6502 Contact Person's Email: aleffler@sosc.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 1996
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 95-4538450 State Identification Number: 189240

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link: https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The mission of Special Olympics Southern California is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Special Olympics Sports Program	\$2500	Dec 2021	CSF
Special Olympics Sports Program	\$4750	Dec 2020	CSF
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Temecula grant funding will provide Special Olympics athletes in Temecula the opportunity to participate in our Fall and Spring sport trainings and competitions. Sports offered will include Tennis, Golf, Softball, Basketball, Bocce and new to Temecula this year Flag Football. These programs will provide sport development training free of charge for our athletes and families with the support from trained volunteers and funding from community champions like the City of Temecula and the Riverside County Sheriff's Department.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Grant funds will be used to cover facility rental fees, athlete uniforms and equipment for Basketball, Bocce and Flag Football.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Temecula Valley has a long history of community engagement with Special Olympics. This includes residents volunteering to coach and train children and adults with intellectual disabilities, law enforcement raising funds through the Law Enforcement Torch Run, local businesses sponsoring events and civic groups staffing competitions. The current sport offerings combine two very important activities that are key to individual health and well being; physical movement and social interaction. For some athletes, Special Olympics is their only opportunity to interact in an accepting and inclusive environment.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	90
--	----

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	33
---	----

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

The City of Temecula Service Funding Grant will be used to support the Special Olympics Temecula Valley Fall and Spring Season for individuals with intellectual disabilities. Funds will be used to purchase sports equipment, replace worn uniforms and purchase needed sports equipment. Participation in Special Olympics programming improves health and well-being through physical activity and social connection.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

N/A

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

N/A

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 5,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 30,241	
Other grants or funding already awarded for Project/Program, if any	\$	
In-Kind match amount or volunteer credit hours estimated amount	\$	
TOTAL REVENUE	\$ 35,241	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment	Basketball, softball, bocce, golf, tennis and flag football sports equipment	\$ 6,750
Facilities/Rent/Insurance		\$ 4,300
Supplies	Athlete uniforms	\$ 5,115
Marketing		\$
Services		\$
Food		\$
Other		\$ 600
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 18,500
TOTAL EXPENSES		\$ 35,241
TOTAL BUDGET	\$ 35,241	\$ 35,241

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT
If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Special Olympics Southern California-Inland Empire</u> <input checked="" type="checkbox"/>			Name of Project/Program: <u>Special Olympics Southern California - Temecula</u> <input checked="" type="checkbox"/>		
TOTAL FY 2022-2023			Month & Year <u>FIRST \$5,000 check</u>		
Amount of Grant Fund Awarded: \$ _____			was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
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- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
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- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Special Olympics Southern California-Inland Empire 

MAILING ADDRESS: 41880 Kalmia Street, Suite 140 PHONE: (951) 703-6502
Murrieta, CA 92562 EMAIL: aleffler@sosc.org

PRESIDENT / AUTHORIZED OFFICER: Calvin L. Lyons - President & CEO
PRINT NAME TITLE

SIGNATURE: Calvin L. Lyons DATE: Sept. 12, 2022
MONTHS, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Abbey Leffler - Development Director
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:


City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590


Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

CINCINNATI OH 45999-0038

In reply refer to: 0248188043
Jan. 21, 2022 LTR 4168C 0
-*8450 000000 00

00008519
BODC: TE




SPECIAL OLYMPICS SOUTHERN
CALIFORNIA INC
1600 FORBES WAY STE 200
LONG BEACH CA 90810-1833

024993

Employer ID number: **-***8450
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Jan. 11, 2022, about your tax-exempt status.

We issued you a determination letter in May 1996, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248188043
Jan. 21, 2022 LTR 4168C 0
-*8450 000000 00
00008520

SPECIAL OLYMPICS SOUTHERN
CALIFORNIA INC
1600 FORBES WAY STE 200
LONG BEACH CA 90810-1833

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Warren R. Burton, Operations Mgr
Accounts Management Operations 1



Entity Status Letter

Date: 9/12/2022

ESL ID: 3421079347

Why You Received This Letter

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

Entity ID: 1898240

Entity Name: SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

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

Important Information

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

Connect With Us

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

California

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

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

2020

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

A For the **2020** calendar year, or tax year beginning and ending

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

C Name of organization: **SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1600 FORBES WAY 200
 City or town, state or province, country, and ZIP or foreign postal code
LONG BEACH, CA 90810

D Employer identification number: **95-4538450**

E Telephone number: **(562) 502-1100**

G Gross receipts: **11,767,105.**

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

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

J Website: **WWW.SOSC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1995** **M** State of legal domicile: **CA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO ENABLE INDIVIDUALS WITH INTELLECTUAL DISABILITIES TO LIVE BETTER LIVES THROUGH SPORTS.**

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	55
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	55
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	85
6 Total number of volunteers (estimate if necessary)	6	749
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,594,345.	5,907,505.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	194,870.	174,289.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,882,843.	2,033,799.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,672,058.	8,115,593.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	235,199.	61,876.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,624,854.	5,801,750.
16a Professional fundraising fees (Part IX, column (A), line 11e)	34,583.	75,150.
b Total fundraising expenses (Part IX, column (D), line 25)	1,088,620.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,379,922.	2,530,165.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,274,558.	8,468,941.
19 Revenue less expenses. Subtract line 18 from line 12	3,397,500.	-353,348.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,451,693.	13,248,370.
21 Total liabilities (Part X, line 26)	629,147.	1,566,340.
22 Net assets or fund balances. Subtract line 21 from line 20	11,822,546.	11,682,030.

Part II Signature Block

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

Sign Here
 Signature of officer: *Calvin Lyons*
 Date: **31 August 2021**
 Type or print name and title: **CALVIN LYONS, CEO**

Paid Preparer Use Only
 Print/Type preparer's name: **LIZBETH G. NEVAREZ**
 Preparer's signature: *Lizbeth Nevarez*
 Date: _____
 Check if self-employed: PTIN: **P01399868**
 Firm's name: **GREEN HASSON & JANKS LLP**
 Firm's address: **700 SOUTH FLOWER STREET, SUITE 3300 LOS ANGELES, CA 90017**
 Firm's EIN: **95-1777440**
 Phone no.: **(310) 873-1600**

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

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

46

**SPEECH AND LANGUAGE
DEVELOPMENT INC.**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 10,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Developmental Screenings/Therapies for Start Date: 7/1/22 End Date: 6/30/23

Physical Address of Project/Program: 43385 Business Park Dr, #140 Temecula, CA 92590

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Speech & Language Development

Mailing Address: 43385 Business Park Dr, #140

Temecula, CA 92590 (951-383-8505)

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Speech & Language Development

Organization: _____ Year Founded: 1955

Website: www.sldc.net Social Media: https://www.facebook.com/SLDCf

Number of Paid Staff: 140 Number of Volunteers: 125

Geographic Area(s) the Organization Serves: Riverside, San Bernardino, LA, Orange Counties

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE **EXCLUSIVELY** USED TO SERVE TEMECULA.

Contact Name: Doug Vogel Title/Position: Director of Development

Contact Person's Direct Telephone: 714-821-3620 Contact Person's Email: doug.vogel@sldc.net

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 1955

No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 95-2162129 State Identification Number: CO420140

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
<https://www.ftb.ca.gov/online/self-serve-entity-status-letter/index.asp>
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The mission of Speech and Language Development Center is to provide education and therapy to children and adults with special needs in an environment that nurtures growth, inspires achievement and maximizes their potential.

We treat the child, not the disorder. This means that we adapt our approach to fit each individual. Because we have a wide range of clinical services in one location (speech, Occupational, Physical and Behavioral Therapy) our professionals are able to collaborate across all environments. This unified approach is one of the keys to our success.

We've been helping children with these challenges since 1955 in our primary location of Buena Park. With this program, we are expanding to be a help to children in Temecula.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 4800	Autism Speaks grant	July 2022
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

In this program, 80 children from poor families in Temecula Valley will receive developmental assessments, social skills classes, behavioral counseling and intervention. They'll be assessed by licensed therapists and attend sessions to help them develop their speech and communication. For the poor, the need is big. The cost for these services is much higher than the average of \$21 paid by the typical insurance. Most children develop speech and language at a normal rate. Some are delayed. When these are in poor families, the obstacles are immense. SLDC is expert in

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

The total cost of the program is \$38,312 including \$4512 for assessments and screenings, \$12,800 for social skills classes and rent. Virtually all of the assessment and session costs are to pay licensed teachers and therapists. At our facility in Temecula, we have the needed equipment and technology to offer these services. SLDC is a pioneer in the use of technology for helping children with developmental disabilities. We have a "do whatever it takes" philosophy. Our innovation has led to a credibility in the field where we help other organizations to develop solutions for their children and clients.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

There is a lack of access to these services in the Temecula Valley. Our research, conducted through Optum/United Healthcare found that families interested in these services needed to drive an average of 40 miles to reach them. We'll deliver the services IN Temecula.

The same market study found that families' insurance covers only \$21 for these social skills classes, far below the rate private providers require. We'll offer the courses for \$5 per week and have full scholarships available.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

80

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

0

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Lots of kids in TV need speech and language development. Many are in poor families that can't afford private care. We provide the needed assessments and classes for \$5 per week. Services provided by licensed professionals.

Kids catch up in speech and language development. They gain confidence. Families gain honor and harmony.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

We launched Stage 1 of our program in October 2021. The virus has an impact in two ways: physical environment and financial. For physical environment, kids were and are more cautious and concerned about the physical environment. We've made accommodations accordingly. Second, families simply have fewer financial resources, especially with high inflation tacked on.

Result: An even greater need for services like we offer at the price we offer them. Families with limited finances can participate for only \$5 per week.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL: (1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM, AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

The program is in Stage 2. In State 1, we made a presence in Temecula by leasing space and beginning to offer services. In the past year, we've provided these services to 26 children.

SLDC has committed to building out its services in the Temecula Valley over the next 3 years. We will look to continue to provide Speech Language/Behavior services to children and adults in the Region. In addition, SLDC plans to provide additional services including occupational/physical therapy and mental health/family therapy.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)			
LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 10,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 23,512	
Other grants or funding already awarded for Project/Program, if any Autism Speaks		\$ 4800	
In-Kind match amount or volunteer credit hours estimated amount		\$	
TOTAL REVENUE		\$ 38,312	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment			\$
Facilities/Rent/Insurance Leased space \$1750 per month			\$21,000
Supplies			\$
Marketing			\$
Services Licensed Teachers and Therapists			\$17,312
Food			\$
Other			\$
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$
TOTAL EXPENSES			\$38,312
TOTAL BUDGET		\$	\$38,312

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: **Speech & Language Development** Name of Project/Program: **Developmental Screenings/Therapies for** +

FY 2021-2022 Amount of \$ _____
CSF Grant Fund Awarded: _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT
If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Speech & Language Development</u>		Name of Project/Program: <u>Developmental Screenings/Therapies for</u>			
TOTAL FY 2022-2023		Month & Year FIRST \$5,000 check			
Amount of Grant Fund Awarded: \$ _____		was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Speech & Language Development

MAILING ADDRESS: 8699 Holder Street PHONE: (714) 821-3620
Buena Park, CA 90620 EMAIL: akessler@sldc.net

PRESIDENT / AUTHORIZED OFFICER: Adrienne Kessler, Executive Director
PRINT NAME TITLE

SIGNATURE: *AKessler* DATE: 10/11/2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Doug Vogel Director of Development
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: June 17, 2003

Person to Contact:
Shirley Rudolph 31-03949
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500

Speech and Language Development
Center, inc.
8699 Holder Street
Buena Park, CA 90620-3614

Fax Number:
513-263-3756
Federal Identification Number:
95-2162129
Accounting Period Ends:
June 30

Dear Sir or Madam:

This is in response to your request of June 17, 2003 regarding your organization's tax exempt status.

In July 1964 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information submitted subsequently, we classified your organization as a publicly supported organization, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(ii) of the Code. This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's purposes, character, method of operations, or sources of support have changed, please let us know so we can consider the effect of the change on the organization's exempt status and foundation status.

Revenue Procedure 75-50, published in Cumulative Bulletin 1975-2 on page 587, sets forth guidelines and record keeping requirements for determining whether private schools have racially nondiscriminatory policies as to students. Your organization must comply with this revenue procedure to maintain its tax-exempt status.

Your organization is required to file Form 990, *Return of Organization Exempt from Income Tax*, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

As of January 1, 1984, your organization is liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more the organization pays to each of its employees during a calendar year. There is no liability for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Speech and Language Development Center, Inc.
95-2162129

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on Form 990-T, *Exempt Organization Business Income Tax Return*. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



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

Entity Status Letter

Date: 9/7/2022

ESL ID: 3423479440

Why You Received This Letter

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

Entity ID: 0420140

Entity Name: SPEECH AND LANGUAGE DEVELOPMENT CENTER INC

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

Important Information

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

Connect With Us

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

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

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Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:	SPEECH AND LANGUAGE DEVELOPMENT CENTER, INC.	IRS FEIN:	9521 6212 9
Entity Type:	Public Benefit	SOS/FTB Corporate/Organization Number:	0420 140

Registry Status:	Exempt	Renewal Due/Exp. Date:	
RCT Registration Number:	019761	Issue Date:	6/30/2002
Record Type:	Charity Registration	Effective Date:	6/30/2002
Date of Last Renewal:		DBA:	

Mailing Address

Street: 8699 HOLDER STREET
 Street Line 2:
 City, State Zip: BUENA PARK CA 90620

Filings & Correspondence

1st Delinquency Notice	1st Delinquency Notice
Exempt from Registration	Exempt from Registration

2015 Raffle

App Not

2015 Raffle App Not Subject

Subject

Annual Renewal Data

Status of Filing: Accepted

Accounting
Period Begin 7/1/2001
Date:

Accounting
Period End Date: 6/30/2002

Filing Received
Date: 11/18/2002

Form RRF-1
Reject/Incomplete
Reason:

Form CT-TR-1
Reject/Incomplete
Reason:

IRS Form 990
Reject/Incomplete
Reason:

Notes From
Registry Staff:

Status of Filing:

Accounting
Period Begin
Date:

Accounting
Period End Date:

Filing Received
Date:

Form RRF-1
Reject/Incomplete
Reason:

Form CT-TR-1
Reject/Incomplete
Reason:

IRS Form 990
Reject/Incomplete
Reason:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

Prereq Type: Prerequisite Relationship: Charity
 Registrant: ENDOWMENT HORIZONS, INC.
 Registration No: [E0024891](#) Registration Type: Fundraising Event Registration Status: Complete
 Date Established: 3/9/2016 Association Date: 10/1/2015 Expiration Date: 9/30/2016

Prereq Type: Prerequisite Relationship: Charity
 Registrant: ENDOWMENT HORIZONS, INC.
 Registration No: [E0026270](#) Registration Type: Fundraising Event Registration Status: Complete
 Date Established: 3/9/2016 Association Date: 9/1/2015 Expiration Date: 8/30/2016

Prereq Type: Prerequisite Relationship: Charity
 Registrant: ENDOWMENT HORIZONS, INC.
 Registration No: [E0029268](#) Registration Type: Fundraising Event Registration Status: Complete
 Date Established: 1/26/2017 Association Date: 9/1/2016 Expiration Date: 8/30/2017

EXTENDED TO MAY 16, 2022

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

2020

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

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPEECH AND LANGUAGE DEVELOPMENT CENTER INC.		D Employer identification number 95-2162129
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8699 HOLDER ST		E Telephone number (714) 821-3620
	City or town, state or province, country, and ZIP or foreign postal code BUENA PARK, CA 90620		G Gross receipts \$ 11,519,360.
	F Name and address of principal officer: RON ROTHSCHILD 8699 HOLDER STREET, BUENA PARK, CA 90620-3		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ SLDC.NET			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1961
M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	267
	6 Total number of volunteers (estimate if necessary)	6	141
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 423,238.	Current Year 542,710.
	9 Program service revenue (Part VIII, line 2g)	11,691,804.	10,919,932.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,246.	1,613.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-75,078.	-46,696.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,054,210.	11,417,559.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,455,302.	9,339,109.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 183,643.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,072,650.	2,299,162.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,527,952.	11,638,271.
19 Revenue less expenses. Subtract line 18 from line 12	526,258.	-220,712.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,920,381.	End of Year 12,066,562.
	21 Total liabilities (Part X, line 26)	2,243,755.	3,318,181.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,676,626.	8,748,381.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ADRIENNE KESSLER, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAUREN A. HAVERLOCK	Preparer's signature LAUREN A. HAVERLOCK	Date 02/22/22	Check <input type="checkbox"/> if self-employed	PTIN P00545829
	Firm's name ▶ MOSS ADAMS LLP	Firm's address ▶ 21700 OXNARD ST, SUITE 300 WOODLAND HILLS, CA 91367	Firm's EIN ▶ 91-0189318	Phone no. 949-221-4000	

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

032001 12-23-20

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

Form **990** (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Breadcrumb Region

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3. Speech And Language Development Center Inc.

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Speech And Language Development Center Inc.

EIN: 95-2162129 | Buena Park, CA, United States

Other Names

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Copies of Returns (990, 990-EZ, 990-PF, 990-T)

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

Tax Year 2020 Form 990

Tax Year 2019 Form 990

Tax Year 2019 Form 990

Tax Year 2018 Form 990

Tax Year 2017 Form 990

Tax Year 2016 Form 990

Page Last Reviewed or Updated: 20-November-2020

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FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

47

SPERO VINEYARDS INC.

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 37,100.00 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: _____ Start Date: 1-1-23 End Date: 12-1-23

Physical Address of Project/Program: 32250 Vista Del Monte, Temecula CA 92591
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Spero Vineyards, Inc.
Mailing Address: 2076 Lincoln Avenue
Pasadena, CA 91103

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Spero Vineyards, Inc.

Organization: _____ Year Founded: 2014

Website: www.sperovineyards.org Social Media: Facebook/Instagram

Number of Paid Staff: 0 Number of Volunteers: 15+

Geographic Area(s) the Organization Serves: Temecula Wine Country

Geographic Area(s) the Project/Program Serves: Temecula (in partnership with City of Temecula)

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Mark Woodsmall Title/Position: President

Contact Person's Direct Telephone: 213.605.2345 Contact Person's Email: sperovineyards@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: _____
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 46-5288314 State Identification Number: 3647270

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

1. Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
2. Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
3. Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Spero Vineyards is dedicated to creating meaningful workforce development and training for our areas young adults with disabilities who have an interest in careers in Temecula's thriving wine and hospitality industries.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM** IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Spero Vineyards, in partnership with the City of Temecula's Global Citizens program, has created a hands on environment where students can learn and practice their skills on a working vineyard and winery. Student participants receive instruction in the history, science, hospitality, business/marketing, and agriculture aspects of the wine making business. Spero has proudly served eight annual classes of students since its founding in 2014. Program alumni now work with current students creating a cycle of successful outcomes.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

The requested funding will expand Spero's ability to provide essential training in wine lab practices. The goal will be to develop a "hands-on" working lab designed to train students in wine lab basics and best practices. Working together with the City's community services division, purchased equipment will be used in conjunction with an expanded curriculum offering. Currently, the curriculum only covers essential elements of viticulture and hospitality.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

It is our belief that meaningful workforce preparation for the City's youth must include, on a representative basis, individuals with disabilities. Non-disabled youth can readily pursue career exploration though regional classes and vocational programs. These programs are traditionally not easily navigable for individuals with disabilities. Hands on training for youth with disabilities must be specially created and managed to ensure accessibility and sometimes accommodated for unique learning styles. Outside of Spero, in partnership with the City, these learning opportunities do not exist on any large scale for Temecula area residents. We are presently unaware of any program in the City or region that provides wine lab training for individuals with disabilities.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	15-30+
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	10 (wine lab)

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Spero is a proven and reliable partner in Temecula. Since 2014, the program, in partnership with the City, has graduated eight classes of Temecula area students, all given the opportunity to pursue their career development dreams in the winemaking industry. These opportunities simply do not exist for individuals with disabilities unless specifically planned and created to serve the unique learning needs of our students in a safe and structured environment. The wine lab curriculum will be a first of its kind innovation and will expand necessary training opportunities for Temecula's young people.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Spero exists with the generous support of our community partners and friends including: The Spero team; Greg Pennyroyal and Wilson Creek; Temecula Small Growers and Ponte. However, the cost of maintaining the facility and expanding the curriculum is daunting. The pandemic displaced a significant portion of our volunteer and donor base as many were obligated to prioritize their spending and volunteer hours. Many volunteers were unable to serve in person due to pandemic related restrictions. Rising water, fuel and vineyard management costs all threaten the program. Despite these challenges, the program continued throughout the pandemic offering our young people hope and programming when most other programs shut down or paused operations. Spero continued without interruption, albeit, by distance methods. Please see attached.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

The wine lab curriculum will be a first of its kind innovation and will expand necessary training opportunities for Temecula's young people. Spero advances on a "Teach Me to Fish" paradigm. That is, our young people will live more fulfilling and productive lives if given the opportunity to learn skills that are in high demand by our area employers. These jobs pay well and provide opportunities for our students to earn a living wage. Many of our students have unique gifts in science and mathematics. The lab curriculum will allow us to offer next level skill training to students who are hungry for opportunities for learning while also helping the program meet the rising costs of operation for all program elements.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)			
LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 37,100	
Amount contributed to the Project/Program by the Applicant Organization		\$ 28,000	
Other grants or funding already awarded for Project/Program, if any		\$ 0.00	
In-Kind match amount or volunteer credit hours estimated amount		\$ 8,500	
TOTAL REVENUE		\$ 73,600	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment			\$23,100.00
Facilities/Rent/Insurance			\$28,000.00
Supplies			\$6,000.00
Marketing			\$2,000.00
Services			\$14,000.00
Food			\$500.00
Other			\$
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$
TOTAL EXPENSES			\$73,600.00
TOTAL BUDGET		\$	\$73,600.00

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: Spero Vineyards, Inc. Name of Project/Program: _____

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT
If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant In FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (In the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
 Attn: City Manager's Dept. "CSF-Reinvestment In Temecula"

EXPENDITURE REPORT DATED _____					
Organization: Spero Vineyards, Inc.		Name of Project/Program: _____			
TOTAL FY 2022-2023		Month & Year FIRST \$5,000 check			
Amount of Grant Fund Awarded: \$ _____		was received from City: _____			
1. Is this Expenditure Report to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Spero Vineyards, Inc.

MAILING ADDRESS: 2076 Lincoln Avenue PHONE: (213) 605-2345
Pasadena, CA 91103 EMAIL: sperovineyards@gmail.com

PRESIDENT / AUTHORIZED OFFICER: Mark Woodsmall, President
PRINT NAME TITLE

SIGNATURE:  DATE: 9-12-2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



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

Entity Status Letter

Date: 9/20/2022

ESL ID: 1893679427

Why You Received This Letter

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

Entity ID: 3647270

Entity Name: SPERO VINEYARDS, INC.

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

Important Information

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

Connect With Us

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

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

48

TEDx TEMECULA

**AKA INLAND VALLEY BUSINESS
& COMMUNITY FOUNDATION**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 5,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION
TEDxTemecula

Project/Program Title: _____ Start Date: 9/24/22 End Date: 9/24/22

Physical Address of Project/Program: Old Town Temecula Community Theater
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: IVBCF dba TEDxTemecula

Mailing Address: 40497 Windsor Rd
Temecula, CA 92591

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant IVBCF dba TEDxTemecula

Organization: _____ Year Founded: 2012

Website: tedxtemecula.com Social Media: fb.com/tedxtemecula

Number of Paid Staff: 0 Number of Volunteers: 20

Geographic Area(s) the Organization Serves: Temecula and outlying areas

Geographic Area(s) the Project/Program Serves: Temecula and outlying areas

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Jim McLaughlin Title/Position: Organizer

Contact Person's Direct Telephone: 951-225-2179 Contact Person's Email: jim@tedxtemecula.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 2008
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 26-4018866 State Identification Number: _____

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The TEDxTemecula conference is a platform for drawing attention to Temecula by highlighting incredible people in and around Temecula, and beyond. We find 6-8 people every year and gain the alignment and contribution of like-minded people and businesses through the area to help host an event like none other. The conference is held at the beautiful and intimate Old Town Temecula Community Theater.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
TEDxTemecula	\$2500	2022-2023	Economic Develop
TEDxTemecula	\$2500	2021-2022	Economic Develop
TEDxTemecula	\$2500	2020-2021	Economic Develop
TEDxTemecula	\$1000	2021-2022	Council Member
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

TEDxTemecula is an annual, one-day event held the last Saturday in September. Temecula resident, Jim McLaughlin, has acquired a license from TED Conferences LLC (TED) to do so since 2012, with renewal happening each year based on several factors including audience feedback via survey conducted by TED and videos of the talks beng recorded and uploaded to TED. We have received well over 2 million views.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Funding will be used to offset the cost of lunch provided to our audience, the speakers, and the volunteers. Other costs are program printing and other printing needs for promotion of the event, and table and chair rental for the theater courtyard, and video production.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

The event will draw people into Old Town on the day of the event to see a unique event. Following the event, many will do business at local restaurants and retail establishments, providing revenues to the City. In addition, the recorded talks will have the TEDxTemecula logo prominently displayed on stage, providing exposure to the City.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	all
--	-----

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	20
---	----

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

TEDxTemecula is an event that draws attention around the world through the power of the TED platform. All videos have TEDxTemecula prominently displayed throughout the talks. Beyond global visibility and the connection to a highly valued brand, the event itself is high in quality and draws an eclectic group of Temeculans, and others, to be exposed to new ideas and innovations. We're all proud that Temecula has its own TEDx event.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)			
LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 5,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 15,000	
Other grants or funding already awarded for Project/Program, if any		\$ 2500	
In-Kind match amount or volunteer credit hours estimated amount		\$ 2100	
TOTAL REVENUE		\$ 24,600	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment			\$1600
Facilities/Rent/Insurance			\$3000
Supplies			\$2500
Marketing			\$12000
Services			\$2500
Food			\$3500
Other			\$3000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$0
TOTAL EXPENSES			\$24,600
TOTAL BUDGET		\$24,600	\$

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: IVBCF dba TEDxTemecula Name of Project/Program: TEDxTemecula

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living In 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>IVBCF dba TEDxTemecula</u>			Name of Project/Program: <u>TEDxTemecula</u>		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes _____ or No _____ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No _____ or Yes _____ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: IVBCF dba TEDxTemecula

MAILING ADDRESS: 40497 Windsor Rd **PHONE:** (951) 225-2179
Temecula, CA **EMAIL:** jim@tedxtemecula.com

PRESIDENT / AUTHORIZED OFFICER: Jim McLaughlin

SIGNATURE:  **DATE:** 09-12-2022
PRINT NAME TITLE MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

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

DEPARTMENT OF THE TREASURY

Date: **JUN 03 2010**

INLAND VALLEY BUSINESS AND
COMMUNITY FOUNDATION INC
29970 TECHNOLOGY DR STE 211
MURRIETA, CA 92563-2649

Employer Identification Number:
26-4018866
DLN:
17053356346039
Contact Person:
FAITH E CUMMINS ID# 31534
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
November 12, 2008
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Letter 947 (DO/CG)

fec 5/28/10

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization: INLAND VALLEY BUSINESS AND COMMUNITY FOUNDATION IN
Number and street (or P. O. box, if mail is not delivered to street address): 40335 Winchester rd suite E
City or town, state or province, country, and ZIP or foreign postal code: Temecula, CA 92591

D Employer identification number: 26-4018866
E Telephone number
F Group Exemption Number

Accounting Method: [] Cash [X] Accrual Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Website: WWW.IVBCF.COM

tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no.) [] 4947(a)(1) or [] 527

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

Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$18,447

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received: 4,500. Row 2: Program service revenue including government fees and contracts: 13,895. Row 3: Membership dues and assessments. Row 4: Investment income: 52. Row 5a: Gross amount from sale of assets other than inventory. Row 5b: Less: cost or other basis and sales expenses. Row 5c: Gain or (loss) from sale of assets other than inventory. Row 6: Gaming and fundraising events. Row 6a: Gross income from gaming. Row 6b: Gross income from fundraising events. Row 6c: Less: direct expenses from gaming and fundraising events. Row 6d: Net income or (loss) from gaming and fundraising events. Row 7a: Gross sales of inventory, less returns and allowances. Row 7b: Less: cost of goods sold. Row 7c: Gross profit or (loss) from sales of inventory. Row 8: Other revenue. Row 9: Total revenue: 18,447. Row 10: Grants and similar amounts paid. Row 11: Benefits paid to or for members. Row 12: Salaries, other compensation, and employee benefits. Row 13: Professional fees and other payments to independent contractors: 2,325. Row 14: Occupancy, rent, utilities, and maintenance. Row 15: Printing, publications, postage, and shipping: 1,351. Row 16: Other expenses: 17,746. Row 17: Total expenses: 21,422. Row 18: Excess or (deficit) for the year: -2,975. Row 19: Net assets or fund balances at beginning of year: 4,423. Row 20: Other changes in net assets or fund balances. Row 21: Net assets or fund balances at end of year: 1,448.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
3 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
4 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.		No
5a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
5 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		No
7a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		No
3a 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?		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b _____	
9 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a _____	
b Gross receipts, included on line 9, for public use of club facilities	39b _____	
Ja 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	40b	No
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	40e	No

1 List the states with which a copy of this return is filed. ▶ _____

2a The organization's books are in care of ▶ MARIE WAITE Telephone no. ▶ (951) 696-4903
 Located at ▶ 28820 VIA NORTE VISTA Murrieta, CA ZIP + 4 ▶ 92563

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____	42b	No
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 U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	No

3 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** _____

	Yes	No
4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
5b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

49

TEMECULA

PLAY & LEARN SCHOOL INC.

(PALS)

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000.00 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION
Project/Program Title: Temecula Play And Learn School
PALS Budget Relief Start Date: 9 - 6 - 22 End Date: 6 - 9 - 23
Physical Address of Project/Program: 42690 Margarita Rd. Temecula, Ca. 92592
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS
If Grant is Awarded, Make Check Payable to: Temecula Play And Learn School (P.A.L.S.)
Mailing Address: 42690 Margarita Rd.
Temecula, Ca. 92592

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Temecula Play And Learn
Organization: School (P.A.L.S.) Year Founded: 1991
Website: www.temeculapals.org Social Media: Temecula Play and Learn - PALS
Number of Paid Staff: One teacher/director Number of Volunteers: 40 volunteers
Geographic Area(s) the Organization Serves: Primarily Temecula, as well as surrounding areas
Geographic Area(s) the Project/Program Serves: Primarily Temecula
NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.
Contact Name: Andrea Borrell Title/Position: Teacher/Director
Contact Person's Direct Telephone: (951)551-3490 Contact Person's Email: ab_pals@hotmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 12 - 91
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0474430 State Identification Number: 1804754

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Our mission at P.A.L.S. is to provide a safe and nurturing environment wherein the teacher and parents work together to teach children through play-based instruction. We believe in a developmental philosophy which promotes successful growth socially, emotionally, cognitively and physically as we prepare our students for Kindergarten. Parent involvement is required in this strong, family-based school community. We strive to educate both students and parents during the most formidable years of a child's life.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 10,000.00	Marjorie Mosher Schmidt Foundation	2020 - 2021
\$ 5,000.00	Marjorie Mosher Schmidt Foundation	2021 - 2022
\$ 2,000.00	Millipore	2021 - 2022
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Temecula Play And Learn School is a non-profit parent participation preschool serving any and all families with children ages 3 - 5. We have been successfully operating this co-op preschool since 1991, meeting our budget each year. Our esteemed reputation in this city, combined with our thorough set of By-Laws and state licensing regulations, have ensured our longevity. Our current teacher/director has been with us for over 20 years, providing consistency and stability to the program. She was named the 2018 North American Preschool Teacher of the Year by Discovery Toys, and received a Proclamation from the City of Temecula in 2012 naming a day after her. The community loves P.A.L.S.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

If awarded any amount, PALS will first and foremost invest the grant money in meaningful ways to support the early educational needs of our co-op, including a quality classroom and outdoor environment (we rent from Temecula United Methodist Church), learning materials, educational toys, school supplies, and parent training. The maximum amount would allow us to update worn down classroom furniture, and invest in office equipment, educational field trips, special school events, and new playground equipment. If able to, we would love to build a new sandbox and purchase a new shade cover for our outdoor play area.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Our membership is primarily made up of Temecula families. We are the longest running co-op preschool in Temecula. We are able to offer a non-profit program because our parent volunteers give of their TIME in order to pay less in tuition. For many, this makes preschool possible for their children. Funding will not only enable P.A.L.S. to continue providing educational programming to our families, but will also allow for the highest levels of safety and comfort for some of Temecula's most precious resources...our little ones!

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	30 families
---	--------------------

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	40 families
--	--------------------

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Temecula Grant Funding will support a loved non-profit co-op preschool that has been a part of this community for over thirty years. Our doors are open to all families wishing to be an integral part of their children's first school experience. Such funding will greatly enrich this unique school program.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

In March of 2020, we had to stop all in-person learning and our school doors remained closed until March of 2021. During that time, we created a distance-learning program for our families. When we started our 2020-2021 school year, we only received half the number of families that we typically serve. When we went to in-person learning in March of 2021, we kept our numbers low for safety reasons. It was challenging to take care of our school expenses. Now that the pandemic is under control, P.A.L.S. has been able to increase its enrollment once again, which also increases the need for financial support.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

As a non-profit, we create an annual budget to meet our needs for the school year. We rely on tuition, fundraising, personal donations, and community support to be successful. Having additional funds from grants helps us to continue our existing program as well as expand it. We can continue to offer our families a safe environment, quality school supplies, equipment and furniture, field trip experiences, special events, and educational opportunities for both the students and parents that we would not otherwise be able to afford. We can go beyond our needs and focus on some of our wants. This enriches our program not just in the present, but also in the future as new families join us.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 41,609	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 0	
TOTAL REVENUE	\$ 91,609	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$8,600
Facilities/Rent/Insurance		\$22,910
Supplies		\$7,920
Marketing		\$100
Services		\$5,510
Food		\$2,700
Other		\$2,225
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$41,609.00
TOTAL EXPENSES		\$91,574.00
TOTAL BUDGET	\$91,609.00	\$91,574.00

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: Temecula Play And Learn School (P.A.L.S.) Name of Project/Program: Temecula Play And Learn School PALS Budget Relief

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022	Expenditure		
			Amount	Description DESCRIBE THE EXPENDITURE	Purpose PURPOSE OF EXPENDITURE
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		

EXPENDITURE TOTAL \$ EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Temecula Play And Learn School (P.A.L.S.)

MAILING ADDRESS: 42690 Margarita Rd. **PHONE:** (951) 551-3490
Temecula, Ca. 92592 **EMAIL:** ab_pals@hotmail.com

PRESIDENT / AUTHORIZED OFFICER: Andrea Borrell Teacher/Director
PRINT NAME TITLE

SIGNATURE: *Andrea Borrell* **DATE:** 9 - 9 - 2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



HELP ⓘ

MENU ☰

[Home](#) > [Charities and Non-Profits](#) > [Search for Charities](#) > Tax Exempt Organization Search

Results for Tax Exempt Organization Search

Select Database ⓘ

Search All ▼

Search By ⓘ

Employer Identification Number (EIN) ▼

Search Term ⓘ

330474430

City

Enter City

State

All States ▼

Country

United States ▼

Search

Reset

[Search Tips](#)

Showing 1-1 results of 1

Sort by:

Name A-Z ▼

Temecula Play And Learn School

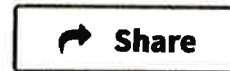
Items per page: 25 

[Return to Top](#)

Additional information

- [Frequently asked questions - Exempt Organizations Select Check](#)
- [Revocations of 501\(c\)\(3\) Determinations](#)
- [Suspensions Pursuant to Code Section 501\(p\)](#)
- [Exempt Organizations Business Master File Extract \(EO BMF\)](#): a list of organizations recognized as exempt by the IRS
- [Tax Exempt Organization Search: Bulk Data Downloads](#)

Page Last Reviewed or Updated: 20-November-2020



Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer Advocate Service	Independent Office of Appeals	中文 (简体)	Treasury Inspector General for Tax Administration
Help	Civil Rights	Identity Theft Protection	中文 (繁體)	USA.gov
Contact Your Local Office	Freedom of Information Act	Report Phishing	한국어	
Tax Stats, Facts & Figures	No Fear Act	Tax Fraud & Abuse	Русский	
			Tiếng Việt	
			Kreyòl ayisyen	
			English	
			Other Languages	



Entity Status Letter

Date: 9/8/2022

ESL ID: 8355246376

Why You Received This Letter

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

Entity ID: 1804754

Entity Name: TEMECULA PLAY AND LEARN SCHOOL, INC.

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

Important Information

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

Connect With Us

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

California

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

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning Sep 1, 2020, and ending Aug 31, 2021

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

C Name of organization TEMECULA PLAY & LEARN SCHOOL, INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 890973
 City or town, state or province, country, and ZIP or foreign postal code
TEMECULA, CA 92589-0973

D Employer identification number
33-0474430

E Telephone number
(661) 477-3651

G Gross receipts \$ 54,618.

F Name and address of principal officer:
CANDICE LACKEY, PO BOX 890973, TEMECULA, CA 92589-0973

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

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1991 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities: <u>EDUCATION AND CARE OF CHILDREN</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	16,255.	34,031.
9	Program service revenue (Part VIII, line 2g)	43,776.	20,583.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6.	4.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,037.	54,618.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,239.	31,893.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,946.	21,352.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	68,185.	53,245.
19	Revenue less expenses. Subtract line 18 from line 12	-8,148.	1,373.
20	Total assets (Part X, line 16)	Beginning of Current Year 43,075.	End of Year 45,594.
21	Total liabilities (Part X, line 26)	6,625.	7,770.
22	Net assets or fund balances. Subtract line 21 from line 20	36,450.	37,824.

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

Sign Here
 Signature of officer: Candice Lackey Date: 10/21/2021
 Type or print name and title: CANDICE LACKEY, TREASURER

Paid Preparer Use Only

Print/Type preparer's name <u>LEONARD P COLE EA, CFP</u>	Preparer's signature <u>Leonard P Cole EA, CFP</u>	Date <u>10/21/2021</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00003795</u>
Firm's name ▶ <u>TEAMTAX</u>	Firm's EIN ▶ <u>36-4513004</u>		Phone no. <u>(951) 308-6444</u>	
Firm's address ▶ <u>40395 WINCHESTER ROAD SUITE A, TEMECULA, CA 92591</u>				

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

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

50

**TEMECULA SUNRISE
ROTARY CLUB**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 15,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION
Project/Program Title: Temecula Community Christmas Dinner Start Date: 12/25/2022 End Date: 12/25/2022
Physical Address of Project/Program: MSJC Temecula Campus (2022 only - See explanation below)
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS
If Grant is Awarded, Make Check Payable to: Temecula Sunrise Rotary Foundation
Mailing Address: P. O. Box
Temecula, CA 92590

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Temecula Sunrise Rotary Foundation Year Founded: 1987
Website: temeculasunriserotary.com Social Media: Facebook
Number of Paid Staff: None Number of Volunteers: 16
Geographic Area(s) the Organization Serves: Temecula Valley
Geographic Area(s) the Project/Program Serves: Temecula Valley
NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE **EXCLUSIVELY** USED TO SERVE TEMECULA.
Contact Name: Mark Sitar Title/Position: Committee Chairman
Contact Person's Direct Telephone: 909-376-3639 Contact Person's Email: mdsitar@verizon.net

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 5/29/1987
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0484340 State Identification Number: 1694701

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee

Board of Directors

Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Temecula Sunrise Rotary is a service organization comprised of business and professional persons that are united worldwide through Rotary International and provide humanitarian service, encourage high ethical standards, help build goodwill and peace. This is exemplified in the official Rotary International Motto, "Service Above Self".

Temecula Sunrise Rotary works with local schools to provide a literacy program, the "Safety Town" workshop for local children, takes part in the Rotary Youth Leadership Awards camp, works with the local Interact Club (community service club) at Chaparral High School, provides college scholarships for local students, and organizes the Temecula Community Christmas Dinner in addition to other local community service projects.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 13,234	Community donations	12/2020
\$ 8,964	Community donations	12/2021
\$ 16,127	Community donations	7/2022
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Temecula Community Christmas Dinner, typically held at the Mary Phillips Senior Center, is an annual event. It is a completely free, fully cooked, sit-down dinner that has served the general community of Temecula residents for over 25 years. Temecula Sunrise Rotary, Temecula Noon Rotary, New Generation Rotary and Old Town Temecula Rotary clubs organize the event. The dinner brings the community together on Christmas day to share the joy of Christmas. Anyone and everyone who would like to spend Christmas day with others is welcome. While the event is not based on financial need, there are many low income and homeless people that attend. Children attending the dinner get to meet Santa Claus, get their picture taken with Santa, and receive a wrapped gift.

As a part of this event, we also deliver fully cooked meals to home-bound seniors residing in senior apartment complexes in the area.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

In early 2022, our 28 ft cargo trailer with all of our equipment in it was stolen. We need to replace the cargo trailer, our oven, restaurant quality pots, pans and utensils and other various equipment needed to hold the dinner. We also need to purchase the food and supplies needed for the dinner. Estimated cost for all of this is approximately \$42,000 (\$32,000 for replacement and \$10,000 for food and supplies for the 2022 dinner). This grant funding, in combination with community donations, will fund replacement of the trailer and equipment as well as the cost of the food and supplies for the 2022 dinner.

It should be noted that the Mary Phillips Senior Center will be under construction and not available in 2022 for our event. Mt. San Jacinto College has agreed to let us hold the dinner in their cafeteria this year. Therefore, the 2022 event will take place at MSJC.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Historically, approximately 1,200 people are impacted each year. In addition to the meals served and delivered to those seniors that are not physically able to attend, there over 100 local people that volunteer at the event. People look forward to serving their community and it has become a part of sharing the Christmas spirit for many families in the area. This dinner brings the Temecula community together and provides a vital service to those in need as well as those that would otherwise be alone for the holiday.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	1,200
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3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	110
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PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

There are many Temecula residents that depend on the Temecula Community Christmas Dinner for their Christmas meal and their interaction with others in the community. This event exemplifies the community spirit that is a unique part of being a resident in the City of Temecula.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

COVID-19 mandates restricted our ability to hold a sit-down dinner in 2020 and full capacity dinner in 2021. We still wanted to serve the community on Christmas day, so we provided a drive-up dinner in 2020 and a limited capacity dinner in 2021.

In 2021 and now especially in 2022, inflation has significantly increased the cost of food and supplies for this event.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

This grant funding will allow us to purchase necessary equipment to continue this event as well as provide funds for food and supplies for the 2022 dinner.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 15,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 27,000	
Other grants or funding already awarded for Project/Program, if any	\$	
In-Kind match amount or volunteer credit hours estimated amount	\$ 1,000	
TOTAL REVENUE	\$ 43,000	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$ 32,000
Facilities/Rent/Insurance		\$
Supplies		\$ 1,500
Marketing		\$
Services		\$
Food		8,500
Other		\$
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 1,000
TOTAL EXPENSES		\$
TOTAL BUDGET	\$	\$ 43,000

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Temecula Sunrise Rotary Foundation

MAILING ADDRESS: P. O. Box 2203
Temecula, CA 92593

PHONE: (909) 376-3639
EMAIL: mdsitar@verizon.net

PRESIDENT / AUTHORIZED OFFICER: Jeff Meyer President
PRINT NAME TITLE

SIGNATURE:  **DATE:** 8/23/22
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY: Mark Sitar, Temecula Community Christmas Dinner Chairman
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

[HELP](#)[MENU](#)

[Home](#) > [Tax Exempt Organization Search](#) > **Temecula Sunrise Rotary Foundation**

[< Back to Search Results](#)

Temecula Sunrise Rotary Foundation

EIN: 33-0484340 | Temecula, CA, United States

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> **Tax Year 2020 Form 990-N (e-Postcard)**

Tax Period:

2020 (07/01/2020 - 06/30/2021)

EIN:

33-0484340

Legal Name (Doing Business as):

Temecula Sunrise Rotary Foundation

Mailing Address:
PO Box 2203
Temecula, CA 92593
United States

Principal Officer's Name and Address:
Roger Weber

PO Box 2203
Temecula, CA 92593
United States

Gross receipts not greater than:
\$50,000

Organization has terminated:
No

Website URL:

- > **Tax Year 2019 Form 990-N (e-Postcard)**

- > **Tax Year 2018 Form 990-N (e-Postcard)**

- > **Tax Year 2017 Form 990-N (e-Postcard)**

- > **Tax Year 2016 Form 990-N (e-Postcard)**

- > **Tax Year 2015 Form 990-N (e-Postcard)**

- > **Tax Year 2014 Form 990-N (e-Postcard)**

- > **Tax Year 2013 Form 990-N (e-Postcard)**

- > **Tax Year 2012 Form 990-N (e-Postcard)**



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

Entity Status Letter

Date: 8/24/2022

ESL ID: 4507030048

Why You Received This Letter

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

Entity ID: 1694701

Entity Name: TEMECULA SUNRISE ROTARY FOUNDATION

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

Important Information

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

Connect With Us

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

California

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

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

51

**TEMECULA THEATER
FOUNDATION**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000.00 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION
Arts Connection New Works

Project/Program Title: _____ Start Date: 10/22 End Date: on-going

Physical Address of Project/Program: 42051 Main Street, Temecula CA 92590
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Theater Foundation
Mailing Address: 42051 Main Street
Temecula CA 92590

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant **Temecula Theater**
Foundation
Organization: _____ Year Founded: 1999

Website: www.temeculatheaterfoundation.org Social Media: FB

Number of Paid Staff: 0 Number of Volunteers: 13-50

Geographic Area(s) the Organization Serves: Temecula

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE **EXCLUSIVELY** USED TO SERVE TEMECULA.

Contact Name: Sherry Williams-Fletcher Title/Position: past president/board membe

Contact Person's Direct Telephone: 951-302-0133 Contact Person's Email: sherrywilliamsmusic@v
erizon.net

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 4/20/99
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0871129 State Identification Number: 114757

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.srj.ca.gov/Verification/Web/Search.aspx?facility: Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The purpose of the Theater Foundation is to encourage and educate adults and youth in our target community through participation and involvement in the performing arts. The Theater Foundation also provides charitable support to performing arts organizations within our community to help them in developing programs, creating live performances and advocate for them when necessary. The Theater Foundation objective is to create programs that ensure that our community has a healthy, growing and thriving arts community.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Arts Connection program began with a legacy gift from Bob & Jeanne Burns to provide access for our school age youth (K-12) to see live performances free of charge. Over the past 10 years that program has grown and evolved. Annually, we bring 4000+ students to see multi-cultural productions in dance, music, plays, musicals for no cost to them. With the addition of the New Works phase, we are adding the excitement of performance with education element of development and creation. Students will see a work in its unfinished phase and have an opportunity to be part of the process through discussion, essay critique and, of course, visual appreciation.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Annually, we do fund raising and use the Burns Legacy to help underwrite the Arts Connection program. The need and requests for "free field trips" of this caliber for the schools is great and in order to continue to meet those needs and offer this new addendum to the program we will use the City grant to fund the expenses involved in providing and expanding this program. Expenses include payment to the presenting organizations and/or artists, curriculum materials for the teachers, and in-house production costs to prepare the program for the presentation.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Temecula resident benefit, first of all, through the experience their youth have in see live performances. The New Works segment builds on what is already offered and creates an experience that is interactive and participatory in exposing students to local composers, playwrights, lyricists, actors and dancers. Temecula, the City, benefits as the presenting home of New Works as they are developed, which brings prestige to the City, as well as trickle down dollars. We hope to build a reputation for Temecula as "The City of Song" where the arts are encouraged and embraced.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	4000+ annually
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3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	125+ annually
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PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Arts Connection-New Works will support and expand the scope of outreach created through the Arts Connection program. This program will continue to offer K-12 students (in Temecula) opportunities to experience theatrical productions while expanding the program to include a new work so students can experience the building and creative process.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

From March 2020 through September 2022, we have been unable to offer programs to our youths due to the school's guidelines of social distancing. We are starting the program up again, now that those restrictions have been lifted. Additionally, we have been unable to do any annual fundraising or galas, for the same reason. Consequently, we are in need of an infusion of funds to quick start this program until we can get all of our fundraising activities back in place.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

The addition of funds will supplement our currently depleted reserves to reestablish Arts Connection to the community, allow us to bring in more students and create our New Works program which incorporates a performance but also the language arts skills, business development skills (math) and visual arts (seeing the development of sets, costumes and scenic design). This grant will accomplish creation, expansion and continuation of a program that has been hugely successful for the past 10 years.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)			
LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 50,000.	
Amount contributed to the Project/Program by the Applicant Organization		\$ 10,000	
Other grants or funding already awarded for Project/Program, if any		\$	
In-Kind match amount or volunteer credit hours estimated amount		\$ 100,000.	
TOTAL REVENUE		\$ 160,000.	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment			\$
Facilities/Rent/Insurance			\$ 8,000.00
Supplies	development materials, construction,		\$ 12,000.00
Marketing			\$ 3,000.00
Services	*lyricists, directors, composers, choreographers, actors*-these are in-kind expenses, transport		\$102,000.00
Food			\$
Other	materials for teachers & students, photocopy services, school day show expenses & licensing		\$ 35,000.00
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$
TOTAL EXPENSES			\$160,000.00
TOTAL BUDGET		\$160,000.00	\$160,000.00

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: **Temecula Theater Foundation** Name of Project/Program: **Arts Connection New Works**

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ **N/A** Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		

EXPENDITURE TOTAL \$ EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Temecula Theater Foundation</u>		Name of Project/Program: <u>Arts Connection New Works</u>			
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____		Month & Year FIRST \$5,000 check was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

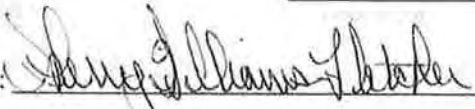
- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Temecula Theater Foundation

MAILING ADDRESS: 42051 Main Street PHONE: (951) 541-2588
Temecula, CA 92590 EMAIL: info@temeculatheaterfoundation.org

PRESIDENT / AUTHORIZED OFFICER: Sherry Williams-Fletcher, past president/board member

SIGNATURE:  DATE: 9/9/2022

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Bobbi Boes/Beverly Stephenson founder/board member

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

[File](#)[Pay](#)[Refunds](#)[Credits & Deductions](#)[Forms & Instructions](#)[Home](#) > [Tax Exempt Organization Search](#) > [Theatre Foundation](#)[Back to Search Results](#)

Theatre Foundation

EIN: 33-0871129 | Murrieta, CA, United States

[Other Names](#)

Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

∨ **Deductibility Code:** PC

Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

[Tax Year 2019 Form 990EZ](#)[Tax Year 2018 Form 990EZ](#)[Tax Year 2017 Form 990](#)[Tax Year 2016 Form 990](#)[Tax Year 2015 Form 990EZ](#)

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

DEPARTMENT OF THE TREASURY

Date: **APR 12 2004**

THEATRE FOUNDATION
41391 KALMIA ST STE 200
MURRIETA, CA 92562

Employer Identification Number:
33-0871129
DLN:
17053087739094
Contact Person: JEFFERY A CULLEN ID# 31215
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated February 2000, 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 during an advance ruling period.

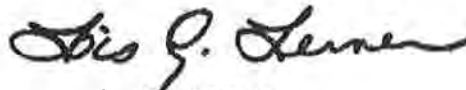
Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

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 between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



Entity Status Letter

Date: 9/9/2022

ESL ID: 1536616878

Why You Received This Letter

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

Entity ID: 2162332

Entity Name: THE THEATER FOUNDATION

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

Important Information

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

Connect With Us

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

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

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2020

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

A For the 2020 calendar year, or tax year beginning and ending

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

C Name of organization
THE THEATER FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
41391 KALMIA STREET, SUITE 200

City or town, state or province, country, and ZIP or foreign postal code
MURRIETA, CA 92562

D Employer identification number
33-0871129

E Telephone number
951-696-0600

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **TEMECULATHEATERFOUNDATION.COM**

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **30,635.**

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

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

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received								16,184.														
	2	Program service revenue including government fees and contracts																						
	3	Membership dues and assessments																						
	4	Investment income		SEE SCHEDULE O							3,451.													
	5a	Gross amount from sale of assets other than inventory		5a																				
	b	Less: cost or other basis and sales expenses		5b																				
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																						
	6	Gaming and fundraising events:																						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a																				
b	Gross income from fundraising events (not including \$ 16,184. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b			11,000.																		
c	Less: direct expenses from gaming and fundraising events		6c			9,657.																		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d							1,343.														
7a	Gross sales of inventory, less returns and allowances		7a																					
b	Less: cost of goods sold		7b																					
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c																					
8	Other revenue (describe in Schedule O)		8																					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9							20,978.														
Expenses	10	Grants and similar amounts paid (list in Schedule O)		SEE SCHEDULE O							2,250.													
	11	Benefits paid to or for members																						
	12	Salaries, other compensation, and employee benefits																						
	13	Professional fees and other payments to independent contractors									3,000.													
	14	Occupancy, rent, utilities, and maintenance		SEE SCHEDULE O								15,637.												
	15	Printing, publications, postage, and shipping																						
	16	Other expenses (describe in Schedule O)		SEE SCHEDULE O								2,913.												
17	Total expenses. Add lines 10 through 16		17							23,800.														
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																						
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																						
	20	Other changes in net assets or fund balances (explain in Schedule O)		SEE SCHEDULE O																				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21							324,832.													

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2020)

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

52

**TEMECULA VALLEY
ALANO CLUB**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Temecula Valley Alano Club Start Date: ongoing End Date: _____

Physical Address of Project/Program: _____

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Temecula Valley Alano Club

Mailing Address: 27470 Commerce Center Dr. C
Temecula, CA 92590

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Temecula Valley Alano

Organization: _____ Year Founded: 2009

Website: Thevac.org Social Media: TemeculaAlanoclub...facebook

Number of Paid Staff: 0 Number of Volunteers: 40

Geographic Area(s) the Organization Serves: Temecula Valley

Geographic Area(s) the Project/Program Serves: Temecula Valley

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Julie Perez Title/Position: Treasurer

Contact Person's Direct Telephone: 760-310-1977 Contact Person's Email: tvacmanager@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 11/2010
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 80-0488892 State Identification Number: C3227878

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The Temecula Valley Alano Club is a nonprofit organization whose purpose is to provide a safe environment for those that have a desire to recover from alcoholism, addictions, codependency and other compulsive behaviors. We are supported through community contributions, club members and fundraisers. Our primary purpose is to help others to achieve a new freedom for life.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

We provide guidance and support for those Temecula residents coming out of rehabilitation centers whether it be for drug addiction or alcoholism. We help them to bridge the gap between recovery and being a productive member of society. We empower people to reclaim their lives and give hope to the loss and hurting. Computers are available to help with job searching, filling out online work applications, as well as a place to do school work. Those who volunteer here get work experience as well as community service hours.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Rent for our facility for the year, 12 step books, information pamphlets and workbooks. New Coffee Bar for the purpose of fellowshipping. New Tables and chairs for the meeting hall, used for 12 step meetings. Pool table for fund raising events. Cable and internet. Couches and tables for a clean safe environment.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Helping those who struggle with addiction of all kinds to have a better attitude and find hope of recovering helps all of Temecula by improving the number of people living on the streets in active addiction. Helping families to better understand and deal with their loved ones condition can better help relieve the homeless population and crime. The Temecula Valley Alano Club spreads positive energy throughout Temecula and provides a safe environment for these people and their families. This grant will help us keep our doors open and regain financial stability that was lost due to Covid19 shut down. Covid cut down on memberships, meeting rent, and donations that are our main income sources.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	1200-1300
---	------------------

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	80
--	-----------

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

We provide guidance and support for those Temecula residents coming out of hospitals and rehabilitation centers due to drug addiction and alcoholism. We bridge the gap between recovery and being a productive member of society. We offer education and information thru our literature and our workbooks to the community and families for those who suffer. We offer a clean and safe place for 12 step meetings of all kinds. We provide computers for the use of job applications, school applications/school work and outpatient programs. We offer Temecula Valley Community multiple opportunities to fulfill community services

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Most of our funding comes from donations and many people lost their jobs due to Covid19 and could not donate. The Covid19 mandated put restrictions on our number of people allowed in the building. Many members relapsed as a result of not having a place to meet for 12 step meetings due to the Covid19 shut down. The cost of our disposable coffee cups, coffee, creamer, sugar and stir sticks that we offer have increased in cost. Electricity, water, and utilities are also on the rise. In turn our overhead has increased.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

Create new fundraising event that include the community.
Expand the opportunities we provide for the Temecula Valley Community to successfully complete community service hours.
Continue providing literature, books, pamphlets to those involved in the 12 step programs who can not afford them. We will provide brochures and information to the Temecula Valley community including hospitals and recovery centers about our services.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 0	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 0	
TOTAL REVENUE	\$ 50,000	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$
Facilities/Rent/Insurance Rent 12 months		\$28,680
Supplies Books, pamphlets, workbooks		\$5000
Marketing Brochures, Shirts, Hats , Coffee cups		\$5000
Services Phone Bill / Internet/ Computer Access		\$2400
Food Coffee/Creamer/Sugar/Water		\$1800
Other Electricity		\$6000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$0
TOTAL EXPENSES		\$48,880
TOTAL BUDGET	\$50,000	\$48,880

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Temecula Valley Alano

MAILING ADDRESS: 27470 Commerce Center
Temecula, CA 92590

PHONE: (95) 6931212

EMAIL: tvacmanager@gmail.com

PRESIDENT / AUTHORIZED OFFICER: Julie Perez

Treasurer

SIGNATURE: 

DATE: September 11, 2022

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY: _____

PRINT NAME

TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



A Community Asset Since 2010

The Temecula Valley Alano Club is new to the area and needs your support.

Donations to the club will directly impact, in a very effective way, hundreds of people trying to do the right thing and become better citizens.

Mission Goals objectives

The Temecula Valley Alano Club is a non-profit organization whose purpose is to provide a safe environment for those that have a desire to recover from alcoholism, addictions, codependency, and other compulsive behaviors.

We are supported through community contributions, club memberships, and fundraisers.

Our primary purpose is to help others to achieve a new life and a new freedom.

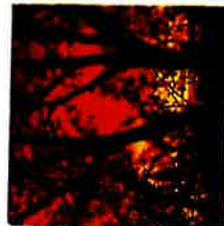
*A Safe Place
To Grow
and Change*

www.TemeculaValleyAlanoClub.org



27470 Commerce Center Drive Suite C • Temecula, CA 92590
Phone: 951.693.1212 • www.TemeculaValleyAlanoClub.org





A Social Club, A Café, A Refuge.

A Place of Learning and Growing. A Place to Change and Shed Old Habits. A Place to Make New Friends.

The Alano Club is a neighborhood anchor in a sea of temptation for people struggling to turn their lives around.

The Temecula Valley Alano Club has 120 12-Step meetings a month, attended by hundreds of people.



*Every day bubble-bugs
in the city start the
long journey back to
responsible citizenship.*



The Temecula Valley Alano Club...

The Temecula Valley Alano Club fills a vital gap in the support structure that can be crucial to remaining abstinent from drugs or alcohol. The social cost of alcoholism and drug addiction in the U. S. were estimated at \$246 billion in 1998. Public health and private insurers can help an addict begin the process of getting clean and sober, but there are no public structures in place to help people STAY clean and sober.

Since 1995, 12-Step Groups have served to provide a place of fellowship for men and women who are willing to support each other in the journey back from addiction. Soon after, 12-Step clubs sprang up to provide a social club offering support between meetings.

The Temecula Valley Alano Club joins that tradition. The Club is a 501C3 non-profit agency which supports itself through membership dues, meeting donations and special events.

The Club provides a place of safety for people in recovery in 12-step programs at a fraction of the cost compared to the public sector. Hundreds of people are court-ordered to attend AA or NA meetings each week and many of them come to The Club to fulfill that obligation. Judges rely on the Alano Club to provide the meetings to fulfill court orders, at no cost to the City or County

One Day at a Time....

Men and women are turning their lives around.

One Day at a Time....

12-Step meetings provide strength and support to alcoholics and addicts staying clean and sober.

One Day at a Time....

People move from court mandated to self-motivated to responsible citizenship.

One Day at a Time....

People find refuge and support in the fellowship of the Temecula Valley Alano Club.

www.TemeculaValleyAlanoClub.org

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

DEPARTMENT OF THE TREASURY

Date: **NOV 12 2010**

TEMECULA VALLEY ALANO CLUB
C/O ROBERT MYERS
27470 COMMERCE CENTER DR STE C
TEMECULA, CA 92592-2522

Employer Identification Number:
80-0488892
DLN:
17053229302030
Contact Person:
STEPHANIE L JONES TAYLOR ID# 31395
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
September 3, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Letter 947 (DO/CG)



Entity Status Letter

Date: 9/9/2022

ESL ID: 2752682993

Why You Received This Letter

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

Entity ID: 3227878

Entity Name: TEMECULA VALLEY ALANO CLUB

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

Important Information

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

Connect With Us

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

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

FOUNDED**ENDORSED - FILED**
In the office of the Secretary of State
of the State of California

SEP 03 2009

ARTICLES OF INCORPORATION OF
TEMECULA VALLEY ALANO CLUB

A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, INC.

I

The name of this corporation is TEMECULA VALLEY ALANO CLUB.

II

This corporation is a nonprofit Public Benefit Corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes. This corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended or any corresponding provision of any future United States internal revenue law. Notwithstanding any other provision of these Articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation and the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended or the corresponding provision of any future United States internal revenue law, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, as amended or the corresponding provision of any future United States internal revenue law.

The specific purpose of this corporation is to aid and assist people in the recovery of their alcohol problem, and to provide a meeting place for members of all twelve-step programs by providing and maintaining physical facilities for educational and recreational uses.

III

The name and address in the State of California of this corporation's initial agent for service of process is:

Julian V. Lee, Esq.
c/o Redwine and Sherrill
1950 Market Street
Riverside, California 92501

IV

This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

No substantial part of the activities of this corporation shall consist of lobbying or propaganda, or otherwise attempting to influence legislation, except as provided in Section 501(h) of the Internal Revenue Code of 1986, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

V

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director or

officer thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to such organization (or organizations) organized and operated for charitable purposes which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code (or such corresponding provisions of any future federal internal revenue law).

Dated: August 14, 2009


STUART H. SHELDON, Incorporator

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.


STUART H. SHELDON, Incorporator

wp2000\julian\Temecula Valley Alano Club\TVAC Articles.doc



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)

OMB No. 1545-0047

2021

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

A For the 2021 calendar year, or tax year beginning _____, 2021, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Temecula Valley Alano Club 27470 Commerce Center Drive C Temecula, CA 92590	D Employer identification number 80-0488892 E Telephone number 951-375-7845 F Group Exemption Number
--	---	---

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: ▶ N/A

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 84,597.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

		1 Contributions, gifts, grants, and similar amounts received			
		2 Program service revenue including government fees and contracts	2		79,913.
		3 Membership dues and assessments	3		4,684.
		4 Investment income	4		
		5a Gross amount from sale of assets other than inventory	5a		
		b Less: cost or other basis and sales expenses	5b		
		c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
		6 Gaming and fundraising events:			
		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
		b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
		c Less: direct expenses from gaming and fundraising events	6c		
		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
		7a Gross sales of inventory, less returns and allowances	7a		
		b Less: cost of goods sold	7b		
		c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
		8 Other revenue (describe in Schedule O)	8		
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		84,597.
		10 Grants and similar amounts paid (list in Schedule O)	10		
		11 Benefits paid to or for members	11		
		12 Salaries, other compensation, and employee benefits	12		
		13 Professional fees and other payments to independent contractors	13		698.
		14 Occupancy, rent, utilities, and maintenance	14		51,146.
		15 Printing, publications, postage, and shipping	15		
		16 Other expenses (describe in Schedule O) See Schedule O	16		32,740.
		17 Total expenses. Add lines 10 through 16	17		84,584.
		18 Excess or (deficit) for the year (subtract line 17 from line 9)	18		13.
		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		0.
		20 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	20		-13.
		21 Net assets or fund balances at end of year. Combine lines 18 through 20	21		0.

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

Form 990-EZ (2021)

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

Temecula Valley Alano Club

EIN or SSN

80-0488892

Name and title of officer or person subject to tax

Julie Michelle Perez Treasurer

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	84,597.
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____

and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Financial Accounting Services, Inc.** to enter my PIN **10625** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

81474611262

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Frederick J. Karma**

Date ▶

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Part II Balance Sheets (see the instructions for Part II)

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

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 2 columns: Description of program service, Expenses. Rows include Facilitate meetings to assist members and others to assist those with alcoholic and other problems; Sales of refreshments and novelty items to raise money to assist those with alcoholic and other problems; Fundraisers to accumulate money to complete exempt purposes and acquire a location for those with alcoholic and other problems; Other program services; Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include Michelle Marie Lambing Vice President, Angela Christine Treat Secretary, Julie Michelle Perez Treasurer.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. See Sch O

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35 b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
37 b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
38 b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved. 38 b 0.		
39 Section 501(c)(7) organizations. Enter:		
39 a Initiation fees and capital contributions included on line 9 39 a 0.		
39 b Gross receipts, included on line 9, for public use of club facilities 39 b 0.		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40 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.		X
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
40 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.		X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42 a The organization's books are in care of ▶ Peter Dascalos Telephone no. ▶ (951) 551-4786
 Located at ▶ 27470 Commerce Center Suite C Temecula CA ZIP + 4 ▶ 92590

	Yes	No
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42 c 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 ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
44 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.		X
44 c Did the organization receive any payments for indoor tanning services during the year?		X
44 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.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

53

**TEMECULA VALLEY
CONSERVATORY ARTS**

CITY OF TEMECULA

FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 17,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Temecula Band Project Start Date: 11/2022 End Date: ongoing

Physical Address of Project/Program:

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Temecula Valley Conservatory of the Arts

Mailing Address: 28780 Old Town Front St., C1
Temecula, CA 92593

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: Temecula Valley Conservatory of the Arts Year Founded: 2014

Website: tvartsconservatory.org Social Media:

Number of Paid Staff: 0 Number of Volunteers: 7

Geographic Area(s) the Organization Serves: Temecula Valley

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Susan Miyamoto Title/Position: President

Contact Person's Direct Telephone: 951.506.2479 Contact Person's Email: miyamotomusic@icloud.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes [X] Date of Incorporation as a Nonprofit: 2014

No [] IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 47-3595763 State Identification Number:

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- 1. [X] Attach IRS Deductibility Status using this link: http://apps.irs.gov/app/eos/
2. [X] Attach State Entity Status Letter using this link: https://www.ftb.ca.gov/online/self-serve-entity-status-letter/index.asp
3. [X] Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee

Board of Directors

Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Mission Statement:

"To enrich the lives of students through performances, education, and community partnerships.

To engage the broader community through arts outreach. "

Our other objective is to promote arts education to ensure that every student in the Temecula Valley has access to a quality, standards based arts education.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
The Temecula String Project	\$1,000	June 2022	Council member CSFG
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Temecula Valley Conservatory of the Arts (TVCA):
 The "Temecula Band Project" is an expansion of the "Temecula String Project" and will offer a free band class to 5th grade students at 2 elementary schools in the Temecula Valley Unified School District. The class will be held during non-school hours and taught by an experienced and qualified instructor. It will be open to all students who want to participate. Districts with 5th grade instrumental music programs are more likely to have strong and successful middle and high school programs. Murrieta Valley Unified School District is a good example.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

TVCA would use the grant funds to purchase band instruments for students in the program.
 We plan to purchase:
 7 flutes, 7 clarinets, 7 saxophones, 7 trumpets and 2 trombones. A small amount of the funds wold be used to rent a climate-controlled storage space to store the instruments during the summer months when the instruments are not in use.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

The program would directly benefit families in the Temecula Valley Unified School District. Studies have shown that students who play a musical instrument are more successful and engaged in school and the community. Starting programs in the elementary schools would also help grow band programs in middle and high schools. Successful music programs create better school environment for all students. The community would benefit by providing our youngest citizens with additional skills to become more successful, happier and productive members our local and global community.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	40 students/yr
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	4

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

TVCA is requesting funds to purchase band instruments for student use in our 5th grade elementary band class which will be offered free of charge at several schools in the Temecula Valley Unified School District.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

The pandemic prevented TVCA from conducting in-person fundraising events which reduced our revenue for 2 years. It also restricted our ability to do string classes in-person and so instruction was done on Zoom.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

TVCA is applying for funds in the amount of \$17,000 to purchase instruments (flutes, clarinets, saxophones, trumpets and trombones) for our beginning band program. This is an expansion of our instrumental music program which for the past 5 yrs. has been a string program. These instruments are expected to last for many years. We currently partner with TVUSD to provide string classes at 4 elementary schools and the purchase of band instruments will enable us to offer instrumental music at 6 schools. Our 5 year goal is to make the 5th grade instrumental music program more equitable by offering either strings or band at every elementary school in the district.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 17,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 16,400	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 1,600	
TOTAL REVENUE	\$ 35,000	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$ 15,000
Facilities/Rent/Insurance		\$ 5,400
Supplies		\$ 200
Marketing		\$ 0
Services		\$ 0
Food		\$ 0
Other		\$ 0
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 14,400
TOTAL EXPENSES		\$ 35,000
TOTAL BUDGET	\$ 35,000	\$ 35,000

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:


- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Temecula Valley Conservatory of the Arts

MAILING ADDRESS: 28780 Old Town Front St. **PHONE:** (951) 506-2470
#C1 **EMAIL:** _____

PRESIDENT / AUTHORIZED OFFICER: Susan Miyamoto-Jurkosky President
PRINT NAME TITLE

SIGNATURE:  **DATE:** 9/12/2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
 Retsy.Lowrey@TemeculaCA.gov (951) 693-3059

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

DEPARTMENT OF THE TREASURY

Date: **SEP 04 2015**

TEMECULA VALLEY CONSERVATORY OF THE
ARTS
C/O RAYMOND W JOHNSON
26785 CAMINO SECO
TEMECULA, CA 92590-3518

Employer Identification Number:
47-3595763

DLN:
17053155325005

Contact Person:
JOSEPH R KENNEDY ID# 31647

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

Form 990 Required:
Yes

Effective Date of Exemption:
January 28, 2015

Contribution Deductibility:
Yes

Addendum Applies:
No

Dear Applicant:

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

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

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

Letter 947



**California Secretary of State
Electronic Filing**

FILED

Secretary of State
State of California

Corporation - Statement of Information

Entity Name: TEMECULA VALLEY CONSERVATORY OF
THE ARTS

Entity (File) Number: C3751189

File Date: 01/16/2022

Entity Type: Corporation

Jurisdiction: CALIFORNIA

Document ID: H116996

Detailed Filing Information

1. Entity Name: TEMECULA VALLEY CONSERVATORY
OF THE ARTS

2. Business Addresses:
 - a. Street Address of Principal
Office in California: 28780 Old Town Front St, C1
Temecula, California 92590
United States of America

 - b. Mailing Address: 28780 Old Town Front St, C1
Temecula, California 92590
United States of America

3. Officers:
 - a. Chief Executive Officer: Susan Ann Miyamoto
PO Box 2312
Temecula, California 92593
United States of America

 - b. Secretary: Mark Alton Masters
PO Box 5716
Pasadena, California 91117
United States of America

Document ID: H116996



California Secretary of State Electronic Filing

Officers (Cont'd):

c. Chief Financial Officer:

Mimi Chang
31537 Rancho Pueblo Rd., STE 201
Temecula, California 92592
United States of America

4. Agent for Service of Process:

Susan Ann Miyamoto
28780 Old Town Front St., C1
Temecula, California 92590
United States of America

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Susan Ann Miyamoto

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: H116996



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

**ANNUAL TREASURER'S REPORT
ATTORNEY GENERAL OF CALIFORNIA**

Section 12586, California Government Code
11 Cal. Code Regs., Section 301

(For Registry Use Only)
15-00000
Attorney General's Office

STREET ADDRESS
1300 I Street
Sacramento, CA 95814
(916) 210-6400

MAY 16 2022

WEBSITE ADDRESS
www.sos.ca.gov/charities

Registry of Charitable Trusts

(FORM CT-TR-1)

Temecula Valley Conservatory of the Arts	CT0267119
Name of Organization	State Charity Registration Number
28780 Old Town Front St., C1	3751189
Address (Number and Street)	Corporation or Organization No.
Temecula, CA 92590	47-3595763
City or Town, State and ZIP Code	Federal Employer I.D. No.

For annual accounting period (beginning 01 / 01 / 21 ending 12 / 31 / 21)

BALANCE SHEET

ASSETS

Cash	\$ 4,766.49
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$ 6,000
TOTAL ASSETS	\$ 10,766.49

LIABILITIES

Accounts Payable	\$ 0
Salary Payable	\$ 0
Other Liabilities	\$ 0
TOTAL LIABILITIES	\$ 0

FUND BALANCE

Total Assets less Total Liabilities	\$ 10,766.49
-------------------------------------	--------------

REVENUE STATEMENT

REVENUE

Cash Contributions	\$ 1,011.28
Noncash Contributions	\$ 5,633.00
Program Revenue	\$ 2,256.08
Investments	\$ 0
Special Events	\$ 0
Other Revenue	\$ 2.50
TOTAL REVENUE	\$ 8,902.86

EXPENSES

Compensation of Officers/Directors	\$ 0
Compensation of Staff	\$ 0
Fundraising Expenses	\$ 0
Rent	\$ 0
Utilities	\$ 0
Supplies/Postage	\$ 0
Insurance	\$ 1,294
Other Expenses	\$ 7,918.25
TOTAL EXPENSES	\$ 9,212.25

NET REVENUE

Total Revenue less Total Expenses	\$ -309.39
-----------------------------------	------------

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

	Susan Miyamoto	President	5/2/22
Signature of Authorized Agent	Printed Name	Title	Date



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

**ANNUAL TREASURER'S REPORT
ATTORNEY GENERAL OF CALIFORNIA**

Section 12586, California Government Code
11 Cal. Code Regs., Section 301

(For Registry Use Only)

Attorney General's Office

MAY 16 2022

Registry of Charitable Trusts

STREET ADDRESS
1300 I Street
Sacramento, CA 95814
(916) 210-6400

(FORM CT-TR-1)

WEBSITE ADDRESS
www.oag.ca.gov/charities

Temecula Valley Conservatory of the Arts	CT0267119
Name of Organization	State Charity Registration Number
28780 Old Town Front St., C1	3751189
Address (Number and Street)	Corporation or Organization No.
Temecula, CA 92590	47-3595763
City or Town, State and ZIP Code	Federal Employer I.D. No.

For annual accounting period (beginning 01 / 01 / 21 ending 12 / 31 / 21)

BALANCE SHEET

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NET REVENUE

Total Revenue less Total Expenses	\$ -309.39
-----------------------------------	------------

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

	Susan Miyamoto	President	5/2/22
Signature of Authorized Agent	Printed Name	Title	Date

**Attachment to Ct-TR-1
List of "Other Expenses"
Annual Treasurer's Report – 2021
Temecula Valley Conservatory of the Arts**

State Charity Registration No. CT026719

1. Website costs	\$ 112.34
2. Chamber of Commerce fee	\$ 300.00
3. Program instructor	\$ 2,400.00
4. Supplies (strings, rosin, bow)	\$ 105.91
5. Piano donation	\$ 5,000.00
TOTAL	\$7,918.25

Attachment to CT-TR-1
Annual Treasures Report- 2021
Temecula Valley Conservatory of the Arts
State Charity Registration No. CT026719

ASSETS

Other Assets List – Musical Instruments

1. 21 violins - \$2,120
2. 6 cellos – \$2,400
3. 4 violas - \$ 480

TOTAL = \$ 6,000

OTHER REVENUE

Checking Account Interest \$2.50

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

54

**TEMECULA VALLEY HIGH SCHOOL
GOLDEN BEAR FOUNDATION**

CITY OF TEMECULA
FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION



(Please Print or Type)
DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$10,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION
Project/Program Title: Amplify - Celebration of Black History Start Date: 1/25/23 End Date: 1/26/2023
Physical Address of Project/Program 31555 Rancho Vista Road, Temecula, Ca 92592
INCLUDE IF DIFFERENT THAN ORGANIZATION S MAILING ADDRESS
If Grant is Awarded, Make Check Payable to: Golden Bear Foundation
Mailing Address: PO Box 892072, Temecula, Ca 92589-2072

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Doug Vom Steeg
Organization: TEMECULA VALLEY HIGH SCHOOL/GOLDEN BEAR FOUNDATION
Year Founded: 2022
Website: NA Social Media: NA
Number of Paid Staff: Unknown certificated Number of Volunteers: all student; 2 staff
Geographic Area(s) the Organization Serves: Temecula Valley High School
Geographic Area(s) the Project/Program Serves: Temecula Valley
NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.
Contact Name: Doug Vom Steeg Title/Position: Department Chair - Social Science
Contact Person's Direct Telephone: 951-491-1326 Contact Person's Email: dvomsteeg@tvusd.us

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 2009
No. IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: EIN-26-1917730 State Identification Number: _____

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/cos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity
S a R S a c T : <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No. Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No. Yes IF YES, PROVIDE COUNCIL MEMBER S NAME AND TITLE WITHIN THE ORGANIZATION:

This A c a a b a b a a :
Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION S MISSION/GOALS AND OBJECTIVES.

Amplify is a school and community-wide event where guest lecturers, professional and student performances, poets, musicians and actors join their collective voices in a two-day celebrating the deep and rich heritage of the black community. Our goal is to bring students, families and community members to hear first, second and third person accounts of the struggles and successes of the black community during the Civil Rights movement to the present. Our hope is though authentic stories, shared through measured and compassionate tones, our community will understand and empathize with the black experience in our cities and neighborhoods.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA S AUDIT, *MAY* BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No. Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 0	We are seeking funding from Temecula Valley USD to match donations from City of Temecula.	
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

This is our inaugural attempt at bringing students, families and community members to learn first person account stories from those who rode on the buses that we now refer to as the "The Freedom Riders." An organization from San Diego has artifacts, a life-size replica of the bus and will bring out the father-son team to speak about their experiences. The second night we will hear from Lee Sentell, Director of Alabama Tourism and author and expert on The Road to Birmingham. We will have speakers, music, poetry reading, dancing, re-enactments each evening program.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

- \$10,000 to Gaidi Finni, Executive Director SDAAMFA for "The Buses are Coming" exhibit
- \$2000. African Drum and Dancers from Los Angeles
- \$500 Honorarium for Lee Sentell
- \$500. Honorarium for Yolanda Franklin "A Poetic Tribute to the Freedom Riders"
- \$3000. David Dennis Sr. and son David share experiences from Freedom Rider
- \$1750 Flights, housing and food for all guest speakers
- \$1500. 3 day workshop for 10,11 and 12th graders by Miss. Misapeaka

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

We are going to encourage different clubs representing marginalized people groups from all TVUSD HS campuses to send dance, song, drama teams in addition to the paid speakers and performers for two nights at the Golden Bear Theater. Students will sell tickets to parents and community members that will go toward next year's Amplify event.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	2000+ students 800+ community
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	20

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT SUMMARIZE ANSWERS 1 3 ABOVE IN 50 WORDS OR LESS.

“What would you ride for?” When the Freedom Riders left their homes to challenge segregation in the South they knowingly risked their lives. This two day exhibit will immerse community members in an augmented reality and hear authentic stories that will shed new light on the Black community experience.

5

IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

N/A

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

- 1) This will be the first year TVHS has attempted to host a Black History Celebration that is intentionally serving our students and the community.
- 2) We aim to charge community members a minimal fee to access the evening programs so program can expand and aim toward self-sufficiency.
- 3) We aim to continue this program year-to-year and have students and community grow to value and respect the contributions and sacrifices of the black community.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)

LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 10,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 0	
Other grants or funding already awarded for Project/Program, if any		\$ 0	
In-Kind match amount or volunteer credit hours estimated amount		\$ 2,000.00	
TOTAL REVENUE		\$ 12,000.00	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment			\$
Facilities/Rent/Insurance			\$ 500.00
Supplies			\$ 500
Marketing			\$
Services			\$ 16,500.00
Food			500.00
Other. (Housing, airfare)			\$ 1,750.00
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT HOWEVER PLEASE INCLUDE.		\$
TOTAL EXPENSES			\$19,750.00
TOTAL BUDGET		\$	\$

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.

Every Community Service Funding application is considered individually and on its own merit.

Awards will be given to organizations and activities that directly benefit the residents of Temecula.

Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.

The awarding of Community Service Funding does not constitute an automatic annual allocation.

The recognition for Community Service Funding should accrue to the City of Temecula.

Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.

Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.

The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.

If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before the application deadline or the application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: TV GB Foundation

MAILING ADDRESS: PO Box 892072

PHONE: (____) _____

Temecula Ca 93589

EMAIL: dvomsteeg@tvusd.us

PRESIDENT / AUTHORIZED OFFICER: _____

Jennifer Nguyen

President

SIGNATURE: _____

DATE: _____

IF DIFFERENT THAN ABOVE,

APPLICATION PREPARED BY: Doug VomSteege
PRINT NAME:

Social Science Department Co-Chair
TITLE:

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Ancient Management Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



Entity Status Letter

Date: 9/11/2022

ESL ID: 8925509795

Why You Received This Letter

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

Entity ID: 3058980

Entity Name: TEMECULA VALLEY HIGH SCHOOL/GOLDEN BEAR FOUNDATION

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

Important Information

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

Connect With Us

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

California

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

[File](#)[Pay](#)[Refunds](#)[Credits & Deductions](#)[Forms & Instructions](#)[Home](#) > [Tax Exempt Organization Search](#) > [Temecula Valley High School Golden Bear Foundation](#)[< Back to Search Results](#)

Temecula Valley High School Golden Bear Foundation

EIN: 26-1917730 | Temecula, CA, United States

[> Other Names](#)

Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes**Deductibility Code:** PC

Form 990-N (e-Postcard) ⓘ

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

[> Tax Year 2012 Form 990-N \(e-Postcard\)](#)[> Tax Year 2011 Form 990-N \(e-Postcard\)](#)[> Tax Year 2010 Form 990-N \(e-Postcard\)](#)

Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

[> Tax Year 2020 Form 990EZ](#)[> Tax Year 2019 Form 990T](#)[> Tax Year 2019 Form 990](#)[> Tax Year 2019 Form 990T](#)[> Tax Year 2019 Form 990](#)

Form 990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2020

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization: Temecula Valley High School Golden Bear Foundation. Number and street: PO Box 892072. City or town: Temecula, CA 925892072

D Employer identification number: 26-1917730. E Telephone number. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.TVGBF.COM

J Tax-exempt status (check only one) - 501(c)(3), 501(c), 4947(a)(1) or 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$117,751

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

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

Table with 9 rows for Revenue. Columns include line number, description, and amount. Total revenue is 116,178.

Table with 7 rows for Expenses. Columns include line number, description, and amount. Total expenses is 141,377.

Table with 4 rows for Net Assets. Columns include line number, description, and amount. Net assets at end of year is 202,346.

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

55

**TEMECULA VALLEY
PLAYHOUSE**

CITY OF TEMECULA
FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 47,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: TEMECULA TALENT REVIVED! Start Date: 7/1/22 End Date: 6/30/24

Physical Address of Project/Program: 42051 Main Street, Temecula, CA 92590 (OTTCT)
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Temecula Valley Playhouse dba Temecula Valley Players
Mailing Address: PO Box 1293
Temecula, CA 92593

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: Temecula Valley Playhouse Year Founded: 6/10/1983

Website: temeculavalleyplayers.com Social Media: FaceBook, Instagram, YouTube

Number of Paid Staff: 0 Number of Volunteers: 16 year round; 30 at ea. production

Geographic Area(s) the Organization Serves: Temecula, Murrieta, Menifee, and surrounding areas.

Geographic Area(s) the Project/Program Serves: All of Temecula, incorporated and unincorporated.

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Lisa Wunderlich Title/Position: Board Member/Director

Contact Person's Direct Telephone: 951-704-5702 Contact Person's Email: l.wunderlich1@verizon.net

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 7/23/91
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0008806 State Identification Number: C1144097

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

1. Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/> See attached.
2. Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp See attached.
3. Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>
See attached.

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

N/A.

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

N/A.

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The Mission of the Temecula Valley Players is to entertain, enrich, and educate our community and surrounding communities, especially our youth, through exceptional theatrical performance, education and appreciation for and of the arts in theatre. (<https://temeculavalleyplayers.com/>)

Temecula Valley Players (TVP) includes youth and adults of all backgrounds, socio-economic statuses, and ethnicities, and provides them with the opportunity to be part of a Broadway-style show with high production values where they work with professional directors, voice teachers, choreographers, designers, and technical crews. TVP is Diversity, Equity, and Inclusion committed. Educating and inspiring our youth is what we care about the most. Through live theater, we teach them core social values to help shape a brighter future. TVP recently implemented a new program for youth, the Guest Education Artist Program. Thus far, three youth have been a part of the program in order to learn more about an area of interest and gain hands-on experience. To see more about these youth, go to: <https://temeculavalleyplayers.com/tvp-youth/>. Our objective is to showcase the incredible talent that is here in the Temecula community. Temecula residents need travel no further than Main Street in their own city to see a live performance Broadway-style show.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

TVP is able to provide Financial Statements upon request.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
N/A.	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ N/A.		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Project, TEMECULA TALENT REVIVED! will focus on three areas for five productions annually performed in the Old Town Temecula Community Theatre (OTTCT) during FYs 22/23 and 23/24: 1) Recruiting additional talent from Temecula to the OTTCT stage in the form of actors, directors, musical directors, choreographers, stage managers, lighting and sound designers, set builders, prop managers, musicians, and all other aspects of theatre for productions. We will recruit talent from Temecula for all positions prior to selecting talent from outside; 2) Defraying all costs for actors from Temecula cast in shows so that paying membership fees, libretto deposits, portions of costuming, etc. will not preclude actors from any socio-economic background from performing; and 3) Offering discounts of 15% to all Temecula residents, and free tickets to Temecula Foster Youth and Group Home Youth. TVP has been enriching the Temecula Valley with live productions since 1983. We have been a resident theatre company at OTTCT since its opening in 2006. Temecula is incredibly rich in talent. With this project, our goal is to increase the number of actors, creative team members, other crew, and attending audience from Temecula by 20%. Our productions for this season include *West Side Story*, *A Christmas Carol*, *Daddy's Dying Who's Got the Will*, *Godspell*, and *Oliver*. Approximately 12,000+ attendees see our productions annually; we want to expand our reach in Temecula with this project.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

TEMECULA TALENT REVIVED! grant funding will be spent on: 1) Advertising and community outreach to Temecula residents via social media, local newspapers, local radio, show Production Bills, at the box office, and in-person visits to Senior and Group Home communities; 2) Subsidizing the loss of TVP ticket revenue for residents of Temecula, and for children/youth in Foster Care and Group Homes given discount rates and free tickets; 3) Paying all production costs for any Temecula actor cast in productions; 4) Renting equipment and facilities for OTTCT performances from Temecula businesses whenever possible (this includes but is not limited to: using Temecula Penske truck rental for load-in/load-out, rental space at the OTTCT for rehearsals, rental of the OTTCT stage and their special equipment for performances, and other rental and equipment; 5) Purchasing set building items (lumber, paint, brushes, rollers, nails, screws, casters, etc.), set decorating items, batteries (for microphones), props, costumes (TVP often uses thrift stores such as Salvation Army and fabric from JoAnn's) from Temecula businesses whenever possible; and 6) Providing food and drinks (no alcohol) to the cast after their last production performance at their cast party in a Temecula establishment; and 7) Renting microphones as needed for Temecula actors. Please see the List of Project Expense on page 10 for a breakdown.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Temecula residents will benefit from the project as they will be recruited/selected first for the Creative Team, crew, and performers in our season productions. When TVP has two or more equally qualified persons for a position, a Temeculan will be selected when available. This will highlight talent in Temecula and encourage Temeculans to share their talent in their own community. Performers in TVP productions learn from professionals as our creative teams are active in the industry. TVP actors, especially youth, learn professionalism in every aspect of theatre whether they want to build sets, sew costumes, or manage a stage. Please note: many Temecula youth who called TVP their home have gone on to become industry professionals themselves. Again, there will be no costs for Temecula actors removing financial impediments to performing. Temecula residents will benefit as their ticket costs will be reduced or free; they need only show ID with a Temecula address at the box office. This also serves to acquire accurate numbers for residents who benefit from the program for grant auditing/reporting purposes. We have designed a system to gather accurate information for auditing and reporting. Research has proven that theatre benefits the community by teaching empathy, creating strong communicators, encouraging creative thinking/problem solving, building collaboration and teamwork, relieving stress, and more. Temecula businesses will benefit as needs for shows will be purchased in Temecula. Restaurants and other businesses close to OTTCT will benefit from theatre goers.

FROM THIS PROJECT/PROGRAM: # based on attendance for disc/free tickets, business, creative team, actors, etc.	2500
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3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM: # based on persons who volunteer during productions and does not include Board Members, committee members, and Creative team who also volunteer during this time.	150
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PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

TEMECULA TALENT REVIVED! benefits the Temecula Community by recruiting local talent first, making ticket prices more affordable for local residents, and spending funding in the Temecula businesses community for production needs. TVP is a non-profit organization and has been a presence in the Temecula Valley for four decades.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

TVP completely shut down 3/20 through 8/21 during the pandemic. Our ability to serve the community was nearly non-existent and remaining shows for the 19/20 season were canceled. All five productions for our 20/21 season were canceled. Our revenue comes predominantly from ticket sales and the financial loss was devastating (see attached 990 from 2020). Revenue was reduced from a \$190,000 annual average to \$17,881. If requested, TVP will provide prior 990s to demonstrate pre-pandemic revenue. To remain solvent, we closed our warehouse and rented local storage for items required in future productions. Warehouse inventory was donated, or stored at the private residences of Board Members. TVP has performed in the Temecula Valley since 1983 and hopes this longevity confirms our ability to manage finances well. We have a substantial volunteer base and all Board Members volunteer 10-15 hours per week year round; we have no salaried employees. Although tickets for TVP quality shows (see numerous ITL awards at: inlandtheatreleague.org/) are priced lower than any local theatre group, we have not recovered pre-COVID attendance numbers. An article in the NY Times addresses this lack of post-COVID theatre attendance on a national level (see: nytimes.com/2022/08/21/arts/performing-arts-pandemic-attendance). After receiving small SBA and CAC grants, TVP successfully reopened and served the Temecula community again with a full (5 shows) 21/22 season, but with an 8% attendance decrease. We are kicking off our 22/23 season with West Side Story on 9/2. We feel that inflation is decreasing discretionary income for theatre attendance. Through TEMECULA TALENT REVIVED! we hope to see those numbers return.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

TVP is applying for more than \$5,000 to create the project, TEMECULA TALENT REVIVED! The residents and businesses of Temecula will benefit as detailed in Sections 1 through 3. Temecula actors will learn from industry professionals (local whenever possible) committed to cultivating quality theatre performers by offering an experienced level of training in a safe and supportive environment. Actors will receive intensive instruction in all areas of theatre: direction, musical direction, and choreography. TVP will measure the positive impact of the activities proposed via quality assessments completed at regular intervals by the director, musical director, and choreographer of each production. By production end, actors will receive an evaluation detailing their individual growth in the three areas described above. As part of the evaluation, actors will receive feedback on their individual work, teamwork, and any independent reviews received from audience members, as appropriate. Audiences will be encouraged to provide feedback on all aspects of productions including: actor quality (acting, vocal, and dance capabilities), direction, musical direction, choreography, and technical features such as lighting, costumes, sound, and set. TVP receives audience feedback directly, or via email, FaceBook, and Instagram. TVP Board Members are present at each show and make themselves personally available for audience feedback. Audience feedback is used for continuous improvement for our community. TVP will actively cultivate partners during this time for advertising, fundraising, and other grant opportunities in order to sustain the project after grant funding has ended.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 47,000	
Amount contributed to the Project/Program by the Applicant Organization: stipends to Creative Team (\$40K per season), Stage Labor at OTTCT (\$45K per season)	\$ 85,000	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	5,700 hours	
TOTAL REVENUE	\$ 132,000	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment Microphone rental, other rental equipment for 5 shows from Temecula businesses whenever possible.		\$12,800
Facilities/Rent/Insurance At OTTCT: Rehearsal space rental, stage rental, FOH Fees, Ticket Office Fees, Stage Equipment Fees		\$55,800
Supplies Set building: lumber, paint, brushes, nails, screws, etc. Set decorating items, props, etc. to be purchased from Temecula businesses.		\$ 24,500
Marketing Ads in: local papers, local radio, show bills, at the box office, and visits to senior homes and centers.		\$ 10,000
Services Subsidize TVP loss of revenue for discount/free tickets. Estimate 2,400 discount tickets at 15% x \$25 = \$9,000.00 and 50 free at \$25 = \$1,250.00		\$ 10,250
Food For cast parties at show closure to be held at Temecula establishments. Estimate \$600/production.		\$ 3000
Other Truck Rental (Temecula Penske), mic batteries, costuming, production fees, and misc. (Temecula actors only).		\$ 15,650
Staffing Expense THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$ 0
TOTAL EXPENSES		\$ 132,000
TOTAL BUDGET	\$ 132,000	\$

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: Temecula Valley Players Name of Project/Program: N/A

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ 0 Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____		Name of Project/Program: _____			
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.


ORGANIZATION NAME: Temecula Valley Playhouse dba Temecula Valley Players

MAILING ADDRESS: PO Box 1293
Temecula, CA 92593

PHONE: (714) 932-2215

EMAIL: l.wunderlich1@verizon.net

PRESIDENT / AUTHORIZED OFFICER: Lisa S Wunderlich Board Member/Director
PRINT NAME TITLE

SIGNATURE:  **DATE:** 8/30/22
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



Entity Status Letter

Date: 8/8/2022

ESL ID: 2128036581

Why You Received This Letter

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

Entity ID: 1144097

Entity Name: TEMECULA VALLEY PLAYHOUSE

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

Important Information

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

Connect With Us

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

California

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

Results for Tax Exempt Organization Search

Select Database Search All

Search By Employer Identification Number 330008806

Search Term

City Temecula

State All States

Country United States

Search **Reset** [Search Tips](#)

Showing 1-1 results of 1

Sort by: Name A-Z

Additional Information

Butterfield Stage Players

EIN: 33-0008806 | Temecula, CA, United States

[Pub 78 Data](#) [Copies of Returns](#)

- [Frequently asked questions - Exempt Organizations Select Check](#)
- [Determinations of 501\(c\)\(3\) Determinations](#)
- [Six sections Equivalent to Code Section 501\(c\)](#)
- [Exempt Organizations Business Master File Extract \(EO MFE\): a list of organizations recognized as exempt by the IRS](#)
- [Tax Exempt Organization Search Bulk Data Downloads](#)

Items per page: 25

Temecula Valley Playhouse

EIN: 33-0008806 | --, --, United States

Copies of Returns (990, 990-EZ, 990-PF, 990-T)

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

- > Tax Year 2019 Form 990EZ
- > Tax Year 2018 Form 990EZ
- > Tax Year 2017 Form 990EZ
- > Tax Year 2016 Form 990EZ

Page Last Reviewed or Updated: 20-November-2020

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Entity Search Result

Results displayed below.

Entities matching the search criteria

Entity ID	Entity Name	City
1144097	TEMECULA VALLEY PLAYHOUSE	TEMECULA

Back

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INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Rec'd 7/23/91

Date: JUL. 23, 1991

BUTTERFIELD STAGE PLAYERS
PO BOX 74
TEMECULA, CA 92390

Employer Identification Number:
33-0008806
Case Number:
951162039
Contact Person:
AHMFD AHMFD
Contact Telephone Number:
(213) 725-7876

Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
Dec. 13, 1990
Advance Ruling Period Ends:
Dec. 31, 1994
Addendum Applies:
YES

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(2).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until the Service

Letter 1045(CG)

BUTTERFIELD STAGE PLAYERS

makes a final determination of your foundation status.

If notice that you will no longer be treated as a publicly supported organization is published in the Internal Revenue Bulletin, grantors and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, 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.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

You are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not

BUTTERFIELD STAGE PLAYERS

required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Michael J. Quinn
District Director

Enclosure(s):
Addendum
Form 872-C

BUTTERFIELD STAGE PLAYERS

Due to the notification requirements of section 508(a) of the Code, the effective date of this letter is Dec. 13, 1990, the date upon which we received your application. Contributions to you are deductible only if made on or after that date. You have previously agreed to that effective date.

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)

2020

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

A For the 2020 calendar year, or tax year beginning 09-01, 2020, and ending 08-31, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>TEMECULA VALLEY PLAYHOUSE</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>PO BOX 1293</u> City or town, state or province, country, and ZIP or foreign postal code <u>Temecula, CA 92593</u>	D Employer identification number <u>33-0008806</u> E Telephone number <u>(951) 698-7272</u> F Group Exemption Number ▶
--	---	---

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ WWW.TEMECLAVALLEYPLAYERS.COM

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 17,881

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1		5,911
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		890
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		6,080
c Less: direct expenses from gaming and fundraising events	6c		12,479	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		(6,399)	
Expenses	7a Gross sales of inventory, less returns and allowances	7a		
	b Less: cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
	8 Other revenue (describe in Schedule O)	8		5,000
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		5,402
	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		7,000
Net Assets	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13		500
	14 Occupancy, rent, utilities, and maintenance	14		18,109
	15 Printing, publications, postage, and shipping	15		3,721
	16 Other expenses (describe in Schedule O)	16		3,325
	17 Total expenses. Add lines 10 through 16	17		32,655
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18		(27,253)	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		(27,018)	
20 Other changes in net assets or fund balances (explain in Schedule O)	20			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21		(54,271)	

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)

OMB No 1545-0047

2019

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. *2008*

A For the 2019 calendar year, or tax year beginning September 01, 2019, and ending August 31, 20 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Temecula Valley Playhouse, dba Temecula Valley Players</u>		D Employer identification number <u>33-0008806</u>
	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number <u>(951) 698-7272</u>
	<u>P.O. Box 1293</u>		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code <u>Temecula, CA 92593-1293</u>		

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.temeculavalleyplayers.com

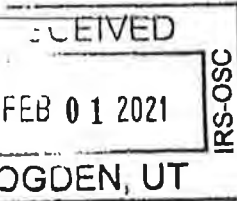
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 169,581

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I



Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (list in Schedule O)	18 Excess or (deficit) for the year (subtract line 17 from line 9)
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits	20 Other changes in net assets or fund balances (explain in Schedule O)
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance	
5b Less: cost or other basis and sales expenses	15 Printing, publications, postage, and shipping	
5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	16 Other expenses (describe in Schedule O) <i>see statement 1</i>	
6 Gaming and fundraising events:	17 Total expenses. Add lines 10 through 16	
6a Gross income from gaming (attach Schedule G if greater than \$15,000)		
6b 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)		
6c Less: direct expenses from gaming and fundraising events		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances		
7b Less: cost of goods sold		
7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		

SCANNED FEB 15 2022

17

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

56

**TEMECULA VALLEY
ROSE SOCIETY**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022



PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: _____ Start Date: 2022 End Date: 3/2023

Physical Address of Project/Program: 30592 Jedediah Smith Rd., Temecula, CA
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Temecula Valley Rose Society
Mailing Address: PO Box 890367
Temecula, CA

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Temecula Valley Rose Society
Organization: _____ Year Founded: 1990

Website: temeculavalleyrosesociety.org Social Media: Facebook

Number of Paid Staff: -0- Number of Volunteers: 25

Geographic Area(s) the Organization Serves: Temecula

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Virginia Boos Title/Position: President

Contact Person's Direct Telephone: 951-695-1689 Contact Person's Email: virginiaboos@rocketem
ait.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 10-1990
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 330428167 State Identification Number: 1570446

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The Temecula Valley Rose Society was originally founded to encourage local citizens to enjoy roses, planting a rose garden on borrowed land. We now own the 3.4 acre property which is so much more than a rose garden, with many events and activities benefitting Temecula residents. Composting and soil building is taught, the Tree of Life garden offers children and adults lessons in gardening and nutrition, Eagle Scout projects thrive, pollinator and native plant areas are planned, the garden is a designated wildlife area. The beauty and spectacular view are enjoyed by Temecula visitors. Life events are photographed both personally and professionally. Our Board and volunteers will preserve this garden for many years to come.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ -0-	Roripaugh Family Foundation	
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Program 1 - Peace and Friendship garden area, 6 peace poles with the message " May Peace Prevail on Earth", an effort begun in 1955 by a Japanese philosopher, after the destruction of WW2. The message is on each pole, in 42 languages, plus a Braille plaque.

Program 2 - Replacement of the garden gazebo, deteriorated after 25 years.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Program1-Rose bushes, mulch, construction of pathways with maintenance, irrigation system and equipment with maintenance, 6 peace poles and shipping, addition of the message in 42 languages plus a Braille plaque, a display case to recognize donors.

Program 2-Gazebo unit, shipping, labor to install.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

All citizens of Temecula, at whatever age, benefit from the Rose Haven Heritage Garden. From a simple family picnic, educational classes to learn about nutrition, gardening and composting, Eagle Scout projects, all the way to graduation celebrations and weddings, photography of life events, it's all here at this special place. Care and maintenance are done by local volunteers who enjoy the exercise and accomplishments. Our website encourages visits, tempting with many photos.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	1500
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	25

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Program 1 - We join the world-wide Peace and Friendship movement, "May Peace Prevail on Earth", begun in 1955 by a Japanese philosopher, as a response to the WW2 destruction in Japan.

Program 2 - Replacement of the gazebo unit, due to deterioration of this 25-year-old structure, used for rental income, as well as visitors' enjoyment.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Covid involvement changed everything. Meetings and activities for both adults and children were shut down. Outdoor meetings were attempted with little participation. Annual dues were not collected for 2021 resulting in a loss of revenue and membership interest.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

Program 1 - Our Peace and Friendship garden area was initiated in 2020. It will need constant maintenance by our volunteers. A REDI presentation was well received by City officials in March 2022.

Program 2 - Our original decorative garden gazebo was installed about 25 years ago. It now needs to be replaced due to deterioration, as simple repair is not possible. This unit is important to us for income, as it is rented for family events, weddings, proposals. It is one of the main attractions for visitors, high on a hill for a spectacular view.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)			
LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 12,657	
Other grants or funding already awarded for Project/Program, if any		\$ -0-	
In-Kind match amount or volunteer credit hours estimated amount		\$ 43,816	
<i>1463 hours x \$29.25 (hrs)</i> TOTAL REVENUE		\$ 106,473	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment	Irrigation system, 6 peace poles, language plaques		\$
Facilities/Rent/Insurance			\$
Supplies	Roses, mulch		\$
Marketing			\$
Services			\$
Food			\$
Other	Pathways, donor recognition display case		\$
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$-0-
<i>AS OF AUGUST 21, 2022</i> TOTAL EXPENSES			\$28,015
TOTAL BUDGET		\$107,729	\$

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

***IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.**

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: Temecula Valley Rose Society **Name of Project/Program:** _____

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ **Month & Year CSF Grant Received from City:** _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: Temecula Valley Rose Society		Name of Project/Program: _____			
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____		Month & Year FIRST \$5,000 check was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Temecula Valley Rose Society

MAILING ADDRESS: PO Box 890367 PHONE: (951) 695-1689
Temecula, CA EMAIL: virginiaboos@rocketmail.com

PRESIDENT / AUTHORIZED OFFICER: Virginia Boos
PRINT NAME TITLE

SIGNATURE: *Virginia Boos* DATE: 9/12/2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



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

Entity Status Letter

Date: 9/20/2022

ESL ID: 7848128431

Why You Received This Letter

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

Entity ID: 1570446

Entity Name: TEMECULA VALLEY ROSE SOCIETY

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

Important Information

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

Connect With Us

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

2022-09-05_100032

Department of The Treasury

Internal Revenue Service
EO Group 7404
Suite 1109, Stop 520
401 West Peachtree St.
Atlanta, GA 30365

American Rose Society
P.O. Box 30000
Shreveport, LA 71130

Person To Contact:
Kim Artis
Telephone Number:
(404)331-4989
Refer Reply To:
EO:7404:AH
EIN: 31-4397740

MAY 15 1992 REC'D

Date: MAY 11 1992

Dear Sir or Madam:

We have received and reviewed the amended organizing documents that you submitted on behalf of your organization, in which the organizing documents were approved and/or adopted on 3/20/92 and 3/26/92. This information has been made a part of your file.


Your organization shall continue to be recognized as exempt under Section 501(C)(03) of the Internal Revenue Code, effective as of 06/83. You may continue to rely on this exemption until it is modified, terminated or revoked by the Internal Revenue Service.

Please continue to let us know of any changes in the purpose, character, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

A copy of this letter should remain in your permanent records, as it may help resolve any question about your exempt status.

Thank you for your cooperation.

Sincerely,


Kim Artis
Exempt Organizations
Coordinator

Internal Revenue Service

District
Director

AMERICAN ROSE SOCIETY
TEMECULA VALLEY ROSE SOCIETY
P.O. BOX 890367
TEMECULA, CA 92589-0367

Department of the Treasury 2022-04-01-

134725

300 N. Los Angeles Street, MS 7043
Los Angeles, CA 90012

2022-09-05

Person to Contact:

L. BARRAGAN
Telephone Number:

(213) 894-2336

Refer Reply to:

EO(0223198

Date:

FEBRUARY 24, 1998

EIN: 33-0428167

095900

Dear Taxpayer:

This letter is in response to your request for exempt status regarding the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax under Internal Revenue Code Section 501(c)(03). Group exemption number 7044 has been assigned to the organization and its subordinates. The determination letter issued in JUNE 1983 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,



Disclosure Assistant

2022-09-06-141656

Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your 199N e-Postcard.

We received your 199N e-Postcard on 4/5/2021 9:40:31 AM.

Confirmation Number: 157044609509

Entity ID: 1570446
Entity Name: TEMECULA VALLEY ROSE SOCIETY

Account Period Information

Account Period Beginning: 1/1/2020
Account Period Ending: 12/31/2020

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: \$78761

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Entity Information

FEIN: 330428167
Doing Business As: Temecula Valley Rose Society
Website Address: temeculavalleyrosesociety.org

Entity's Mailing Address

PO Box 890367
Florence Rafulowitz
Temecula CA 92589

Principal Officer's Information

Rebecca Weersing
PO Box 890367
Florence Rafulowitz
Temecula CA 92589

Contact Information

Name: Florence Rafulowitz
Phone: 9738733488

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.

Print

Log Out

San Diego Tax Board



2022-04-01-
140030

Confirmation

2022-09-05_100638

[Home](#) | [Security Profile](#) | [Logout](#)

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

- **Organization Name:** AMERICAN ROSE SOCIETY
- **EIN:** 330428167
- **Tax Year:** 2020
- **Tax Year Start Date:** 01-01-2020
- **Tax Year End Date:** 12-31-2020
- **Submission ID:** 10065520210954481754
- **Filing Status Date:** 04-05-2021
- **Filing Status:** Pending

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

MANAGE FORM 990-N SUBMISSIONS

2022-09-05_100576

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2020

Open to Public Inspection

A For the 2020 Calendar year, or tax year beginning 2020-01-01 and ending 2020-12-31

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: AMERICAN ROSE SOCIETY

PO Box 890367, Temecula,
CA, US, 92589

D Employee Identification

Number 33-0428167

E Website:

temeculavalleyrosesociety.org

F Name of Principal Officer: Rebecca Weersing

PO BOX 890367,
TEMECULA, CA, US, 92589

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.

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 filing via paper. You must file your Form 990-N (e-Postcard) electronically.

2022-09-05-100338



Contact Information

[Home](#) | [Security Profile](#) | [Logout](#)

- [e-Postcard Profile](#)
- [Select EIN](#)
- [Organization Details](#)
- [Contact Information](#)
- [Confirmation](#)

Electronic Notice-Form 990-N (e-Postcard)

Organization Address and Principal Officer Information

Organization's legal name: AMERICAN ROSE SOCIETY

If your organization conducts business using another name (DBA), enter other name:

* = required field

Organization:

DBA Name

Temecula Valley Rose Society

DBA Name - continued

ENTER ADDITIONAL DBA NAMES

Country*

US - United States

Number and Street (or PO Box)*

PO Box 890367

City or Town*

Temecula

State*

CA - California

Zip Code*

92589

Organization's website address, if applicable

temeculavalleyrosesociety.org

2022-09-05_100205



AMERICAN ROSE S

P.O. Box 30,000 • Shreveport, Louisiana 71130-0030
8877 Jefferson Paige Road • Shreveport, Louisiana 71119-8817
Phone: 318-938-5402 • Fax: 318-938-5405 • www.ars.org

Date: March 1, 2019
From: American Rose Society
Chapter/Society Membership Services
Re: Federal Employer Identification Number (EIN)

The following information is for an affiliate of the American Rose Society, as assigned by the Internal Revenue Service.

Chapter/Society Name: Temecula Valley Rose Society
President: Virginia Boos, President
(951)-695-1689; virginiaboos@rocketmail.com.
Treasurer: Bonnie Bell
EI Number: 33-0428167
CA FTB Number: 1570446

The **Temecula Valley Rose Society** is a subordinate of the American Rose Society and is in good standing with this organization.

The Temecula Valley Rose Society is exempt from federal income tax under the Group Exemption Number (GEN) of 7044.

The American Rose Society is recognized as a 501(c)3 organization by the IRS as are all of our subordinates in good standing.

TVRS 2022 BUDGET:		Jan - Dec 22	Jan - Dec 22
Ordinary Income			Ordinary Expense
Income			Expense
4100 Interest - Savings	2.00	5100 Executive Committee	
4200 Member Donations		5103 Affiliate Insurance ARS	490.00
4230 Member Donations	400.00	5122 Insurance Directors & Offi	580.00
Total 4200 Member Donations	400.00	5123 P. O. Box rental	190.00
4300 Membership		5128 Supplies	70.00
4310 Membership Dues	1,500.00	5129 Telephone, Telecomm	300.00
4320 Nametags	240.00	5135 Taxes and Fees	45.00
Total 4300 Membership	1,740.00	5138 Squarre Processing Fee	52.00
4500 Program Income		Total 5100 Executive Committee	1,727.00
4515 Member Mtg Raffle	550.00	5200 Programs Committee	
Total 4500 Program Income	550.00	5233 Member Meeting Room Rent	375.00
4600 Rose Haven Donations		5234 Mbr Meeting Speaker Fees	200.00
4611 Photography/Photo Shoot	1,600.00	5235 ARS Programs Fee	125.00
4612 Reservation Donatons	500.00	Total 5200 Programs Committee	700.00
4615 General Donations	1,250.00	5300 Membership Committee	
4642 Landscape Maintenance Dona	15,350.00	5321 Awards	60.00
4670 Visitor Donations	1,000.00	5322 Nametags	240.00
Total 4600 Rose Haven Donations	19,700.00	5330 ARS Affiliate Dues	70.00
4700 Society Operations Donatio		Total 5300 Membership Committee	370.00
4710 Board Pledges	1,500.00	5500 Finance Committee	
Total 4700 Society Operations Donatio	1,500.00	5540 Tax Preparation	250.00
4800 Ways & Means		Total 5500 Finance Committee	250.00
4820 Stater Brothers Script	140.00	5700 Communications Committee	
4822 Amazon-Smile	140.00	5710 Newsletter Print & Postage	300.00
Total 4800 Ways & Means	280.00	5730 Website - main TVRS	170.00
4840 Rose Haven Events		5740 Chamber of Commerce	300.00
4860 Special Events Proceeds	2,000.00	Total 5700 Communications Committee	770.00
4861 Garage Sales Proceeds	200.00	5800 Rose Haven Committee	
Total 4840 Rose Haven Events	2,200.00	5812 Benches, Tables	500.00
Total Ordinary Income	26,372.00	5831 Annual Backflow Testing	50.00
Other Income		5832 Irrigation Repair	1,000.00
6010 Tree of Life Project	1,000.00	5833 Minor Maintenance	750.00
6019 Peace and Friendship Proj	27,500.00	5834 Miscellaneous Supplies	500.00
	28,500.00	5835 Soil Amendments/Fertilizer	500.00
		5836 Weed Supplies	400.00
		5841 Non Rose/Tree Care	2,000.00
Total Income	54,872.00	5847 Landscape Maintenance	7,200.00
		5848 Pond Maintenance	3,930.00
		5851 APGA Membership	150.00
		5852 Garden Insurance	1,275.00
		5853 Porta-a-Potty	980.00
		5854 Property Taxes	160.00
		5855 Utilities Electric	1,000.00
		5856 Utilities Water	1,500.00
		5858 Internet Provider	660.00
		Total 5800 Rose Haven Committee	22,555.00
		Total Ordinary Expense	26,372.00
		Other Expense	
		701 RH Tree of Life Exp	1,000.00
		7019 Peace and Friendship Exp	27,500.00
		Total Expenses	28,500.00
		Net Income	54,872.00

2022-09-05-055232

**Temecula Valley Rose Society
Checks, Auto-Pay, to Ratify
May 2022**

Date	Num	Name	Account	Amount	
12 Checks Issued from Check # 2940 to 2951, total \$8,501.33					
05/03/2022	2940	White House Sanitation	5853 Porta-a-Potty	101.04	
05/03/2022	2941	Nancy Fitness	5834 Miscellaneous Supplies	318.82	
05/10/2022	2942	Whisenhunt Communication	5670 Society brochures	325.00	
05/19/2022	2943	City of Temecula	5233 Member Meeting Room Rent	170.00	
05/19/2022	2944	Agnardo Landscape	5847 Landscape Maintenance	600.00	
05/19/2022	2945	Temecula Trophy	5322 Nametags	73.95	
05/19/2022	2946	Waterscape Creations, Inc.	5848 Pond Maintenance	490.00	
05/19/2022	2947	Rolling Hills Construction	7017 Gazebo Project	5,246.85	
05/19/2022	2948	Agriscape	7017 Gazebo Project	554.63	
05/20/2022	2949	White House Sanitation	5853 Porta-a-Potty	101.04	
05/24/2022	2950	Park West	7019 Peace and Friendship Exp	160.00	
05/24/2022	2951	Forest Bees	5837 Bees and Other Pests Contr	360.00	8,501.33
Electronic Payment					
05/09/2022	ePay	Omega Print	5670 Society brochures	222.94	222.94
AutoPays for Utilities:					
05/23/2022	Autopay	Frontier Communications	5858 Internet Provider	65.87	
05/27/2022	Autopay	Rancho California Water	5856 Utilities Water	126.39	
05/03/2022	AutoPay	Southern California Edison	5855 Utilities Electric	103.26	295.52
TOTAL				9,019.79	9,019.79

**Temecula Valley Rose Society
Checks, Auto-Pay, to Ratify
April 2022**

Num	Name	Account	Amount
11 Checks issued: from check # 2929 to 2939, total = \$4,874.14			
2929	Chubb	5122 Insurance Directors & Offi	600.00
2930	White House Sanitation	5853 Porta-a-Potty	101.04
2931	City of Temecula Library, Gen Meeting 5/22	5233 Member Meeting Room Rent	34.00
2932	City of Temecula Library, Gen Meeting 6/22	5233 Member Meeting Room Rent	34.00
2933	Temecula Valley Pipe & Supply	5832 Irrigation Repair	623.82
2934	Agnardo Landscape	5847 Landscape Maintenance	600.00
	Agnardo Landscape	5836 Weed Supplies	463.24 ✓
2935	Waterscape Creations, Inc.	5848 Pond Maintenance	320.00
2936	Agnardo Landscape, Reimb Stolen Battery Charger	5132 Other	118.54
2937	Park West - for mulch	7019 Peace and Friendship Exp	640.00
2938	The Hartford Insurance	5852 Garden Insurance	1,328.00
2939	American Rose Society for Tem CultureFest Ins Cert	5103 Affiliate Insurance ARS	11.50
			4,874.14 ✓
AutoPays for Utilities:			
AutoPay	Rancho California Water	5856 Utilities Water	112.11
AutoPay	Southern California Edison	5855 Utilities Electric	45.48
AutoPay	Frontier Communications	5858 Internet Provider	65.87
			223.46
AutoPurchas	Amish Country	7017 Gazebo Project	7,252.00
TOTAL DISBURSEMENTS:			12,349.60

May - labor for gazebo

Temecula Valley Rose Society
Income vs Expenses
 January through December 2021

		Jan - Dec 21
	6016 Courtyard Project-Bricks	47,439.48
	6017 Gazebo Project	2,000.00
	6018 Soil Farm Project	1,000.00
	6019 Peace and Friendship Proj	6,439.65
	Total 6000 Other Income	70,879.13
	Total Other Income	70,879.13
	Other Expense	
	7000 Other Expense	
	7016 Courtyard Expense	38,929.14
	7017 Gazebo Project	7,252.00
	7018 Soil Farm Expense	448.07
	7019 Peace and Friendship Exp	16,547.23
	Total 7000 Other Expense	63,176.44
	Total Other Expense	63,176.44
	Net Other Income	7,702.69
Net Income		15,403.42

9/6/22

Temecula Valley Rose Society
Summary Income vs Expenses YTD
 January 1st through December 31, 2019

		Jan - Dec 19
Ordinary Income/Expense		
Income		
	4100 Interest - Savings	1.82
	4110 Investments	1,508.69
	4200 Member Donations	52.25
	4300 Membership	2,269.50
	4500 Program Income	697.00
	4600 Rose Haven Donations	12,430.37
	4700 Society Operations Donatio	2,000.00
	4800 Ways & Means	713.63
Total Income		49,673.26
Expense		
	5100 Executive Committee	1,024.50
	5200 Programs Committee	831.01
	5300 Membership Committee	602.94
	5500 Finance Committee	500.00
	5600 Education&Outreach Comm	332.45
	5700 Communications Committee	651.92
	5800 Rose Haven Committee	(3,291.74)
Total Expense		17,234.56
Net Ordinary Income		2,438.70
Other Income/Expense		
Other Income		
	6000 Other Income	0.00
Total Other Income		0.00
Net Other Income		0.00
Net Income		2,438.70

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

57

**GFWC TEMECULA VALLEY
WOMEN'S CLUB**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Fundraiser Cancellation Compensation Project Start Date 1/1/23 Date: 12/31/23

Physical Address of Project/

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

Program:

If Grant is Awarded, Make Check Payable to: GFWC -Temecula Valley Woman's Club

Mailing Address: PO Box 1056 Temecula, CA 92593

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: GFWC -Temecula Valley Woman's Club

Year Founded: 1980

Website: www.tvwc.com

FB: Temecula Valley Woman's Club

Social Media: IG: @temeculavalleywomansclub

Number of Paid Staff: 0

Number of Volunteers: 80

Geographic Area(s) the Organization Serves: The Temecula Valley

Geographic Area(s) the Project/Program Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Serves:

Contact Name: Patti Castillo

Title/Position: Communciation & PR Chair

Contact Person's Direct Telephone: 951-850-6498 Contact Person's Email: plhcastillo@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 7/8/1982

No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 95-3788376 State Identification Number: 1119999

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The Temecula Valley Woman's Club is part of an International organization dedicated to the improvement of the educational, ethical and cultural life of the community through volunteer service.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

For 35 years, the Temecula Valley Woman's Club (TVWC) hosted the Holiday Home Tour. The Home Tour is TVWC's largest fundraiser. A portion of Home Tour funds raised went toward local scholarships. TVWC dedicated an amount of the remaining funds to The President Project, local non-profits, and the remaining amount to TVWC's operational costs. TVWC's operational costs include the following: meeting and facility fees, public relations, advertisement, membership engagement events, training, and financing of the following year's fundraisers, the Holiday Home Tour & Mid-year Fundraiser.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Grant funding would pay for TVWC's operational costs of monthly meetings, fundraising events, membership engagement, public relations, and local non-profit projects. List of goods and services to purchase for the Home Tour Fundraiser; such as homemade soup supplies, gourmet food supplies, bakery food supplies, wrapping & packaging supplies, decorator expenses, craft supplies, booties (for guests to visit the homes), waste management rentals, van rentals, traffic control rentals, print advertising, brochure printing, ticket & poster printing, catering, table & chair rentals, portable toilet facility rentals, venue rentals, Insurance fees, licenses, and permit costs.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

For 42 years, TVWC has given back to the Temecula Valley by volunteering, supporting, and donating to local non-profits, schools, and public agencies. TVWC has donated over 3 million dollars to local non-profits and 1.5 million volunteer hours. From local public schools, food banks, public libraries, and park and building foundations to animal shelters, children at risk, helping the homeless, and women's breast cancer support, the Club has impacted tens of thousands of citizens in the community. This grant will allow TVWC to continue pursuing, engaging, and increasing membership, allowing us to volunteer, donate and support more non-profits, local schools and libraries, and organizations. It will also subsidize some of the income lost due to canceling fundraising events for the past two years.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

250,000

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

80

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Fundraiser Cancellation Compensation Project will increase membership and fundraising capabilities. With additional volunteers and funds, TVWC can return to hosting larger fundraisers raising funds to a pre-pandemic level. Increased volunteering, contributing, and donating to the community will result in an improved quality of life in the Temecula Valley and its citizens.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

At the end of 2019, TVWC had 120 members. In 2022, our membership declined to 80 members. Our members are the lifeblood of the organization. The decrease in membership reduced the number of charities supported, the dollars donated, and the hours volunteered to the community. In December, TVWC plans to host the 36th Annual Holiday Home Tour. The reduced membership and lack of income from the last two years will result in a smaller event, with the number of homes on tour reduced to two and ticket prices reduced. Overall cost increases resulted in cutting back on the number and variety of homemade soups to be sold, totally deleting the gourmet jams & jellies sold in the past, and the number and type of bakery items and crafts offered for sale at the Home Tour. The pandemic has impacted TVWC in many ways. This grant would assist TVWC in increasing membership and paying for fundraising costs. Getting back to pre-pandemic membership numbers will increase TVWC's ability to give back to the community, positively impacting residents and making Temecula and the surrounding communities a better place to live.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

Grant funds would allow TVWC to CONTINUE and EXPAND our membership and fundraising abilities. The pandemic caused a reduction in attracting and maintaining members and limited fundraising efforts. TVWC had to cancel fundraisers in 2020 and 2021 and radically downsize the 2022 Home Tour. With this award, TVWC would have funds to cover the costs of maintaining and attracting additional members and assist in paying the price of hosting our fundraiser to the quality and level before the pandemic. In doing so, we can return our contribution to the community to the higher level performed in all the years before the pandemic.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000.00	
Amount contributed to the Project/Program by the Applicant Organization	\$ 26,950.00	
Other grants or funding already awarded for Project/Program, if any	\$	
In-Kind match amount or volunteer credit hours estimated amount	\$	
TOTAL REVENUE	\$ 76,950.00	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$ 14,250.00
Facilities/Rent/Insurance		\$ 7,750.00
Supplies		\$ 5,300.00
Marketing		\$ 10,650.00
Services		\$ 10,000.00
Food		\$27,000.00
Other		\$ 2,000.00
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 0
TOTAL EXPENSES		\$ 76,950.00
TOTAL BUDGET	\$	\$ 76,950.00

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:


- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: GFWC-Temecula Valley Woman's Club

MAILING ADDRESS: P.O. Box 1056 PHONE: (951) 850-6498
Temecula CA 92593 EMAIL: plhcastillo@gmail.com
or info@tvwc@gmail.com

PRESIDENT / AUTHORIZED OFFICER: Barb Purdy TITLE: T.V.W.C. President
PRINT NAME TITLE

SIGNATURE:  DATE: 9/8/2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Patti Castillo TITLE: TVWC Communications + PR chair
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



HELP ⓘ

MENU ☰

[Home](#) > [Tax Exempt Organization Search](#) > [Gfwc-temecula Valley Womans Club](#)

< [Back to Search Results](#)

Gfwc-temecula Valley Womans Club

EIN: 95-3788376 | Temecula, CA, United States

> **Other Names**

Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC
.....

Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

> **Tax Year 2019 Form 990EZ**

> **Tax Year 2018 Form 990EZ**

> **Tax Year 2017 Form 990EZ**

> **Tax Year 2016 Form 990EZ**



Entity Status Letter

Date: 09/11/2022

ESL ID: 7356915853

Why You Received This Letter

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

Entity ID: 1119999

Entity Name: GFWC - TEMECULA VALLEY WOMAN'S CLUB

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

Important Information

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

Connect With Us

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

California

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

Form 990EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2019

Open to Public Inspection

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

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

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

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization: GFWC - Temecula Valley Womens Club. Number and street: PO Box 1056. City or town: Temecula, CA 92593

D Employer identification number: 95-3788376. E Telephone number: (310) 994-0155. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.tvwc.com

J Tax-exempt status (check only one) - 501(c)(3), 501(c), 4947(a)(1) or 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$195,554

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

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 102,006, 20,875, 1,580, 1,489, 102,731, 105,800, 17,081, 123,216, 2, 140,299.



Ms. Patti Castillo
Temecula Valley Woman's Club
(951)-850-6498
plhcastillo@gmail.com

September 12, 2022

Community Service Funding:
REINVESTMENT IN TEMECULA
Attn: City Manager's Office
City of Temecula
41000 Main Street
Temecula, Ca 92590

DEAR SIR/MADAM,

The Temecula Valley Woman's Club (TVWC) is part of an International Organization dedicated to the improvement of the education, ethical and cultural life of the community through volunteer service. TVWC has been serving the Temecula Valley for the past 42 years. TVWC has given back to the Temecula Valley by volunteering, supporting, and donating to local non-profits, schools, public libraries, and museums. TVWC has donated over 3 million dollars to local non-profits and volunteered over 1.5 million hours.

For the past 35 years, TVWC has hosted our largest fundraiser, the Holiday Home Tour. A portion of the proceeds from the home tour go toward scholarships, and the remaining proceeds go toward funding our non-profit support projects and TVWC's operational costs.

Sadly, because of the Pandemic, TVWC canceled the 2020 and 2021 Home Tours and mid-year fundraiser, impacting our fundraising income and membership. At the end of 2019, TVWC has 120 members. In 2022, our membership declined to 80 members. This reduction in funds and members reduced the number of charities supported, the dollars donated, and the hours volunteered to the community.

This grant would assist TVWC in increasing and engaging membership and expand our fundraising abilities to pre-pandemic levels. Getting back to pre-pandemic membership and funding capabilities will increase TVWC's ability to give back to the community, positively impacting residents and making Temecula and the surrounding communities a better place to live.

Tax ID #95-3788376 • Find us at Temecula Valley Woman's Club



P.O. Box 1056, Temecula, CA 92593-1056 • (951) 302-1370 • www.tvwc.com

TVWC would like to thank you for your consideration throughout this process and for providing organizations like ours with opportunities to give back more to the community, which will result in an improved quality of life for the Temecula Valley and its citizens.

Sincerely,

A handwritten signature in cursive script that reads "Patti Castillo". The signature is fluid and includes a large, decorative flourish at the end.

Patti Castillo

Temecula Valley Woman's Club

Communications and PR Chair

ENCLOSURE

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

58

THE EMPOWERMENT CENTER

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Youth Mental Health Community Health Worker Program Start Date: Jan 1, 2023 End Date: Dec 31, 2023

Physical Address of Project/Program: _____
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: The Empowerment Center
Mailing Address: 27262 Via Industria
Temecula, CA 92592

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant
Organization: The Empowerment Center Year Founded: 2005

Website: www.theempowermentcenterintl.com Social Media: www.facebook.com/theempowermentcenter

Number of Paid Staff: 4 Number of Volunteers: 8

Geographic Area(s) the Organization Serves: Riverside County

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Teresse Lewis, L.C.S.W. Title/Position: Executive Director

Contact Person's Direct Telephone: 951-514-2939 x107 Contact Person's Email: llewis@theempowermentcenterintl.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 2005
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 56-2497243 State Identification Number: C2588343

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The Empowerment Center's mission is to help youth and families develop the resilience necessary to overcome challenges, discover the best of themselves and create healthier, happier patterns of living.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Breakthrough Family Wellness Program	\$ 5000.00	January 2021	Community Services Grant
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 650,000	California Workforce Development Board	April 2023
\$ 100,000	Morgan Stanley Foundation	January 2023
\$ 100,000	Temecula Valley Unified School District	March 2023
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT

The Empowerment Center's Youth Mental Health Worker Project is an innovative grow-your-own approach to training up the youth in the city of Temecula to address the mental health concerns of Temecula's youth population. The purpose of the project is to create an ecosystem that trains and deploys a front-line army of youth mental health workers to gain competencies that create viable career pathways upon high school graduation. Youth participants ages 17-24 will receive comprehensive training provided and supervised by licensed mental health professionals to prepare them for the workforce. Curriculum will include Mental Health Assessment Skills, Advocacy Skills, Career Readiness Skills, knowledge of mental and behavioral health referral systems, and skills to become trusted messengers to connect youth and families to mental health supports in times of need. The robust 9-month program includes components in training, mentorship, supportive services, and case management to assist with youth participants with job placement. This program has a special emphasis on youth at-risk for homelessness, foster youth, youth from racial minority populations, and youth identifying as LGBTQ. Upon completion of the program, participants will be able connected to employment opportunities within local educational institutions, mental health agencies, and community based organizations to address health equity gaps and improve youth population mental health outcomes throughout Temecula and across the Inland Empire. Graduates of the program will receive a state-recognized certificate of completion, providing an accelerated opportunity to gain a transferable industry-recognized skill set to meet youth mental health needs without the barrier of a 4-year degree traditionally needed to work in the field of mental health. This innovative program also includes supportive services for participants in need, including flexible training opportunities (after school, nights, and weekends), technology assistance, short-term financial support. As an organization that embraces youth and young adult development, The Empowerment Center created this project to increase the availability of effective and compassionate mental health supports of the youth populations. TEC is inviting the city of Temecula to partner with us in this very exciting and innovative programming for our youth.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Grant funds will be used to cover the costs of youth mental health training, curriculum materials, and program participation incentives including meal provision for evening and weekend trainings and gift cards.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

This grant funding will specifically benefit Temecula residents through focused participant recruitment efforts to Temecula youth ages 17-24. The participants will receive career readiness skills, mental health job skill certification, and employment opportunities to serve other local youth residents in need of mental health and community supports. This will improve the overall mental wellbeing of Temecula youth and families, strengthen and equip the youth workforce within the city, and directly boost Temecula's economy by creating viable local career pathways for high school graduates within the school district and local community based organizations.

Tragically, it was recently reported that two Great Oak High School students died by suicide. The program's purpose is to increase hope and improve the life outcomes of teens and young adults here in our own backyard by raising up Youth Mental Health Workers by equipping them to not only recognize and address their own needs but effectively and compassionately address the mental health needs of their peers as well.

In addition, through a partnership with the Temecula Valley Unified School District, the district is on board to refer their students and former graduates to participate in the project, and in turn, program participants will provide local students and families in need with mental health supports and connection to community based resources.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

100

3c . ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM;

15

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

The Empowerment Center's Youth Mental Health Worker Project is an innovative approach to providing peer-to-peer mental health support for Temecula's youth population. Grant funds will be used to cover the costs of training, curriculum, and supportive services. Temecula residents will benefit by receiving effective mental health support and job opportunities.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

The COVID-19 pandemic allowed The Empowerment Center to pivot their services to virtual platforms, removing the barriers to attendance. Although we had to shut our doors to in-person programming, the pandemic allowed us to reach the most youth and families through virtual programming that we have reached in the last 5 years. This pivot has allowed us to expand our services across the county, state, and country.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

These grant funds will create a new programming for The Empowerment Center. The Empowerment Center has been invited by the California Workforce Development Board to provide Mental Health Worker training and employment preparation services to the adult workforce. We recognize that youth are in just as much of a need of these same skills, supports, and experiences, and it is our goal provide youth with the same opportunities through this Youth Mental Health Worker Project. This grant will help us to create this opportunity for youth population and want to partner with the city of Temecula to deploy this new and innovative program for our residents.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 20,000	
Other grants or funding already awarded for Project/Program, if any	\$ 650,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 55,000	
TOTAL REVENUE	\$ 775,000	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$ 25,575
Facilities/Rent/Insurance		\$ 54,000
Supplies		\$ 142,500
Marketing		\$ 65,500
Services		\$ 175,000
Food		\$ 25,000
Other		\$ 25,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 295,000
TOTAL EXPENSES		\$ 807,575
TOTAL BUDGET	\$ 775,000	\$ 807,575

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: _____ Name of Project/Program: _____

FY 2021-2022 Amount of \$ _____
 CSF Grant Fund Awarded: _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT
If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: The Empowerment Center

MAILING ADDRESS: 27262 Via Industria
Temecula, CA 92592

PHONE: (951) 514-2939

EMAIL: tlewis@theempowermentcenterintl.com

PRESIDENT / AUTHORIZED OFFICER: Teresse Lewis, LCSW Executive Director

SIGNATURE:  **DATE:** September 9, 2022

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

[HELP ⓘ](#)[MENU ☰](#)

[Home](#) > [Tax Exempt Organization Search](#) > [The Empowerment Center](#)

[< Back to Search Results](#)

The Empowerment Center

EIN: 56-2497243 | Temecula, CA, United States

[> Other Names](#)

Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard) ⓘ

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

[> Tax Year 2007 Form 990-N \(e-Postcard\)](#)

Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

> Tax Year 2019 Form 990EZ

> Tax Year 2018 Form 990EZ

> Tax Year 2017 Form 990EZ

> Tax Year 2016 Form 990EZ

Page Last Reviewed or Updated: 20-November-2020

 **Share**

 **Print**



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

Entity Status Letter

Date: 9/9/2022

ESL ID: 8908301590

Why You Received This Letter

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

Entity ID: 2588343

Entity Name: THE EMPOWERMENT CENTER

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

Important Information

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

Connect With Us

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

California

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **January 01**, 2021, and ending **December 31**, 20 21

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

C Name of organization **THE EMPOWERMENT CENTER**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
27262 VIA INDUSTRIA
 City or town, state or province, country, and ZIP or foreign postal code
Temecula, CA 92590

D Employer identification number
56-2497243

E Telephone number
951-514-2939

F Name and address of principal officer: **LaKeshia McClanahan**
27262 VIA INDUSTRIA, Temecula, CA 92590

G Gross receipts \$ **362,974**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶ _____

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

J Website: ▶ **www.theempowermentcenterintl.com**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2005** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <i>Our mission is to help youth and families develop the resilience necessary to overcome challenges, discover the best of themselves, and create healthier, happier patterns of living.</i>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 283,674	Current Year 352,549
	9 Program service revenue (Part VIII, line 2g)	9,000	10,375
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64	50
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,738	362,974
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,132
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0,160			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		269,710	292,011
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	279,842	294,011	
19 Revenue less expenses. Subtract line 18 from line 12	12,896	68,963	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 94,161	End of Year 154,923
	21 Total liabilities (Part X, line 26)	8,200	0
	22 Net assets or fund balances. Subtract line 21 from line 20	85,961	154,923

Part II Signature Block

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

Sign Here

Signature of officer: LaKeshia McClanahan, Treasurer Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

59a

THE SALVATION ARMY
(A: CHILD SPREE)

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$13,500 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Temecula Child Spree Start Date: May 2022 End Date: Aug 2023

Physical Address of Project/Program: Promenade Temecula / JC Penney: 40820 Winchester Rd, Temecula
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: The Salvation Army
Mailing Address: 40270 Los Alamos Rd
Murrieta, CA 92562

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: The Salvation Army, a California corporation Year Founded: 1865 (England)

Website: murrieta.salvationarmy.org Social Media: facebook.com/SalArmyMurrieta

Number of Paid Staff: 3 Number of Volunteers: 15

Geographic Area(s) the Organization Serves: Southwest Riverside County

Geographic Area(s) the Project/Program Serves: Requested project funding will serve Temecula residents only

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Major Jessyca Carr Title/Position: Corps Officer

Contact Person's Direct Telephone: 562-480-2654 Contact Person's Email: jessyca.carr@usw.salvationarmy.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 10/19/1914 (CA corp)
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 94-1156347 State Identification Number: 0078321

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Since the founding of The Salvation Army in 1865 in London, England, The Salvation Army has fulfilled its mission to "meet human needs without discrimination." The Salvation Army is a Christian church and leading provider of programs and services for low-income, homeless, and at-risk individuals and families. Nationwide, The Salvation Army serves approximately 30 million individuals annually. The Southern California Division, which oversees activities in nine counties in the southern and central coast regions, currently operates 53 Corps Community and Service Centers offering a variety of programs based on community needs. These services include food pantries and hot meals; childcare centers, after-school programs, and summer camps for low-income children; homeless prevention services (including rental and utility assistance); emergency disaster relief; seasonal/holiday assistance; and services for military veterans. For persons experiencing homelessness, The Salvation Army provides food, hygiene, and other essential items; street outreach; emergency and interim housing; and permanent supportive housing, offered in conjunction with case-managed supportive services. Additionally, for individuals struggling with substance use, The Salvation Army's Adult Rehabilitation Centers offer a 180-day residential work-therapy program. The Salvation Army is also a major developer/operator of affordable housing (Silvercrest Residences) for low-income elderly persons. In sum, The Salvation Army exists to meet human need wherever, whenever, and however it can. **The proposed project - Child Spree - falls within The Salvation Army's Family Services programs targeting low-income families with children in need of essential back-to-school items.**

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 2 year total 14,000	Pechanga Casino - Any children	June 2021/2022
\$ 1,500	Milguard Windows - Any Children	June 2022
\$ 2 year total 8,050	Murrieta Rotary Club - Murrieta Children only	July 2021/2022
\$ 10,000	City of Lake Elsinore - Lake Elsinore Children	February 2021
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Each year, typically in early August, The Salvation Army helps low-income children in Southwest Riverside County start the school year off with new clothes, shoes, and school supplies - a program called Child Spree. This support is critical to families whose children would otherwise be unprepared for the new school year. For many years, The Salvation Army has partnered with JC Penney at the Promenade Temecula, and will again in 2023. School aged children are given the opportunity to pick out \$125 worth of new clothes and shoes and then pick out a back pack and school supplies. New books and breakfast are also given to the children.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

The Salvation Army requests funding from the City of Temecula to assist with August 2022 expenses as well as next year's (August 2023) expenses related to its Child Spree back-to-school event, serving children residing in Temecula. Requested grant funds will be used for the purchases of school supplies (approximately \$25 per child) as well as 90 \$125 JC Penny gift cards for Temecula children. The gift cards are purchased and spent on the day of Child Spree. Volunteers and staff hand the gift cards to the cashiers and carefully monitor the event to ensure that only children's school clothes and shoes are purchased with the gift cards. Prior to the event, back packs and school supplies are purchased for distribution at Child Spree. Children are permitted to select their own backpack and school supplies, as the element of choice reduces waste and increases dignity for the families. Receipts for JC Penney and school supplies are retained by The Salvation Army for audit purposes.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

This grant will be used specifically for children of the city of Temecula. Targeted beneficiaries are low-income families with school-age children who, without this assistance, may begin the school year unprepared, without the essential school supplies and confidence that a new set of clothes and shoes brings to a child. The Salvation Army works with the school district liaison to identify the children who could benefit most from this event and live in Temecula. Additionally, this funding spent within the city will generate increased tax revenue, ultimately benefiting all residents of Temecula.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

90

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

60

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

The Salvation Army requests City of Temecula funding to purchase school supplies, clothing, and shoes for Temecula children participating in the annual Child Spree back-to-school event. The program assists children in need with essential items for a positive start to the school year.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Over the course of the COVID-19 pandemic, The Salvation Army was called upon to serve significantly higher numbers of people with food, clothing and financial assistance more than any other time in its 25 years in Southwest Riverside County. While service needs - and as a result program expenses - increased dramatically, private donations have begun to decrease. The Salvation Army was compelled to stretch every dollar to meet the needs that arose throughout the pandemic. Additionally, due to inflation and the skyrocketing costs of items such as food and vehicle fuel (to transport food and other essential program items), The Salvation Army has been challenged in operating its programs at a level that meets the high demand for services and financial assistance. The pandemic further affected the ability to utilize volunteers in carrying out the programs and services in Southwest Riverside County, including Child Spree. In years past Volunteers took the children shopping while parents waited outside. These last few years parents have shopped with their children. The reduction in volunteers also meant a reduction in donations.

With children having returned to in-person learning on school campuses, and the rising cost of basic essentials, requests for back-to-school assistance has increased greatly.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

2. The requested funding will allow The Salvation Army to expand the existing Child Spree program to serve a higher number of Temecula children in need of assistance. With the requested funding, the number of Temecula children served will increase by an annual average of 15 to 50 (and an over all a total of 200 to 250 children each year).

In addition 2023 will be the 25th year of Child Spree so we anticipate a big event with news coverage and more participation from Temecula children.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 13,500	
Amount contributed to the Project/Program by the Applicant Organization	\$ 22,350	
Other grants or funding already awarded for Project/Program, if any	\$ 33,550	
In-Kind match amount or volunteer credit hours estimated amount	\$ 6,300	
TOTAL REVENUE	\$ 75,700	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$ 0
Facilities/Rent/Insurance		\$ 0
Supplies		\$ 100
Marketing Banner acknowledging donors		\$ 300
Services Shopping spree, backpack & school supplies		\$ 67,000
Food In-kind donation from McDonald's and Starbucks		1,800
Other Inkind volunteers & reading books		\$ 4,500
Staffing Expense THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$ 2,000
TOTAL EXPENSES		\$ 75,700
TOTAL BUDGET	\$ 75,700	\$ 75,700

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: _____ Name of Project/Program: _____

FY 2021-2022 Amount of \$ _____
 CSF Grant Fund Awarded: _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT
If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. (If you were awarded less than \$5,000, submit Expenditure Report for that amount.)

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.


I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: The Salvation Army

MAILING ADDRESS: 16941 Keegan Avenue
Carson, CA 90746

PHONE: (562) 264-3620
EMAIL: cas.divisional.commander@usw.salvationarmy.org

PRESIDENT / AUTHORIZED OFFICER: J. Koebel, Captain - Divisional Secretary for Business

SIGNATURE:  _____ DATE: September 10, 2022
PRINT NAME TITLE MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY: Major Jessyca Carr, Corps Officer, The Salvation Army Murrieta Corps
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
August 30, 2021
Employer ID number:
94-1156347
Form 990 required:
990, No
Person to contact:
Name: Mr. Flammer
ID number: 0203064

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% TERRY O HUGHES
30840 HAWTHORNE BLVD
RCH PALOS VRD, CA 90275

Dear Sir or Madam:

We're responding to your request dated November 17, 2020, about your tax-exempt status.

We issued you a determination letter in June 2011, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin

Stephen A. Martin

Director, Exempt Organizations Rulings and Agreements

Letter 4168 (Rev. 09-2020)
Catalog Number 68666G



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

Entity Status Letter

Date: 7/8/2022

ESL ID: 3734826934

Why You Received This Letter

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

Entity ID: 0078321

Entity Name: THE SALVATION ARMY

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

Important Information

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

Connect With Us

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

California

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

HOME ABOUT MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:	THE SALVATION ARMY	IRS FEIN:	941156347
Entity Type:	Religious	SOS/FTB Corporate/Organization Number:	0078321

Registry Status:	Exempt - Religious	Renewal Due/Exp. Date:	
RCT Registration Number:	EX565010	Issue Date:	12/31/1990
Record Type:	Charity Registration	Effective Date:	12/31/1990
Date of Last Renewal:		DBA:	

Mailing Address

Street: 30840 HAWTHORNE BLVD.
Street Line 2:
City, State Zip: RANCHO PALOS VERDES CA 90275

Filings & Correspondence

No Related Documents

Annual Renewal Data

No Annual Renewal Data

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	ARTHUR ALLEY ASSOCIATED		
Registration No:	E0028210	Registration Type:	Fundraising Event
Date Established:	9/16/2016	Association Date:	10/3/2016
Registration Status:	Complete		
Expiration Date:	3/31/2016		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC		
Registration No:	E0021256	Registration Type:	Fundraising Event
Date Established:	7/28/2014	Association Date:	7/16/2014
Registration Status:	Complete		
Expiration Date:	1/18/2015		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC		
Registration No:	E0022749	Registration Type:	Fundraising Event
Date Established:	2/11/2015	Association Date:	1/19/2015
Registration Status:	Complete		
Expiration Date:	7/17/2015		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC		
Registration No:	E0024763	Registration Type:	Fundraising Event
Date Established:	8/21/2015	Association Date:	7/18/2015
Registration Status:	Complete		
Expiration Date:	7/14/2017		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC		
Registration No:	E0032387	Registration Type:	Fundraising Event
Registration Status:	Complete		

Date Established:	2/8/2018	Association Date:	1/8/2018	Expiration Date:	4/7/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC				
Registration No:	<u>E0032764</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/27/2018	Association Date:	1/8/2018	Expiration Date:	4/27/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC				
Registration No:	<u>E0034365</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/23/2018	Association Date:	11/1/2018	Expiration Date:	10/31/2020
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0011232</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	6/27/2011	Association Date:	11/30/2009	Expiration Date:	5/31/2010
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0025700</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/12/2016	Association Date:	10/1/2015	Expiration Date:	12/31/2015
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0029414</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/2/2017	Association Date:	10/1/2016	Expiration Date:	12/31/2016
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0035295</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/13/2019	Association Date:	9/4/2018	Expiration Date:	8/28/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0037408</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/1/2019	Association Date:	1/2/2019	Expiration Date:	5/31/2019
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0038800</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/28/2020	Association Date:	3/2/2020	Expiration Date:	2/24/2023
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0041730</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	12/17/2020	Association Date:	8/3/2020	Expiration Date:	1/31/2023
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0046391</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/11/2022	Association Date:	1/3/2022	Expiration Date:	12/31/2022
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	GATEWAY COMMUNICATIONS INC				
Registration No:	<u>E0030815</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	7/17/2017	Association Date:	8/1/2017	Expiration Date:	12/31/2017
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	GATEWAY COMMUNICATIONS INC				
Registration No:	<u>E0033634</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	5/30/2018	Association Date:	6/20/2018	Expiration Date:	12/31/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	INNOV8IVE DEVELOPMENT				
Registration No:	<u>E0035517</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/21/2019	Association Date:	3/9/2019	Expiration Date:	3/9/2019
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	LESTER CONSULTING GROUP, INC.				

Registration No:	<u>E0019177</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	1/23/2014	Association Date:	1/1/2014	Expiration Date:	11/30/2015
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0031101</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	8/31/2017	Association Date:	9/15/2017	Expiration Date:	12/31/2017
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0031258</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/28/2017	Association Date:	10/1/2017	Expiration Date:	9/30/2019
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0031360</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/20/2017	Association Date:	11/1/2017	Expiration Date:	4/30/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0034309</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/9/2018	Association Date:	10/15/2018	Expiration Date:	12/31/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0037233</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/6/2019	Association Date:	10/1/2019	Expiration Date:	9/30/2020
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0037445</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/9/2019	Association Date:	10/1/2019	Expiration Date:	9/30/2020
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0040453</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	8/4/2020	Association Date:	8/1/2020	Expiration Date:	9/30/2021
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0040828</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/11/2020	Association Date:	10/1/2020	Expiration Date:	9/30/2021
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0044914</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/15/2021	Association Date:	10/1/2021	Expiration Date:	9/30/2022
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0044915</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/15/2021	Association Date:	10/1/2021	Expiration Date:	9/30/2022
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0044916</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/15/2021	Association Date:	10/1/2021	Expiration Date:	9/30/2022
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0048164</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	8/24/2022	Association Date:	10/1/2022	Expiration Date:	9/30/2023
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0048205</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	8/26/2022	Association Date:	10/1/2022	Expiration Date:	9/30/2023
Prereq Type:	Prerequisite	Relationship:	Charity		

Charity			
Registrant:	MIRIAM HOUGHTON DBA EXPRESSIONS		
Registration No:	<u>E0018684</u>	Registration Type:	Fundraising Event
Date Established:	10/29/2013	Association Date:	1/1/2013
Registration Status:	Complete		
Expiration Date:	12/31/2012		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	MIRIAM HOUGHTON DBA EXPRESSIONS		
Registration No:	<u>E0018688</u>	Registration Type:	Fundraising Event
Date Established:	10/29/2013	Association Date:	3/2/2013
Registration Status:	Complete		
Expiration Date:	12/31/2012		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.		
Registration No:	<u>E0030538</u>	Registration Type:	Fundraising Event
Date Established:	5/10/2017	Association Date:	5/15/2017
Registration Status:	Complete		
Expiration Date:	7/31/2017		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.		
Registration No:	<u>E0031124</u>	Registration Type:	Fundraising Event
Date Established:	9/5/2017	Association Date:	10/1/2017
Registration Status:	Complete		
Expiration Date:	9/30/2019		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.		
Registration No:	<u>E0036403</u>	Registration Type:	Fundraising Event
Date Established:	5/9/2019	Association Date:	1/1/2018
Registration Status:	Complete		
Expiration Date:	12/31/2018		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.		
Registration No:	<u>E0037371</u>	Registration Type:	Fundraising Event
Date Established:	9/27/2019	Association Date:	1/1/2019
Registration Status:	Complete		
Expiration Date:	9/30/2020		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.		
Registration No:	<u>E0040826</u>	Registration Type:	Fundraising Event
Date Established:	9/11/2020	Association Date:	10/1/2020
Registration Status:	Complete		
Expiration Date:	9/30/2021		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.		
Registration No:	<u>E0044910</u>	Registration Type:	Fundraising Event
Date Established:	9/15/2021	Association Date:	10/1/2021
Registration Status:	Complete		
Expiration Date:	9/30/2022		

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

59b

**THE SALVATION ARMY
(B: HOMELESS PREVENTION)**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 36,500 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Temecula Homeless Prevention Start Date: 1/1/2023 End Date: 12/31/2023

Physical Address of Project/Program: (mailing address)

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: The Salvation Army

Mailing Address: 40270 Los Alamos Rd

Murrieta, CA 92562

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: The Salvation Army Year Founded: 1865 (England)

Website: murrieta.salvationarmy.org Social Media: facebook.com/SalArmyMurrieta

Number of Paid Staff: 3 Number of Volunteers: 15

Geographic Area(s) the Organization Serves: Southwest Riverside County

Geographic Area(s) the Project/Program Serves: Requested project funding will serve Temecula residents only

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Major Jessyca Carr Title/Position: Corps Officer

Contact Person's Direct Telephone: 562-480-2654 Contact Person's Email: jessyca.carr@usw.salvationarmy.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 10/19/1914 (CA corp)
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 94-1156347 State Identification Number: 0078321

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Since the founding of The Salvation Army in 1865 in London, England, The Salvation Army has fulfilled its mission to "meet human needs without discrimination." The Salvation Army is a Christian church and leading provider of programs and services for low-income, homeless, and at-risk individuals and families. Nationwide, The Salvation Army serves approximately 30 million individuals annually. The Southern California Division, which oversees activities in nine counties in the southern and central coast regions, currently operates 53 Corps Community and Service Centers offering a variety of programs based on community needs. These services include food pantries and hot meals; childcare centers, after-school programs, and summer camps for low-income children; homeless prevention services (including rental and utility assistance); emergency disaster relief; seasonal/holiday assistance; and services for military veterans. For persons experiencing homelessness, The Salvation Army provides food, hygiene, and other essential items; street outreach; emergency and interim housing; and permanent supportive housing, offered in conjunction with case-managed supportive services. Additionally, for individuals struggling with substance use, The Salvation Army's Adult Rehabilitation Centers offer a 180-day residential work-therapy program. The Salvation Army is also a major developer/operator of affordable housing (Silvercrest Residences) for low-income elderly persons. In sum, The Salvation Army exists to meet human need wherever, whenever, and however it can. **The proposed project - Temecula Homeless Prevention - will be an expansion of The Salvation Army's Southwest Riverside County Family Services program, which currently provides rental assistance in the region and seeks to supplement this program in Temecula.**

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 24,000	FEMA-EFSP Emergency Food Shelter Program - Amount listed is what was used for Temecula Residents Only	11/2021 - 11/2022
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Temecula Homeless Prevention program, a proposed expansion of existing services at The Salvation Army serving Southwest Riverside County, will provide up to two months of rental assistance to families and individuals in crisis and at risk of homelessness who reside in the city of Temecula. The program's purpose is to avoid eviction and prevent homelessness for these vulnerable households. As part of the screening process, the Case Manager will request verification of residence in the City of Temecula and proof of financial crisis. Rental assistance will be provided in conjunction with housing-focused case management, including the preparation of a housing stability plan for each household.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

City of Temecula grant funds will be used to deliver rental assistance payments directly to rental property owners and/or management companies on behalf of program participants with past-due rent. The Case Manager will utilize a landlord verification form (evidencing rent owed), current lease, and a late notice (or three day pay or quit notice). A maximum of two months of rent will be paid per program participant, and the program will work with the participant to determine the amount of rent that the resident is able to pay. No payments will be given directly to program participants. The same assistance can be given for those with a past due mortgage, but only the principle and interest will be paid, not the escrow or other charges. The Salvation Army Case Manager will try to work with the loan servicer to assist the client.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

The proposed program expansion in Temecula will enable The Salvation Army to significantly increase the capacity and effectiveness of its existing homeless prevention program currently offered by The Salvation Army in Southwest Riverside County. The program will target individuals, couples, and families who are at high risk of homelessness without this assistance. Program beneficiaries will maintain their housing stability. The need for rental subsidies, particularly due to the COVID-19 pandemic, has risen greatly as a result of job losses, reduction of work hours, illness, inflation, and other factors, all of which have led to significantly increased numbers of households at imminent risk of homelessness.

According to the County of Riverside Point-In-Time Count, 67 individuals were found to be homeless (sheltered and unsheltered). Through this program, The Salvation Army will prevent additional households from becoming homeless thus saving Temecula tax payers the burden of additional cost of homelessness.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

42

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

2

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

The Salvation Army requests a grant from the City of Temecula to provide up to two months of rental assistance (paid directly to landlords) for Temecula residents experiencing financial crisis and are at risk of eviction, thus preventing homelessness.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Over the course of the COVID-19 pandemic, The Salvation Army was called upon to serve significantly higher numbers of people with food, clothing and financial assistance more than any other time in its 25 years in Southwest Riverside County. While service needs - and as a result program expenses - increased dramatically, private donations have begun to decrease. The Salvation Army was compelled to stretch every dollar to meet the needs that arose throughout the pandemic. Additionally, due to inflation and the skyrocketing costs of everyday supplies and vehicle fuel The Salvation Army has been challenged in operating its programs at a level that meets the high demand for services and financial assistance.

The reduction in private donations and the increase everyday operating costs, reduces the amount of funding available to keep Temecula's struggling people housed.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

2. Funding from the City of Temecula will allow the homeless prevention program to expand from serving approximately 18 Temecula Residents annually to 42 residents during the proposed program term.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 36,500	
Amount contributed to the Project/Program by the Applicant Organization	\$ 12,300	
Other grants or funding already awarded for Project/Program, if any	\$ 24,000 <i>anticipated from EFSP</i>	
In-Kind match amount or volunteer credit hours estimated amount	\$ 500	
TOTAL REVENUE	\$ 73,300	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment - No additional equipment needed		\$ 0
Facilities/Rent/Insurance		\$ 0
Supplies		\$ 100
Marketing		\$ 0
Services		\$ 65,500
Food		0
Other		\$ 0
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 7,700
TOTAL EXPENSES		\$ 73,300
TOTAL BUDGET	\$	\$ 73,300

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: _____ Name of Project/Program: _____

FY 2021-2022 Amount of \$ _____
 CSF Grant Fund Awarded: _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachme Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT
If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these Instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. (If you were awarded less than \$5,000, submit Expenditure Report for that amount.)

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023			Month & Year FIRST \$5,000 check		
Amount of Grant Fund Awarded: \$ _____			was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

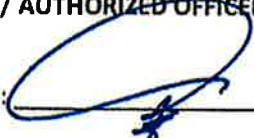
ORGANIZATION NAME: The Salvation Army

MAILING ADDRESS: 16941 Keegan Avenue
Carson, CA 90746

PHONE: (562) 264-3620

EMAIL: cas.divisional.commander@usw.salvationarmy.org

PRESIDENT / AUTHORIZED OFFICER: J. Koebel, Captain - Divisional Secretary for Business
PRINT NAME TITLE

SIGNATURE:  DATE: 9.6.22
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY: Major Jessyca Carr, Corps Officer, The Salvation Army Murrieta Corps
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



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

Entity Status Letter

Date: 7/8/2022

ESL ID: 3734826934

Why You Received This Letter

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

Entity ID: 0078321

Entity Name: THE SALVATION ARMY

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

Important Information

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

Connect With Us

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

California

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



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% TERRY O HUGHES
30840 HAWTHORNE BLVD
RCH PALOS VRD, CA 90275

Date:
August 30, 2021
Employer ID number:
94-1156347
Form 990 required:
990, No
Person to contact:
Name: Mr. Flammer
ID number: 0203064

Dear Sir or Madam:

We're responding to your request dated November 17, 2020, about your tax-exempt status.

We issued you a determination letter in June 2011, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin

Stephen A. Martin

Director, Exempt Organizations Rulings and Agreements

Letter 4168 (Rev. 09-2020)
Catalog Number 68668G

HOME ABOUT MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:	THE SALVATION ARMY	IRS FEIN:	941156347
Entity Type:	Religious	SOS/FTB Corporate/Organization Number:	0078321

Registry Status:	Exempt - Religious	Renewal Due/Exp. Date:	
RCT Registration Number:	EX565010	Issue Date:	12/31/1990
Record Type:	Charity Registration	Effective Date:	12/31/1990
Date of Last Renewal:		DBA:	

Mailing Address

Street: 30840 HAWTHORNE BLVD.
Street Line 2:
City, State Zip: RANCHO PALOS VERDES CA 90275

Filings & Correspondence

No Related Documents

Annual Renewal Data

No Annual Renewal Data

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	ARTHUR ALLEY ASSOCIATED		
Registration No:	E0028210	Registration Type:	Fundraising Event
Date Established:	9/16/2016	Association Date:	10/3/2016
Registration Status:	Complete		
Expiration Date:	3/31/2016		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC		
Registration No:	E0021256	Registration Type:	Fundraising Event
Date Established:	7/28/2014	Association Date:	7/16/2014
Registration Status:	Complete		
Expiration Date:	1/18/2015		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC		
Registration No:	E0022749	Registration Type:	Fundraising Event
Date Established:	2/11/2015	Association Date:	1/19/2015
Registration Status:	Complete		
Expiration Date:	7/17/2015		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC		
Registration No:	E0024763	Registration Type:	Fundraising Event
Date Established:	8/21/2015	Association Date:	7/18/2015
Registration Status:	Complete		
Expiration Date:	7/14/2017		
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC		
Registration No:	E0032387	Registration Type:	Fundraising Event
Registration Status:	Complete		

Date Established:	2/8/2018	Association Date:	1/8/2018	Expiration Date:	4/7/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC				
Registration No:	<u>E0032764</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/27/2018	Association Date:	1/8/2018	Expiration Date:	4/27/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	AVERILL FUNDRAISING SOLUTIONS, LLC				
Registration No:	<u>E0034365</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/23/2018	Association Date:	11/1/2018	Expiration Date:	10/31/2020
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0011232</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	6/27/2011	Association Date:	11/30/2009	Expiration Date:	5/31/2010
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0025700</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/12/2016	Association Date:	10/1/2015	Expiration Date:	12/31/2015
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0029414</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/2/2017	Association Date:	10/1/2016	Expiration Date:	12/31/2016
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0035295</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/13/2019	Association Date:	9/4/2018	Expiration Date:	8/28/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0037408</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/1/2019	Association Date:	1/2/2019	Expiration Date:	5/31/2019
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0038800</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/28/2020	Association Date:	3/2/2020	Expiration Date:	2/24/2023
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0041730</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	12/17/2020	Association Date:	8/3/2020	Expiration Date:	1/31/2023
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	COMMUNITY COUNSELLING SERVICE CO., LLC				
Registration No:	<u>E0046391</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/11/2022	Association Date:	1/3/2022	Expiration Date:	12/31/2022
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	GATEWAY COMMUNICATIONS INC				
Registration No:	<u>E0030815</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	7/17/2017	Association Date:	8/1/2017	Expiration Date:	12/31/2017
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	GATEWAY COMMUNICATIONS INC				
Registration No:	<u>E0033634</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	5/30/2018	Association Date:	6/20/2018	Expiration Date:	12/31/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	INNOV8IVE DEVELOPMENT				
Registration No:	<u>E0035517</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	2/21/2019	Association Date:	3/9/2019	Expiration Date:	3/9/2019
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	LESTER CONSULTING GROUP, INC.				

Registration No:	<u>E0019177</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	1/23/2014	Association Date:	1/1/2014	Expiration Date:	11/30/2015
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0031101</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	8/31/2017	Association Date:	9/15/2017	Expiration Date:	12/31/2017
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0031258</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/28/2017	Association Date:	10/1/2017	Expiration Date:	9/30/2019
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0031360</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/20/2017	Association Date:	11/1/2017	Expiration Date:	4/30/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0034309</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/9/2018	Association Date:	10/15/2018	Expiration Date:	12/31/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0037233</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/6/2019	Association Date:	10/1/2019	Expiration Date:	9/30/2020
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0037445</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/9/2019	Association Date:	10/1/2019	Expiration Date:	9/30/2020
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0040453</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	8/4/2020	Association Date:	8/1/2020	Expiration Date:	9/30/2021
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0040828</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/11/2020	Association Date:	10/1/2020	Expiration Date:	9/30/2021
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0044914</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/15/2021	Association Date:	10/1/2021	Expiration Date:	9/30/2022
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0044915</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/15/2021	Association Date:	10/1/2021	Expiration Date:	9/30/2022
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0044916</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/15/2021	Association Date:	10/1/2021	Expiration Date:	9/30/2022
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0048164</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	8/24/2022	Association Date:	10/1/2022	Expiration Date:	9/30/2023
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING				
Registration No:	<u>E0048205</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	8/26/2022	Association Date:	10/1/2022	Expiration Date:	9/30/2023
Prereq Type:	Prerequisite	Relationship:	Charity		

Charity					
Registrant:	MIRIAM HOUGHTON DBA EXPRESSIONS				
Registration No:	<u>E0018684</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/29/2013	Association Date:	1/1/2013	Expiration Date:	12/31/2012
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	MIRIAM HOUGHTON DBA EXPRESSIONS				
Registration No:	<u>E0018688</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	10/29/2013	Association Date:	3/2/2013	Expiration Date:	12/31/2012
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.				
Registration No:	<u>E0030538</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	5/10/2017	Association Date:	5/15/2017	Expiration Date:	7/31/2017
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.				
Registration No:	<u>E0031124</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/5/2017	Association Date:	10/1/2017	Expiration Date:	9/30/2019
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.				
Registration No:	<u>E0036403</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	5/9/2019	Association Date:	1/1/2018	Expiration Date:	12/31/2018
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.				
Registration No:	<u>E0037371</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/27/2019	Association Date:	1/1/2019	Expiration Date:	9/30/2020
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.				
Registration No:	<u>E0040826</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/11/2020	Association Date:	10/1/2020	Expiration Date:	9/30/2021
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	TSM DONOR ENGAGEMENT TEAM, INC.				
Registration No:	<u>E0044910</u>	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	9/15/2021	Association Date:	10/1/2021	Expiration Date:	9/30/2022

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

60

THE SHELLA FOUNDATION

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: In-Home Personal Care Respite Scholarship Start Date: 12/1/2022 End Date: 11/30/2023

Physical Address of Project/Program: 41593 Winchester Rd., Ste 200-440, Temecula, CA., 92590

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: THE SHELLA FOUNDATION

Mailing Address: PO Box 263

Menifee, CA., 92586

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: THE SHELLA FOUNDATION Year Founded: 2004

Website: www.shellafoundation.org Social Media: https://www.facebook.com/theshellafoundation

Number of Paid Staff: 0 Number of Volunteers: 13

Geographic Area(s) the Organization Serves: Riverside, San Bernardino, San Diego, and Orange Counties

Geographic Area(s) the Project/Program Serves: Temecula, California

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Troy A. Small Title/Position: Grants Manager

Contact Person's Direct Telephone: (951) 491-1200 Contact Person's Email: troy.small@shellafoundation.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 7/19/2004

No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 20-1289365 State Identification Number: 2670022

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doi.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The Shella Foundation mission is to provide comprehensive case management and assistance in all aspects of personal care, including financial assistance to community organizations and individual families affected by disabilities or functional needs.

The Shella Foundation Chief Executive Officer, Michael Foster was inspired to form the 501(c)(3) charitable organization because of his firsthand experience with caring for family members with a disability.

"Shella" was named after Mike's parents Shelton and Della Foster, who spent their lives assisting their daughter (Debbie) through multiple disabilities until Parkinson's Disease took the life of Shelton in 2005, and Della at the age of 86 due to natural causes.

The Shella Foundation offers In-Home Personal Care not only to seniors, but to individuals managing Autism, Down Syndrome, and Cerebral Palsy, as well as other disabilities. The Shella Foundation provides financial assistance and personal care scholarships to populations needing in-home personal care services but are unable to receive the care through any other means. Over the last 17 years more than \$50,000 in financial aid and scholarships have been provided to families in need of in-home personal

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
N/A	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ N/A		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Shella Foundation In-Home Personal Care Respite Scholarship program is essential to our community and the populations we serve. Local families and organizations reach out to The Shella Foundation with needs to care for their family and loved ones. The individuals requiring care are either diagnosed at birth with disabilities or have been involved in an accident that caused a disability.

The Shella Foundation also helps families that are caring for a loved one in their golden years, who can no longer care for themselves, but want to remain in their home. We provide the means for families to receive the care they need, while remaining in their home and maintaining their independence.

Individuals living with a disability and the elder community often require in-home, non-medical supports to maintain their independence. There's often a lack of finances for this type of care. Programs may be available to these individuals, but The Shella Foundation noticed "gaps" in coverage or their ability to pay. Individuals with resources and Medicaid can obtain the needed assistance. However, those in the financial "gap" are unable to obtain the in-home personal care service they need because some families don't have the means or money to pay for services.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

The Shella Foundation will use the grant funding to award Personal Care Respite Scholarships to populations within Temecula, California needing in-home personal care services but lacking the financial means to receive the care. The Shella Foundation will use the funds to provide approximately 1700 hours of in-home personal care and respite support to families within Temecula, California under The Shella Foundation In-Home Personal Care Respite Scholarship Program. Our goal is to serve up to 70 families, by providing each family with 24 hours of in-home personal care under the scholarship program. The Shella Foundation will pay for caregiving support on behalf of the Temecula resident and award the service as a personal care respite scholarship to Temecula families who qualify. The family is not billed for any services.

The specific goals of the program:

1. Provide 1700 hours of in-home personal care to families within Temecula, California.
2. Serve up to 70 families within Temecula, California by providing each family with an In-Home Personal Care Respite Scholarship.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

The Shella Foundation will use the grant funding to exclusively benefit populations within Temecula, California needing in-home personal care services but lacking the financial means to receive the care. Under The Shella Foundation In-Home Personal Care Respite Scholarship Program, approximately seventy Temecula families will receive the benefit of twenty-four hours of in-home personal respite care with no out-of-pocket expense.

This will greatly impact our Temecula community by helping these families to receive the care they need and maintain their independence and inclusion during important life moments.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

70

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

13

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

The Shella Foundation will award In-Home Personal Care Respite Scholarships to populations within Temecula, California needing in-home personal care services but lacking the financial means to receive the care. The grant funding will exclusively benefit 70 Temecula families with 24 hours of in-home personal care with no out-of-pocket expense.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

The COVID-19 Pandemic had a drastic effect on The Shella Foundation's ability to serve the Temecula Community. The Shella Foundation's primary sources of funding are donations and fundraising. Shella receives 100% of its funding from donations. The Shella Foundation volunteers routinely hold fundraising events to increase the amount of donations received in order to serve more clients. The pandemic prevented us from holding fundraising events due to lockdowns and social distancing. The lockdowns and social distancing prevented The Shella Foundation from providing in-home care.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

The monies used from this grant will be used to continue an existing project/program. The in-home personal care respite program will be focused on the residents of Temecula, California and will provide an increase of support to our community. The Shella Foundation will reserve the grant funds exclusively for Temecula populations, awarding personal care scholarships to those who qualify. There will be no out-of-pocket expense for the family receiving care.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)			
LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 0	
Other grants or funding already awarded for Project/Program, if any		\$ 0	
In-Kind match amount or volunteer credit hours estimated amount		\$ 0	
TOTAL REVENUE		\$ 50,000	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment			\$ 0
Facilities/Rent/Insurance			\$ 0
Supplies			\$ 200
Marketing			\$ 200
Services			\$ 47,600
Food			\$ 0
Other			\$ 0
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$ 0
TOTAL EXPENSES			\$ 50,000
TOTAL BUDGET		\$ 50,000	\$ 50,000

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: N/A **Name of Project/Program:** _____

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ **Month & Year CSF Grant Received from City:** _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT
If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: THE SHELLA FOUNDATION

MAILING ADDRESS: PO Box 263
Menifee, CA 92586

PHONE: (951) 723-8460

EMAIL: mfoster@shellacare.com

PRESIDENT / AUTHORIZED OFFICER: Michael Foster

CEO

SIGNATURE: *Michael G. Foster*
Michael G. Foster (Sep 2, 2022 18:37 PDT)

DATE: September 2, 2022

IF DIFFERENT THAN ABOVE,

APPLICATION PREPARED BY: Troy A. Small troy.small@shellafoundation.org (951) 491-1200 Grants Manager

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



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

Entity Status Letter

Date: 9/7/2022

ESL ID: 5151771010

Why You Received This Letter

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

Entity ID: 2670022

Entity Name: THE SHELLA FOUNDATION

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

Important Information

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

Connect With Us

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

[HELP](#)[MENU](#)

[Home](#) > [Tax Exempt Organization Search](#) > [Shella Foundation](#)

[< Back to Search Results](#)

Shella Foundation

EIN: 20-1289365 | Menifee, CA, United States

Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard) ⓘ

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> Tax Year 2021 Form 990-N (e-Postcard)

Tax Period:

2021 (07/01/2021 - 06/30/2022)

EIN:

20-1289365

Legal Name (Doing Business as):

Shella Foundation

Mailing Address:

PO Box 263
Menifee, CA 92586
United States

Principal Officer's Name and Address:

Michael Foster

PO Box 263
Menifee, CA 92586
United States

Gross receipts not greater than:

\$50,000

Organization has terminated:

No

Website URL:

Shella Care Management Services, LLC

- > **Tax Year 2020 Form 990-N (e-Postcard)**
- > **Tax Year 2018 Form 990-N (e-Postcard)**
- > **Tax Year 2017 Form 990-N (e-Postcard)**
- > **Tax Year 2016 Form 990-N (e-Postcard)**
- > **Tax Year 2015 Form 990-N (e-Postcard)**
- > **Tax Year 2013 Form 990-N (e-Postcard)**
- > **Tax Year 2011 Form 990-N (e-Postcard)**
- > **Tax Year 2009 Form 990-N (e-Postcard)**
- > **Tax Year 2008 Form 990-N (e-Postcard)**



IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0025

005537.132407.0022.001 1 MB 0.309 702

|||||

Date of this notice: 07-07-2004

Employer Identification Number:
20-1289365

Form: SS-4

Number of this notice: CP 575 E

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

SHELLA FOUNDATION
% MICHAEL FOSTER
27626 ALTA VISTA WAY
SUN CITY CA 92585

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.



WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-1289365. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.

Registrant Details

Entity Type: Corporate Class as registered with the Secretary of State based on formation & registration documents.

Organization Name:	THE SHELLA FOUNDATION	IRS FEIN:	201289365
Entity Type:	Public Benefit	SOS/FTB Corporate/Organization Number:	2670022
Registry Status:	Delinquent	Renewal Due/Exp. Date:	5/15/2021
RCT Registration Number:	125013	Issue Date:	12/31/1990
Record Type:	Charity Registration	Effective Date:	12/31/1990
Date of Last Renewal:	5/28/2020	DBA:	

Mailing Address

Street: PO BOX 263
Street Line 2:
City, State Zip: MENIFEE CA 92586

Filings & Correspondence

<u>Miscellaneous Documents</u>	Return envelope - 27626 Alta Vista Way
<u>Form RRF-1</u>	2017
<u>Form RRF-1</u>	2018
<u>Form RRF-1</u>	2014
<u>Form RRF-1</u>	2015
<u>Form RRF-1</u>	2016
<u>Miscellaneous Documents</u>	Return envelope - 1745 W Katella Ave
<u>RCT-451-S Delinquency Notice - 1st</u>	Click on Document Type at the left to open PDF
<u>CT-451 1st Delinquency Notice</u>	27626 ALTA VISTA WY
<u>CT-451 1st Delinquency Notice</u>	30353 GULF STREAM DRIVE
<u>CT-451 1st Delinquency Notice</u>	PO BOX 263
<u>CT-451 1st Delinquency Notice</u>	1745 W KATELLA AVE STE E
<u>CT-712 Raffle Notice to Register</u>	2020
<u>Form RRF-1</u>	2019
<u>CT-547 Missing Documents</u>	Click on Document Type at the left to open PDF
<u>Form RRF-1</u>	2013

Annual Renewal Data

Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2013
Accounting Period End Date:	12/31/2013
Filing Received Date:	10/14/2011
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	

Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2014
Accounting Period End Date:	12/31/2014
Filing Received Date:	9/11/2019
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2015
Accounting Period End Date:	12/31/2015
Filing Received Date:	9/11/2019
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2016
Accounting Period End Date:	12/31/2016
Filing Received Date:	9/11/2019
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2017
Accounting Period End Date:	12/31/2017
Filing Received Date:	9/11/2019
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2018
Accounting Period End Date:	12/31/2018
Filing Received Date:	9/11/2019
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2019
Accounting Period End Date:	12/31/2019
Filing Received Date:	4/9/2020
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed.

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the RCT Registration No to navigate to the related record.

No Related Records

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

61

**THE TEMECULA VALLEY
MASTER CHORALE**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ \$22,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Temecula Valley Master Chorale

Project/Program Title: Season 22-23 Start Date: 12/1/22 End Date: 11/30/23

Physical Address of Project/Program: 42690 Margarita Rd, Temecula, CA 92592-5462

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: The Temecula Valley Master Chorale

Mailing Address: PO Box 890204

Temecula, CA 92589-0204

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant The Temecula Valley Master Chorale

Organization: _____ Year Founded: 2001

Website: www.temeculavalleymasterchorale.org Social Media: facebook.com

Number of Paid Staff: two Number of Volunteers: 42

Geographic Area(s) the Organization Serves: City of Temecula and surrounding area

Geographic Area(s) the Project/Program Serves: City of Temecula and surrounding area

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Geneva Krag Title/Position: Board Member

Contact Person's Direct Telephone: 951-505-5000 Contact Person's Email: geneva.krag@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: _____

No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 330928024 State Identification Number: CT0190938

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link: https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Motto: " SHARING A LOVE FOR MUSIC WITH THE COMMUNITY AROUND US "

The Temecula Valley Master Chorale was created to provide a repertory of choral music which seeks to nurture the public's appreciation of the life-enhancing qualities of the choral arts. Our mission is to provide local performances that will enrich the educational and cultural life of the community, to help and encourage young artists to expand their musical experience, and to demonstrate a professional attitude while performing quality musical literature. Chorale members come from all walks of life and professions. For some, music is their vocation as teachers and choir directors; but for many others it is their avocation, a great way to enrich their lives by coming together with others who love to sing and perform beautiful and challenging works of music.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

With a passion for the classics as well as modern masters, Temecula Valley Master Chorale is committed to excellence in the vocal arts. Through this grant opportunity, we are asking for support of season concerts while collaborating with Temecula schools and businesses with training, venues, music, and small equipment purchases. We hope to enhance our programs with local professional instrumentalists and soloists.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

To accomplish our mission, we will spend the grant funds by using local Temecula businesses for concert venues, competition venues, musical score purchases, program and flyer printing, independent contract instrumentalists, and food vendors.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

The Temecula Valley Master Chorale serves the community through encouraging a productive interaction for choir participants and audience through harmonious artwork. The audience is challenged to hear layers of art; the musicians practice to sing with others in harmony and share that with the audience. Regardless of age, gender, nationality, our organization spends our resources and time to create that connection. By involving Temecula venues, businesses, and supplemental musicians we can make an impact on the prosperity of the community. We also want to nurture the talent and love for music for future musicians in our community.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	over 500
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3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	45
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PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Live music and art are fundamental to enhancing human experience. Choral music brings people together, builds relationships, and in its variety introduces the singer and listener to different cultures and styles. This grant opportunity helps bring value to the Temecula community through song and collaboration with Temecula businesses and residents.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

When the COVID-19 quarantine first started our season was cut short and we were not able to have our final concert and fund-raising event. For the next season, some of our members participated in "on-line" practices with no public performance, but a limited you-tube video performance. Last season (Sept. 2021-April 2022) we practiced with masks and had outdoor concerts, Not all our members were comfortable returning even with masks. Again, our fundraising activities were also limited, affecting us economically. We look forward to a new season of live performances and nurturing and developing new musicians, particularly those who live in Temecula. We would like to pass on our love of music to the next generation.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

Grant funds would expand our opportunities to reach more of the Temecula community through involvement in our Choir, in the audience capacity or as vendors of venues, supplies, or services. This creates an opportunity to collaborate with Temecula school choirs (public and private), and orchestras and their families. Our dream is to eventually host a fine arts festival at the Community Rec Center that would include school choirs, orchestras, and local vendors.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 22,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 22,624	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 187,068	
TOTAL REVENUE	\$ 231,692	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment	sound equipment, video production	\$1,000
Facilities/Rent/Insurance		\$7,500
Supplies	music scores	\$2,000
Marketing	flyers, programs	\$1,500
Services	supplemental contract musicians	\$10,000
Food		\$
Other		\$
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$14,600
TOTAL EXPENSES		\$36,600
TOTAL BUDGET	\$	\$36,600

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: **The Temecula Valley Master Chorale** Name of Project/Program: **Temecula Valley Master Chorale-Season 22-23**

FY 2021-2022 Amount of \$ _____
CSF Grant Fund Awarded: _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	<small>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</small>	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT
If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>The Temecula Valley Master Chorale</u>		Name of Project/Program: <u>Temecula Valley Master Chorale-Season 22-23</u>			
TOTAL FY 2022-2023		Month & Year FIRST \$5,000 check			
Amount of Grant Fund Awarded: \$ _____		was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: The Temecula Valley Master Chorale

MAILING ADDRESS: P O Box 890204 PHONE: (____) 832-368-7163
Temecula, CA 92589-0204 EMAIL: ann.mulder@icloud.com

PRESIDENT / AUTHORIZED OFFICER: Ann Mulder, TVMC Treasurer
PRINT NAME TITLE

SIGNATURE:  DATE: Sept. 12, 2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Geneva Krag, Board member
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



HELP ⓘ

MENU ☰

[Home](#) > [Charities and Non-Profits](#) > [Search for Charities](#) > Tax Exempt Organization Search

Results for Tax Exempt Organization Search

Select Database ⓘ

Search All



Search By ⓘ

Employer Identification Number (EIN)



Search Term ⓘ

330928024

City

Temecula

State

All States



Country

United States



Search

Reset

[Search Tips](#)

Showing 1-1 results of 1

Sort by:

Name A-Z



[Temecula Valley Master Chorale](#)

Items per page: 25 ▼

[Return to Top](#)

Additional information

- [Frequently asked questions - Exempt Organizations Select Check](#)
- [Revocations of 501\(c\)\(3\) Determinations](#)
- [Suspensions Pursuant to Code Section 501\(p\)](#)
- [Exempt Organizations Business Master File Extract \(EO BME\)](#): a list of organizations recognized as exempt by the IRS
- [Tax Exempt Organization Search: Bulk Data Downloads](#)

Page Last Reviewed or Updated: 20-November-2020



Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer Advocate Service	Independent Office of Appeals	中文 (简体)	Treasury Inspector General for Tax Administration
Help	Civil Rights	Identity Theft Protection	中文 (繁體)	USA.gov
Contact Your Local Office	Freedom of Information Act	Report Phishing	한국어	
Tax Stats, Facts & Figures	No Fear Act	Tax Fraud & Abuse	Русский	
			Tiếng Việt	
			Kreyòl ayisyen	
			English	
			Other Languages	



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

Entity Status Letter

Date: 9/10/2022

ESL ID: 4197036411

Why You Received This Letter

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

Entity ID: 2268147

Entity Name: THE TEMECULA VALLEY MASTER CHORALE

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

Important Information

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

Connect With Us

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

California

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

 SIMPLE 990

 (/)

PRICING
(/PRICING)

FAQ
(/QUESTIONS)

STATE FILING
REQUIREMENTS (/STATE-
FILING-INFORMATION-FOR-
NONPROFITS)

CONTACT
(/CONTACT-
US)

temeculavalleymasterchorale@gmail.com

[< Take me to my billing \(/app/billing\)](#)

THANK YOU FOR FILING WITH SIMPLE 990.

Your payment of \$40.00 has been processed.

Form 990 and 990-EZ returns undergo a quick technical review by our team. Our team will process your return as soon as this is complete and email you regarding the results.

Confirmation: #SIMP990WU2DSV0JQ7CGVXXYIJJSPRGJ
August 3, 2022

E-filed 2021 Form 990-N
TEMECULA VALLEY MASTER CHORALE: 33-0928024

\$40.00 USD

Total

\$40.00 USD



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

REET ADDRESS:
001 Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL TREASURER'S REPORT ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code
11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

(For Registry Use Only)

The Temecula Valley Master Chorale Name of Organization	CT0190938 State Charity Registration Number
PO Box 890204 Address (Number and Street)	2268147 Corporation or Organization No.
Temecula, CA 92589 City or Town, State and ZIP Code	330928024 Federal Employer I.D. No.

For annual accounting period (beginning 01 / 01 / 2021 ending 12 / 31 / 2021)

BALANCE SHEET

ASSETS

Cash	\$ 200
Savings	\$ 12342
Investment	\$ 0
Land/Buildings	\$ 0
Other Assets	\$ 0
TOTAL ASSETS	\$ 12,542

LIABILITIES

Accounts Payable	\$ 0
Salary Payable	\$ 0
Other Liabilities	\$ 0
TOTAL LIABILITIES	\$ 0

FUND BALANCE

Total Assets less Total Liabilities	\$ 12,542
-------------------------------------	-----------

REVENUE STATEMENT

REVENUE

Cash Contributions	\$ 6547
Noncash Contributions	\$ 0
Program Revenue	\$ 9851
Investments	\$ 0
Special Events	\$ 1483
Other Revenue	\$ 3140
TOTAL REVENUE	\$ 21,021

EXPENSES

Compensation of Officers/Directors	\$ 9985
Compensation of Staff	\$
Fundraising Expenses	\$ 2115
Rent	\$ 2504
Utilities	\$ 0
Supplies/Postage	\$ 411
Insurance	\$ 716
Other Expenses	\$ 330
TOTAL EXPENSES	\$ 16,061

NET REVENUE

Total Revenue less Total Expenses	\$ 4,960
-----------------------------------	----------

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

 Signature of Authorized Agent	Steven C. Woodbury Printed Name	Treasurer Title	5/13/22 Date
-----------------------------------	------------------------------------	--------------------	-----------------

330928024

TEMECULA VALLEY MASTER CHORALE Employer Identification Numbers Registry

Employer Identification Number (EIN) is a unique identification number that is assigned to a business entity so that it can easily be identified by the Internal Revenue Service (IRS). The Employer Identification Number is commonly used by employers for the purpose of reporting taxes. The EIN is also known as a Federal Tax Identification Number. When it is used to identify a corporation for tax purposes, it is commonly referred to as a Tax Identification Number.

TEMECULA VALLEY MASTER CHORALE

<i>EIN</i>	330928024 An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need an EIN.
<i>Business Name</i>	TEMECULA VALLEY MASTER CHORALE Conformed submission company name, business name, organization name, etc
<i>CIK</i>	N/S Company's Central Index Key (CIK). The Central Index Key (CIK) is used on the SEC's computer systems to identify corporations and individual people who have filed disclosure with the SEC.
<i>State of Incorporation</i>	N/S Company's State of Incorporation. The state of incorporation is the state where the entity has a domestic entity registration. I.e. the entity was first registered, NOT necessarily where the entity does business.
<i>Phone</i>	N/S Business address telephone number

BUSINESS ADDRESS

<i>Address Line 1</i>	PO BOX 890204 Business Address Line 1
<i>Address Line 2</i>	N/S Business Address Line 2
<i>City</i>	TEMECULA Business Address City
<i>State</i>	CA Business Address State
<i>ZIP</i>	92589 Business Address Postal Code (ZIP)

MAILING ADDRESS

<i>Address Line 1</i>	N/S
	Mailing Address Line 1
<i>Address Line 2</i>	N/S
	Mailing Address Line 2
<i>City</i>	TEMECULA
	Mailing Address City
<i>State</i>	CA
	Mailing Address State
<i>ZIP</i>	92592
	Mailing Address Postal Code (ZIP)

FEDERAL TAX IDENTIFICATION NUMBER: 330928024 (ADDITIONAL INFORMATION)

<i>EIN</i>	POSTCARD
------------	----------



Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Ann Mulder
TVMC
31659 COUNTRY VIEW RD
TEMECULA, CA 92591

Receipt Date: 10/06/2022

Receipt No.: 2704484

Receipt Detail

Description	Document/Payment No.	Amount
Nonprofit Corp - Statement of Information	BA20220949595	-\$20.00
Certified Copy - BE	BA20220949595	-\$5.00
Payment - Web Credit Card	42*****3438 / Auth. No. 010033	\$25.00

Total Amount Charged: **-\$25.00**

Total Payment Received: **\$25.00**



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

THE TEMECULA VALLEY MASTER CHORALE
PO BOX 890204
TEMECULA, CA 92589-0204

Business Amendment Filing Approved

October 6, 2022

Entity Name: THE TEMECULA VALLEY MASTER CHORALE

Entity Type: Nonprofit Corporation - CA - Public Benefit

Entity No.: 2268147

Document Type: Statement of Information

Document No.: BA20220949595

File Date: 10/06/2022

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number in the Search module at bizfileOnline.sos.ca.gov.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.



Thank you for using [bizfile California](http://bizfileOnline.sos.ca.gov), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

FY 2022/2023

**COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA**

GRANT APPLICATION #

62

THESSALONIKA

FAMILY SERVICES

dba COMMUNITY MISSION OF HOPE

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ \$50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: CMOH Food & Housing Programs Start Date: 1/1/2023 End Date: 6/30/2024

Physical Address of Project/Program: 41760 Rider Way Temecula, CA 92590
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Thessalonika Family Services

Mailing Address: 38950 Mesa Road, Temecula, CA 92592-8753

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Thessalonika Family Services

Organization: (dba Community Mission of Hope) Year Founded: 1983

Website: info@cmoh.net Social Media: https://www.facebook.com/ConnectedtoHope

Number of Paid Staff: 4 Number of Volunteers: 400

Geographic Area(s) the Organization Serves: Temecula, Murrieta, Wildomar, French Valley, Anza, Aguanga

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Allison Willits Title/Position: Executive Director

Contact Person's Direct Telephone: 951-302-2317 Contact Person's Email: allison.willits@cmoh.net

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 1983
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 95-3551068 State Identification Number: 0995764

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

For more than 12 years, Community Mission of Hope has served Temecula communities through programs that provide meals, housing stability, and individualized Case Management services to some of the region's most vulnerable populations. CMOH's mission is to provide hope through relationships and responsible compassion, meeting the tangible and emotional needs of our clients to help them on the road to self-sufficiency and a better quality of life. We empower our clients by providing food and resources for shelter, employment, and healthcare through a collaborative network of partners and volunteers, supporting our vision to eliminate hunger and homelessness in Southwest Riverside County.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Thessalonika Family Services, dba Rancho Damacitas; Empowerment Village Computers	\$ 5000	November 2021	Community Improvement Designation (CID) Fund
Thessalonika Family Services, dba Rancho Damacitas; Empowerment Village Utilities	\$ 5000	December 2021	Community Service Funding Program
Rancho Reformed Church dba Community Mission of Hope; new walk-in freezer	\$ 5000	December 2021	Community Improvement Designation (CID) Fund
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ \$7,500	Riverside County Nonprofit Assistance Fund	August 2020
\$ \$10,000	State Farm Good Neighbor Application	January 2021
\$ \$15,000	Sisters of St. Joseph Healthcare Foundation	April 2021
\$ \$2,500	Soboba Foundation	June 2021
\$ \$1,000	ALDI	August 2021
\$ \$10,000	The Roripaugh Family Foundation	September 2021
\$ \$2,500	Morongo Band of Mission Indians	April 2022
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The goal of Community Mission of Hope's (CMOH) Food Distribution and Housing programs is to help the region's most vulnerable and marginalized populations obtain long-term stability. CMOH feeds over 500 at-risk families each month, distributing thousands of pounds of food per year including meal boxes, bread and pantry staples, hygiene and basic household items, and fresh produce to those experiencing food insecurity in Temecula. In addition, we connect families and individuals to job and housing opportunities, helping them navigate financial difficulties. Our Case Managers provide comprehensive, one-on-one assistance to solve a myriad of complex challenges – in the last year, over 5,000 individuals received housing assistance, food, and/or counseling at CMOH. Grant funds will support direct costs associated with our Food Distribution and Housing support programs.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Support from the City of Temecula will help CMOH maintain our food distribution warehouse in Temecula, as well as upkeep other equipment and continue to provide local food distribution services, including paying drivers, rental fees for food delivery vans, and purchasing workshop supplies and supplemental food items. A portion of this grant will cover direct service positions, supporting the staff who deliver key program initiatives, as well as volunteer training costs – we rely on over 100 volunteers who sort and distribute food to our community on a weekly basis. Finally, grant funds will also support CMOH's various Housing programs, including capital expenditures to improve our classroom and childcare spaces at Empowerment Village—a residential program for homeless single mothers and their young children.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

One of CMOH's greatest strengths is our commitment to the health and well-being of vulnerable families and individuals in Temecula, which is the cornerstone of our programs. CMOH serves 2,200 clients annually who are referred through several collaborative partnerships throughout the City, including partnerships with local churches, word of mouth, and via the Homeless Outreach Team at the City of Temecula. Our clients reflect the Counties' demographics, with approximately 35% being Caucasian, 30% Hispanic, 5% African American, and 8% Asian. 90% of those served are low-income; 33% have experienced homelessness; and 22% are veterans. Our programs offer services and resources to help these clients achieve long-term and sustainable success—to give them hope for the future and to change the trajectory of their lives.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	2000
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	400

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

\$50,000 in support from the City of Temecula for CMOH's Food and Housing Programs will allow us to offer over 2,000 vulnerable community members in Temecula access to nutritious food, as well as connections to other valuable resources, including employment support and housing opportunities.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Sadly, economic uncertainty and financial devastation is on the rise as homelessness, food insecurity, and rates of unemployment were exacerbated by the COVID-19 pandemic. CMOH clients continue to face difficulty paying for basic needs such as food, childcare, and transportation, resulting in significant setbacks toward achieving and maintaining financial and family independence. While the global health crisis had an immediate and devastating impact in high need communities across Temecula, the rising costs of food, housing, and transportation continue to take a toll. Today, more families than ever before are turning to CMOH as we remain steadfast in our commitment to helping those in need. This increase in demand coupled with rising costs, necessitates that we raise more funding to serve the community.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

\$50,000 in support from the City of Temecula will allow CMOH to continue our Food Pantry and Housing Programs. These programs make a positive difference in Temecula by improving social conditions, promoting human welfare, and alleviating pain and suffering through vital safety-net services, which help our community's most at-risk populations. To provide services and create equitable and inclusive opportunities for our clients to thrive, CMOH annually spends over \$2,700,000 on program costs, funded primarily through the generosity of the philanthropic community and in-kind donations. With your support, CMOH will be able to continue to provide comprehensive and crucial services, designed to help those in need build a pathway to lifelong self-sufficiency.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 0	
Other grants or funding already awarded for Project/Program, if any	\$ 1,056,050	
In-Kind match amount or volunteer credit hours estimated amount	\$ 1,636,378	
TOTAL REVENUE	\$ 2,742,428	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$ 78,286
Facilities/Rent/Insurance		\$ 144,820
Supplies		\$ 87,720
Marketing		\$ 2,000
Services		\$ 129,500
Food		1,500,000
Other		\$ 250,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 550,102
TOTAL EXPENSES		\$ 2,742,428
TOTAL BUDGET	\$ 2,742,428	\$ 2,742,428

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Thessalonika Family Services (dba Community Mission of Hope)

MAILING ADDRESS: 38950 Mesa Road **PHONE:** (951) 302-2317

Temecula, CA 92592-8753 **EMAIL:** allison.willits@cmoh.net

PRESIDENT / AUTHORIZED OFFICER: Allison Willits Executive Director
PRINT NAME TITLE

SIGNATURE:  **DATE:** September 12, 2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

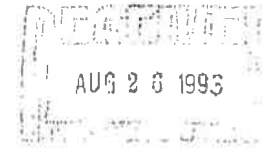
Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

INTERNAL REVENUE SERVICE
District Director

Department of the Treasury

c/o McGaslin Industrial Park
2 Cupania Circle
Monterey Park, CA 91754
Attn:EOG-4

Date: **AUG 26 1993**



Thessalonika Family Services, Inc.
P.O. Box 890326
Temecula, CA 92589-0326

Employer Identification Number: 95-3551068
Case Number: 953203009
Contact Person: R. Howard
Contact Telephone Number: (213) 725-7002

Our Letter Dated: May 7, 1988
Caveat Applies: No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your 60 month termination of private foundation status period under section 507(b)(1)(B).

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 170(b)(1)(A)(vi).


Your exempt status as an organization described in section 501(c)(3) of the Internal Revenue Code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

If we indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter. Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


Michael J. Quinn
District Director

1050(CG)

cc: Kuebler, Thomas
cc: Ken Low



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

Entity Status Letter

Date: 2/4/2020

ESL ID: 6357089984

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

Entity ID: 0995764

Entity Name: THESSALONIKA FAMILY SERVICES

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.

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, 23305a, 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.

Connect With Us

Web: ftb.ca.gov

Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

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

A For the 2020 calendar year, or tax year beginning 7/01, **2020, and ending** 6/30, **2021**

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

C **Thessalonika Family Services Inc.**
38950 Mesa Road
Temecula, CA 92589

D Employer identification number 95-3551068

E Telephone number (951) 302-2317

G Gross receipts \$ 537,362.

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

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

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

J Website: ▶ www.4kidsfirst.org **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1980 **M State of legal domicile:** CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To break the generational cycle of abuse and poverty by empowering at-risk, single mothers with young children and individuals with a history of foster care or child abuse.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
6 Total number of volunteers (estimate if necessary)	6	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	406,637.	475,361.
9 Program service revenue (Part VIII, line 2g)	55,910.	61,996.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	324.	-2,996.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-30,546.	-4,206.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	432,325.	530,155.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,462.	5,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	510,131.	373,521.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 134,434.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	271,238.	306,167.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	799,831.	684,688.
19 Revenue less expenses. Subtract line 18 from line 12	-367,506.	-154,533.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,003,116.	1,774,370.
21 Total liabilities (Part X, line 26)	306,733.	232,520.
22 Net assets or fund balances. Subtract line 21 from line 20	1,696,383.	1,541,850.

Part II Signature Block

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

Sign Here

Signature of officer: Nicole Albrecht Date: _____
 Type or print name and title: Treasurer

Paid Preparer Use Only

Print/Type preparer's name <u>Michael Klein, CPA</u>	Preparer's signature <u>Michael Klein, CPA</u>	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01084572</u>
Firm's name ▶ <u>MPK Advisors & CPAs</u>	Firm's EIN ▶ <u>85-1568243</u>		Phone no. <u>951-763-7970</u>	
Firm's address ▶ <u>30141 Antelope Rd, Ste D681 Menifee, CA 92584</u>				

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

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

63

**VETERANS SUPPLEMENTAL
SUPPORT NETWORK (VSSN)**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 10,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Stomping the Stigma- Veteran Outreach Start Date: 11/1/2022 End Date: 12/31/2023

Physical Address of Project/Program: 41593 Winchester Rd Ste 200 Temecula CA 92562

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: VSSN- VETERANS SUPPLEMENTAL SUPPORT NETWORK

Mailing Address: 41593 Winchester Rd Ste 200

Temecula CA 92590

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: VSSN- VETERANS SUPPLEMENTAL SUPPORT NETWORK Year Founded: 2011

Website: Vetsupportnet.org Social Media: https://www.facebook.com/VSSNVETS/

Number of Paid Staff: 3 Number of Volunteers: 537

Geographic Area(s) the Organization Serves: Temecula, Murrieta, Wildomar, Menifee

Geographic Area(s) the Project/Program Serves: Temecula, Murrieta, Wildomar, Menifee

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Sue Kennedy Title/Position: Executive Director Admin

Contact Person's Direct Telephone: 951-821-8776 Contact Person's Email: skennedy@vetsupportnet.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: _____

No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 46-2705469 State Identification Number: CT0260255

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

is to end and prevent suicide and hardships within the military and veteran community.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ <u>10.0000</u>	<u>The Inland Empire Community Foundation</u>	<u>11.20</u>
\$ <u>20.000</u>	<u>UE Corporate Fund</u>	<u>4.20, 4.21, 4.22</u>
\$ <u>10.000</u>	<u>Event fundraising</u>	<u>5.1.2022</u>
\$ <u>6.000</u>	<u>DCH Kia</u>	<u>7.1.2022</u>
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

VSSN's Stomp the Stigma hosts military and veteran family outreach resource events to include, the annual Winter Wonderland, Cards for Vets, Daisy Monument Walk, and the Hiring and Volunteer Fair.

All events are designed to provide life-saving and transforming resources for military and veteran families living in Temecula.

VSSN events provide direct food and toiletry support, mental health, job, business, and wellness coaching, toys, holiday meal boxes, appreciation cards from over 3000 Temecula students and residents in addition to direct connections to homeless prevention, mental health, housing, education, VA benefits, and local government resources.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

The funding if awarded would be used for..

Storage Unit Rental Space: \$1812.00

Equipment Rental for Events (tables, chairs, linen, 10x10 canopies, sandbags, pipe and drapes): Average event cost \$6800

Postcards Printing & Distribution (Cards for Vets): \$1388

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Each VSSN outreach team tracks guest residencies and other verification data. All mentioned events are planned and organized with Temecula Valley School District's JROTC programs, and school site leaders along with Temecula-based community organizations help to ensure that Temecula residents are shared information.

2021/2022 guest attendance from Temecula Residents

Daisy Walk 4/2022- 487 out of 601

Hiring Fair 10/2021- 5944 out of 7431

Cards for Vets 11/2021- 2880 out of 3200 (volunteers)

Winter Wonderland 12/2021- 2387 out of 2532

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

11698

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

520

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

For over 10 years VSSN has partnered with Temecula Valley schools and community partners to host its signature Veteran outreach resource events, including the annual Winter Wonderland, Cards for Vets, Daisy Monument Walk, and the Hiring and Volunteer Fair. These events provide engagement opportunities, direct aid, and resource connections to over 11,000 Temecula Valley residents.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

When the COVID-19 pandemic hit, VSSN, or Veteran Supplemental Support Network, serving low- to moderate-income (LMI) veteran families sprung to action to provide vital services. These services included food deliveries, virtual mental health readjustment, suicide prevention case management, and resource and referrals. Our core vertical or program is VSSN's Outreach Events. Outreach events fuel our service delivery however events were halted due to safety and budget restrictions.

However, many volunteers continued to play key roles in regular services, as well as various pandemic-related ones, including vaccine education, without adequate funding.

VSSN has funded a small Supplemental Targeted Advance by SBA in 2020 and a Riverside County IECF in late 2020, however, the awards were not enough. This created a challenging situation, especially during economic crises, where demand for such services increased while total revenue decreased. VSSN faced significant disruptions during the peak of the pandemic and throughout 2021.

Since the pandemic VSSN experienced a 33% increase in demand and to add to the pie the cost of services has risen with inflation. Unfortunately, with the lack of funding resources we are unable to provide life-saving services (mental health, employment, outreach resource,s and referral resources).

Ongoing challenges include increased demand for services without a similar affordable increase in the ability to provide services. One leading cause is the rising inflation rate that is continuously impacting in-kind and monetary donations, plus costs such as rent, salaries, gas, vendor costs, permits, and equipment costs.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

We are applying for \$10,000 in supplemental funds to help cover the costs of our well-attended outreach events and increasing warehouse storage fees. If granted the requested amount or any portion thereof the funds will be used to meet the following costs:

Storage Unit Rental Space: \$1812.00 (annual)

Equipment Rental for Event outreach events that service Temecula military service-connected residents: (tables, chairs, linen, 10x10 canopies, sandbags, pipe, drapes, delivery fees): Average cost \$6800

Postcards Printing and Distribution (Cards for Vets): \$1388

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 10,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 5000	
Other grants or funding already awarded for Project/Program, if any	\$ 36,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 122,699	
TOTAL REVENUE	\$ 173,699	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$ 25400
Facilities/Rent/Insurance		\$ 6048
Supplies		\$ 5490
Marketing		\$ 10513
Services		\$ 46848
Food (typically donated or inkind)		77,000
Other <u>gas cards, transportation</u>		\$ 2400
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$
TOTAL EXPENSES		\$ 173,699
TOTAL BUDGET	\$ 173,699	\$ 173,699

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

***IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.**

If your organization was awarded a Community Service Funding Grant in FY 2021-2022
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: _____ **Name of Project/Program:** _____

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ **Month & Year CSF Grant Received from City:** _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Veteran's Supplemental Support Network

MAILING ADDRESS: 41593 Winchester Rd Ste. 200 **PHONE:** (951) 821 8776
Temecula, CA 92590 **EMAIL:** dtate@vetsupportnet.org

PRESIDENT / AUTHORIZED OFFICER: Daisy Tate Executive Director
PRINT NAME TITLE

SIGNATURE: *Daisy Tate* **DATE:** 08/26/2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY: Sue Kennedy Executive Director Admin
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



Entity Status Letter

Date: 8/25/2022

ESL ID: 5205274751

Why You Received This Letter

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

Entity ID: 3557670

Entity Name: VETERANS SUPPLEMENTAL SUPPORT NETWORK

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

Important Information

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

Connect With Us

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

California

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

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

DEPARTMENT OF THE TREASURY

Date: **SEP 11 2013**

VETERANS SUPPLEMENTAL SUPPORT
NETWORK
23705 KATHRYN
MURRIETA, CA 92562

Employer Identification Number:
46-2705469
DLN:
17053184319003
Contact Person: JERRY FIERRO ID# 31119
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
April 2, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

[HELP](#)[MENU](#)

[Home](#) > [Tax Exempt Organization Search](#) > [Veterans Supplemental Support Network](#)

[< Back to Search Results](#)

Veterans Supplemental Support Network

EIN: 46-2705469 | Murrieta, CA, United States

> Other Names

VETERNS SUPPLEMENTAL SUPPORT NETWORK

Determination Letter

A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt status under the Code section the organization applied.

> Final Letters

- [FinalLetter 46-2705469 VETERANSSUPPLEMENTALSUPPORTNETWORK 06262013 01.tif](#)

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Copies of Returns (990, 990-EZ, 990-PF, 990-T)

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

- > **Tax Year 2020 Form 990EZ**
- > **Tax Year 2019 Form 990EZ**
- > **Tax Year 2018 Form 990EZ**
- > **Tax Year 2017 Form 990EZ**
- > **Tax Year 2016 Form 990EZ**
- > **Tax Year 2015 Form 990EZ**

Page Last Reviewed or Updated: 20-November-2020



RECEIVED

AUG 31 2022

CITY MANAGER'S OFFICE

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)

2021

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

A For the 2021 calendar year, or tax year beginning 2021, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: VETERNS SUPPLEMENTAL SUPPORT NETWORK. D Employer identification number: 46-2705469. E Telephone number: (951) 821-8776. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual [] Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990).

I Website: J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no.) [] 4947(a)(1) or [] 527

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 31,859

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 31,859). Rows 10-17: Expenses (Total expenses: 31,859). Rows 18-21: Net Assets.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	0
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	0	0
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **PROVIDE FOOD ANS SUPPORT FOR DISABLED VET**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 FEED AND SUPPORTED VETERNS

(Grants \$) If this amount includes foreign grants, check here **28a** 0

(Grants \$) If this amount includes foreign grants, check here **29a**

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DEXTER JASPER CHAIRMAN	20.00	0	0	0
DAISY TATE PRESIDENT	15.00	0	0	0
CONSTANCE GLENN TREASURER/SECRETARY	10.00	0	0	0
RODNEY ROYSTER TRUSTEE	5.00	0	0	0
TAMIKA GALVIN TRUSTEE	10.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Yes No

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
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.
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a 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
39 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.
40 a 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-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of
Located at
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
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 a 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
45 a Did the organization have 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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	DAISY TATE Signature of officer	03-18-2022 Date			
	DAISY TATE, OWNER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Louis Brockman	Preparer's signature Louis Brockman	Date 03-24-2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01294838
	Firm's name ▶ LB TAX SERVICES			Firm's EIN ▶	
	Firm's address ▶ 514 NORTH COAST HWY STE BB Oceanside CA 92054			Phone no. 760-522-7129	
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Employer identification number

VETERANS SUPPLEMENTAL SUPPORT NETWORK

46-2705469

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,128	100,564	72,719	49,791	31,859	305,061
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	50,128	100,564	72,719	49,791	31,859	305,061
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.)						305,061

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	50,128	100,564	72,719	49,791	31,859	305,061
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	50,128	100,564	72,719	49,791	31,859	305,061
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.00 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

VETERNS SUPPLEMENTAL SUPPORT NETWORK

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

46-2705469

01. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
ADVERTISING	2,480
CONTRACTING FEES	794
DIGITAL SERVICES	2,035
EVENT PLANNING	19,689
FILED TRIPS	316
FOOD VOUCHER	405
GAS VOUCHER	186
INVENTORY	224
MAILING	39
MARKETING ADVERTISING	38
OFFICE ADMIN	8
PROPERTY MAINTENANCE	46
SOCIAL MEDIA	12
STORAGE	561
TRAINING	260
TRAVEL	3,312
UNIFORMS	143
VETERN SERVICES	57
VOLUNTEER APRECIATION	386
VOLUNTEER MEALS	512
WEB HOSTING	256
BANK FEES	100

TAXABLE YEAR
2021

**California Exempt Organization
Annual Information Return**

FORM
199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name
VETERNS SUPPLEMENTAL SUPPORT NETWORK

California corporation number
3557670

FEIN
46-2705469

Additional information. See instructions.

Street address (suite or room)
23705 KATHRYN ST

City
MURRIETA

Foreign country name _____ Foreign province/state/county _____

State
CA

Zip code
92562

PMB no. _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990)
 (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	0 00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Information K	12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Penalties and interest. See General Information J	15	00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16	00

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

Sign Here
 Signature of officer: **DAISY TATE** Title: **OWNER** Date: **03/18/2022** Telephone: **951-821-8776**

Paid Preparer's Use Only
 Preparer's signature: _____ Date: **03/24/2022** Check if self-employed: PTIN: **P01294838**
 Firm's name (or yours, if self-employed) and address: **LB TAX SERVICES**
514 NORTH COAST HWY STE BB
OCEANSIDE, CA 92054 Firm's FEIN: _____ Telephone: **760-522-7129**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

46-2705469

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	• 1		00
	2 Interest	• 2		00
	3 Dividends	• 3		00
	4 Gross rents	• 4		00
	5 Gross royalties	• 5		00
	6 Gross amount received from sale of assets (See instructions)	• 6		00
	7 Other income. Attach schedule	• 7		00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		00
9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	• 9		00	
10 Disbursements to or for members	• 10		00	
11 Compensation of officers, directors, and trustees. Attach schedule	• 11		00	
12 Other salaries and wages	• 12		00	
Expenses and Disbursements	13 Interest	• 13		00
	14 Taxes	• 14		00
	15 Rents	• 15		00
	16 Depreciation and depletion (See instructions)	• 16		00
	17 Other expenses and disbursements. Attach schedule	• 17		00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18		00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments. Attach schedule				•
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				•
12 Other assets. Attach schedule				•
13 Total assets				
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities. Attach schedule				•
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5			

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

64

**WESTERN EAGLE
FOUNDATION**

CITY OF TEMECULA
FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022



CITY MANAGER'S OFFICE

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ \$50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Food Boxes for residents in Temecula Start Date: July 1 2022 End Date: June 30, 2023

Physical Address of Project/Program: 40940 County Center Drive, Temecula, CA 92591

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Western Eagle Foundation

Mailing Address: c/o Todd Sieja, CEO

40940 County Center Drive, Temecula, CA 92591

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: Western Eagle Foundation Year Founded: 1993

Website: www.westerneaglefoundation.org Social Media: FB: westerneaglefoundation

Number of Paid Staff: 10 Number of Volunteers: 100

Geographic Area(s) the Organization Serves: Temecula

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Serena Cooper Title/Position: Program Manager

Contact Person's Direct Telephone: 951-541-8571 Contact Person's Email: scooper@western-eagle.org

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 5/19/1993
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0498064 State Identification Number: 1858280

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

1. Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
2. Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
3. Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Western Eagle Foundation (WE) mission since 1993 is "dedicated to feeding the hungry" with the lowest cost food possible available at the Western Eagle Food and Home Goods store. A 44,000 sq.ft warehouse with heavily discounted food and goods purchased directly from food brokers and/or donated from farmers, food distributors and grocers. Open to public. Physical Address: 40940 County Center Drive, Temecula, CA. Unlike a food pantry, Western Eagle is open 7 days a week for easy access to food. Program Goal/Objectives: (WE FOOD BOX) supports an average of 300 individuals/families (no income requirements) a week with in store food boxes that includes healthy food such as staples, breads, fresh fruits, vegetables and dairy, everyone is eligible and there are no limits to how many boxes may be obtained. (WE BULK FOOD OUTREACH) provides bulk food via pallets (approx. 1.9M lbs a year) available for pick-up every Thursday to more than twenty churches/nonprofit agencies that deliver to food insecure communities (benefiting 117,800 families annually) in unincorporated areas of Riverside County including Temecula Valley. (WE VOLUNTEERS) offers a work development program to volunteer youth, young adults, seniors, individuals with disabilities veterans, those recovering from addictions, and/or serving court-ordered community service, enabling them to move forward toward their goals and increase their skill set in stocking, packing and shelving, sorting, pricing, cashiering, customer service, work ethics, business policies and procedures. Full-time volunteers are fed breakfast, lunch and food to take home for dinner.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

This Application has been authorized by the organization's:

Executive Committee

Board of Directors

Members-at-Large

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FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 10,000	ARPA Riverside County Supervisor, District 3	12/2021
\$ 30,000	Private Foundations -Awarded	02/2022
\$ 10,000	Emergency Food and Shelter Program-HUD	07/2022
\$ 40,000	Private Foundations- Pending	Pending
\$	Net proceeds from Western Eagle Store help fund programs, operating and personnel expenses	monthly
\$	Donated food from farmers and growers	monthly
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Grant funding will support the Western Eagle (WE) "Food Boxes" program available to the general public, no income restrictions, to help supplement food budgets of all families and individuals in need of food. Todd Sieja, CEO purchases food box staples every week (canned vegetables and fruits, dry pasta and rice, cereals, spaghetti sauce, dried beans, soups, peanutbutter, tostada shells, packaged dinners) from a regional food broker. Donated food such as dairy, breads and fresh fruit and vegetables are added to the food box if available. A transportation service is used to pick up food and home goods several times during the week. Unlike food pantries, food boxes are available seven days a week at the Western Eagle store along with a warehouse of discounted food and home goods to help families stretch their budgets and make a home for less. The food box is posted on social media by 9am every morning to show what is in stock that day. On average, 300 families take advantage of this program a week. The spreadsheet showing data and count of food boxes by month and year shows that more than 1200 families take advantage of the food box program monthly and 14,400 annually.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Awarded funds will be used to purchase "staples" from regional food brokers for the food boxes each week. Data shows that approximately 220 Temecula residents take advantage of the food box a month. At an operational cost of \$25 a box times 220 Temecula residents=\$5,500 per month, annual cost = \$66,000 A grant award of \$50,000 will feed 2,200 Temecula residents- individuals and families a year. Staples purchased included cans of fruits and vegetables, dry pasta, rice and beans, cereals, sauces, crackers/cookies, peanutbutter, and packaged dinners.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by increasing monies used to directly purchase food from regional food brokers and transport stock to the Western Eagle warehouse. Staples are directly purchased and include canned fruits and vegetables, dry pasta/rice/beans, peanut butter, cereal, tomatoe sauce and packaged dinners. Additional items donated to the food box include dairy products (milk, cheese) and fresh fruit and vegetables. Food boxes are available 7 days a week for easy access to food and so no one goes hungry. An average of 220 Temecula residents take advantage of the food box program according to the sign-in sheet. Temecula residents are asked numb #pcked up, city and zipcode, plus email address for future newsletters and bulletins.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	2640
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	100

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Requesting \$50,000 to purchase directly from food brokers "staples" to provide a food box to Temecula residents in need of supplemental food to feed their families. Dairy and fresh fruit and vegetables are donated. 220 residents a month, on average 2,640 a year.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

COVID-19 pandemic affected Western Eagle's ability to get donated food from growers, farmers and suppliers. Inventory and overflow of food was down, there was a lot of competition for donated food from other food banks and transportation was costly and not always on schedule. Suppliers began charging for their overstock rather than just giving it away as they did before the pandemic. Western Eagle began buying more "staples" for the food box program and the store. This has caused an increase in operating and program expenses. Inflation is here and caused Western Eagle to let go of their truck and driver, due to the high cost of gasoline and employee retention. Western Eagle now uses a transportation service to pick up food and goods from suppliers. This does cause delay in getting food picked up and brought back to the Western Eagle store.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

Continue existing program of purchasing directly from food brokers "staples" which are sorted into food boxes that feed a family of four with dried pasta/rice/beans, tomatoe sauce, canned vegetables and fruits, cereal, peanut butter, crackers or cookies. Other included in food box are donated breads, fresh fruits and vegetables. A picture is posted every morning on social media showing the day's food box options.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 415,000	
Other grants or funding already awarded for Project/Program, if any	\$ 30,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 200,000	
TOTAL REVENUE	\$ 695,000	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment		\$
Facilities/Rent/Insurance		\$
Supplies		\$
Marketing		\$
Services		\$
Food		
Other		\$ 495,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 200,000
TOTAL EXPENSES		\$
TOTAL BUDGET	\$ 695,000	\$ 695,000

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: not applicable-new applicant **Name of Project/Program:** _____

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ **Month & Year CSF Grant Received from City:** _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

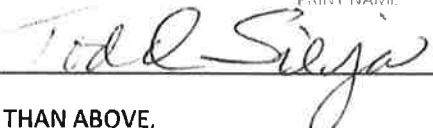
- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Western Eagle Foundation

MAILING ADDRESS: 40940 County Center Drive **PHONE:** (951) 695-7206
Temecula, CA 92591 **EMAIL:** cjsieja@gmail.com

PRESIDENT / AUTHORIZED OFFICER: Todd Sieja **CEO**

SIGNATURE:  **DATE:** 8-3-2022
PRINT NAME TITLE MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



HELP

MENU

[Home](#) > [Charities and Non-Profits](#) > [Search for Charities](#) > Tax Exempt Organization Search

Results for Tax Exempt Organization Search

Select Database

Search All

Search By

Employer Identification Number (EIN)

Search Term

330498064

City

Temecula

State

All States

Country

United States

Search

Reset

[Search Tips](#)

Showing 1-1 results of 1

Sort by:

Name A-Z

Western Eagle Foundation Inc.

Items per page: 25 ▼

[Return to Top](#)

Additional information

- [Frequently asked questions - Exempt Organizations Select Check](#)
- [Revocations of 501\(c\)\(3\) Determinations](#)
- [Suspensions Pursuant to Code Section 501\(p\)](#)
- [Exempt Organizations Business Master File Extract \(EO BMF\)](#): a list of organizations recognized as exempt by the IRS
- [Tax Exempt Organization Search: Bulk Data Downloads](#)

Page Last Reviewed or Updated: 20-November-2020



Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer Advocate Service	Independent Office of Appeals	中文 (简体) 中文 (繁體)	Treasury Inspector General for Tax Administration
Help	Civil Rights	Identity Theft Protection	한국어	USA.gov
Contact Your Local Office	Freedom of Information Act	Report Phishing	Русский	
Tax Stats, Facts & Figures	No Fear Act	Tax Fraud & Abuse	Tiếng Việt Kreyòl ayisyen English	
			Other Languages	



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

Entity Status Letter

Date: 7/5/2022

ESL ID: 1823881914

Why You Received This Letter

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

Entity ID: 1858280

Entity Name: WESTERN EAGLE FOUNDATION

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

Important Information

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

Connect With Us

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

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

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 10/01/2020 and ending 09/30/2021

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

C Name of organization WESTERN EAGLE FOUNDATION INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
40940 County Center Drive
 City or town, state or province, country, and ZIP or foreign postal code
Temecula, CA, 92591

D Employer identification number
33-0498064

E Telephone number
760-284-2103

F Name and address of principal officer: Todd Sieja
40940 County Center Drive, Temecula, CA 92591

G Gross receipts \$ 15,339,547

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶ _____

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

J Website: ▶ www.western-eagle.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2009 **M** State of legal domicile: DE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>to provide food for the hungry</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	336,959	410,375
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,432	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,386,821	13,828,592
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,801,212	14,238,967
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	12,062,408
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	917,595	797,771
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,427,376	967,995
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,344,971	13,828,174
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	456,241	410,793
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,586,874	3,887,422
	22	Net assets or fund balances. Subtract line 21 from line 20	234,762	124,517
			3,352,112	3,762,905

Part II Signature Block

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

Sign Here Signature of officer _____ Date _____
john corso, bookkeeper
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

65

WISHERS AND DREAMERS INC.

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 5,000.00 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Volunteer Sewing Events Start Date: 7-1-22 End Date: 6-30-23

Physical Address of Project/Program: 32381 Cercle Latour, Temecula, CA 92591
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Wishers and Dreamers, INC.
Mailing Address: 31915 Rancho California Rd 200-407
Temecula, CA 92591

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Wishers and Dreamers, INC.
Organization: _____ Year Founded: 2014

Website: WishersandDreamers.org Social Media: IG: WISHERS AND DREAMERS INC
FACEBOOK: WISHERS AND DREAMERS

Number of Paid Staff: 0 Number of Volunteers: 100
HOSPITAL DOLL 60,000

Geographic Area(s) the Organization Serves: USA

Geographic Area(s) the Project/Program Serves: Temecula and Temecula Valley Hospitals

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Pamela Babek Title/Position: CEO

Contact Person's Direct Telephone: 951-764-1800 Contact Person's Email: WishersandDreamers@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 9/23/2014
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 47-1865187 State Identification Number: 0252885-3709871

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No Yes IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No Yes IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee Board of Directors Members-at-Large

MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The specific purpose of Wishers and Dreamers, INC. is to send/donate to children suffering from illness, disease, disabling condition, or fighting medical challenges a hospital gown for their doll, bear, or little buddy to be used as a comfort item, encouragement, and a teaching tool.

Also, Wishers and Dreamers, INC. donates gowns to hospitals, medical facilities, and medical staff for their patients to be used as a comfort item, encouragement, and a teaching tool.

Many Hospital Child Life Programs and Emergency Rooms use the gowns to teach their patients about their treatments or procedures they will encounter during their hospital visit.

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

We are desperately in need of funds to restock our fabric supply. In 2020, during the pandemic, we moved from making our gowns to making cloth facial masks at the request of our community. We made over 28,000 cloth facial masks for our local frontline workers, first responders, Temecula City programs, Local Hospitals and Local Children's Hospitals, Assisted Living, and many more including our local wineries. This depleted our fabric stock and we have not been able to recoup the supply. The majority of the funds will be used to purchase fabric and supplies to continue our mission of donating our gowns to local hospitals.

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Wishers and Dreamers hosts in person sewing events that take place in the City of Temecula several times a year. Our local volunteers make and package hundreds of gowns to be donated to children and hospitals. If awarded the funds we will use the grant to purchase fabric and supplies needed to make and package the gowns. The supplies include, but not limited to, fabric, scissors, thread, packaging materials, postage, shipping, and sewing machines.

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Our sewing events are hosted in the City of Temecula and involve volunteers from the Temecula Community. The volunteers consist of students from our local schools, seniors, families, and individuals in our community that desire to help comfort children battling medical issues in our local community and hospitals.

The gowns from this grant will be earmarked to be donated to our local Medical Community, including but not limited to, Loma Linda University Medical Center, Rady Children's, Temecula Valley Hospital, Southwest Healthcare System, and local pediatric doctors and surgical centers.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	1000
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	100

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

If awarded the grant the majority of the funds will use to purchase fabric and supplies needed to make and package the gowns. The supplies include, but not limited to, fabric, scissors, thread, packaging materials, postage, shipping, and sewing machines.

The gowns from this grant will be earmarked to be donated to our local Medical Community, including but not limited to, Loma Linda University Medical Center, Rady Children's, Temecula Valley Hospital, Southwest Healthcare System, and local pediatric doctors and pediatric surgical centers.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

We are desperately in need of funds to restock our fabric supply. In 2020, during the pandemic, we moved from making our gowns to making cloth facial masks at the request of our community. We made over 28,000 cloth facial masks for our local frontline workers, first responders, Temecula City programs, Local Hospitals and Local Children's Hospitals, Assisted Living, and many more including our local wineries. This depleted our fabric stock and we have not been able to recoup the supply. The majority of the funds will be used to purchase fabric and supplies to continue our mission of donating our gowns to local hospitals.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 5,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 5,575	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 300 hrs	
TOTAL REVENUE	\$ 10,575	
LIST OF EXPENSES FOR PROJECT/PROGRAM		
Tools/Equipment Sewing Machines and tools		\$2,000.00
Facilities/Rent/Insurance		\$1775.00
Supplies Fabric, Labels, sewing supplies, event supplies		\$5,000.00
Marketing		\$0
Services		\$800.00
Food		\$500.00
Other Packaging and delivery		\$500.00
Staffing Expense THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$0
TOTAL EXPENSES		\$10,575.00
TOTAL BUDGET	\$10,575	\$

PREVIOUS* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

EXPENDITURE REPORT due on or before September 12, 2022

Organization: _____ Name of Project/Program: _____

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$ _____ Month & Year CSF Grant Received from City: _____

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): _____

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		

EXPENDITURE TOTAL \$ EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.

FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant In FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION & AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
EXPENDITURE TOTAL			\$	EXPENDITURE TOTAL	

ACKNOWLEDGEMENT/SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.

ORGANIZATION NAME: Wishers and Dreamers, INC. +

MAILING ADDRESS: 31915 Rancho California Rd 200-407 **PHONE:** (951) 764-1800
Temecula, CA 92591 **EMAIL:** WishersandDreamers@gmail.com

PRESIDENT / AUTHORIZED OFFICER: Pamela Babek CEO
PRINT NAME TITLE

SIGNATURE:  **DATE:** 9-9-2022
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: _____
PRINT NAME TITLE

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:

City of Temecula
Community Service Funding
Attn: City Manager's Office
41000 MAIN STREET
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

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

DEPARTMENT OF THE TREASURY

Date: **DEC 03 2015**

WISHERS AND DREAMERS INC
C/O PAMELA BABEK
1285 EL CURTOLA BLVD
LAFAYETTE, CA 94549

Employer Identification Number:
47-1865187
DLN:
17053266322005
Contact Person:
MITCHELL P STEELE ID# 31360
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 9, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

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

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

Letter 947

WISHERS AND DREAMERS INC

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Cooper', written in a cursive style.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



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

Entity Status Letter

Date: 09/07/2022

ESL ID: 3455537325

Why You Received This Letter

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

Entity ID: 3709871

Entity Name: WISHERS AND DREAMERS INC.

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

Important Information

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

Connect With Us

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

California

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



199N e-Postcard

Confirmation

Print this page for your records. The Confirmation Number below is proof that you submitted your 199N e-Postcard.

We received your 199N e-Postcard on 8/31/2022 5:28:30 PM.

Confirmation Number: 370987124306

Entity ID: 3709871
Entity Name: WISHERS AND DREAMERS INC.

Account Period Information

Account Period Beginning: 7/1/2021
Account Period Ending: 6/30/2022

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: \$7630

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Entity Information

FEIN: 471865187
Doing Business As:
Website Address: <https://www.wishersanddreamers.org/>

Entity's Mailing Address

STATE OF CALIFORNIA



Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

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

- **Organization Name:** WISHERS AND DREAMERS INC
- **EIN:** 471865187
- **Tax Year:** 2021
- **Tax Year Start Date:** 07-01-2021
- **Tax Year End Date:** 06-30-2022
- **Submission ID:** 10065520222445832521
- **Filing Status Date:** 09-01-2022
- **Filing Status:** Accepted

MANAGE FORM 990-N SUBMISSIONS



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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>WISHERS AND DREAMERS INC. <small>Name of Organization</small></p> <p>List all DBAs and names the organization uses or has used 31915 RANCHO CALIFORNIA ROAD #200-407 <small>Address (Number and Street)</small></p> <p>TEMECULA, CA 92591 <small>City or Town, State, and ZIP Code</small></p> <p>(951) 764-1800 <small>Telephone Number</small></p> <p><small>E-mail Address</small></p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number 0252885</p> <p>Corporation or Organization No. 3709871</p> <p>Federal Employer ID No. 47-1865187</p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$ (including noncash contributions) 7,630. **Noncash Contributions \$** 0. **Total Assets \$** 8,457.

Program Expenses \$ 16,531. **Total Expenses \$** 26,215.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

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

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

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

 <small>Signature of Authorized Agent</small>	<p>PAMELA BABEK <small>Printed Name</small></p>	<p>CEO <small>Title</small></p>	<p>9/3/2022 <small>Date</small></p>
--	--	--	--



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

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL TREASURER'S REPORT ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code
 11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

(For Registry Use Only)

WISHERS AND DREAMERS INC. Name of Organization	State Charity Registration Number <u>0252885</u>
31915 RANCHO CALIFORNIA ROAD #200-407 Address (Number and Street)	Corporation or Organization No. <u>3709871</u>
TEMECULA, CA 92591 City or Town, State and ZIP Code	Federal Employer I.D. No. <u>47-1865187</u>

For annual accounting period (beginning 07 / 01 / 2021 ending 06 / 30 / 2022)

BALANCE SHEET

ASSETS

Cash	\$ 6,307.00
Savings	\$
Investment	\$
Land/Buildings	\$
Other Assets	\$ 2,150.00
TOTAL ASSETS	\$ 8,457.00

LIABILITIES

Accounts Payable	\$
Salary Payable	\$
Other Liabilities	\$
TOTAL LIABILITIES	\$

FUND BALANCE

Total Assets less Total Liabilities	\$ 8,457.00
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REVENUE STATEMENT

REVENUE

Cash Contributions	\$ 7,629.00
Noncash Contributions	\$
Program Revenue	\$
Investments	\$ 1.00
Special Events	\$
Other Revenue	\$
TOTAL REVENUE	\$ 7,630.00

EXPENSES

Compensation of Officers/Directors	\$
Compensation of Staff	\$
Fundraising Expenses	\$
Rent	\$
Utilities	\$
Supplies/Postage	\$ 4,303.00
Insurance	\$ 1,925.00
Other Expenses	\$ 19,987.00
TOTAL EXPENSES	\$ 26,215.00

NET REVENUE

Total Revenue less Total Expenses	\$ -18,585.00
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I hereby declare under penalty of perjury that I have examined this report, including accompanying documents, and, to the best of my knowledge and belief, the content is true, correct and complete and I am authorized to sign.

Signature of Authorized Agent

PAMELA BABEK
 Printed Name

CEO
 Title

9/13/22
 Date

FY 2022/2023

COMMUNITY SERVICE FUNDING
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

66

**WOMEN ORGANIZING WOMEN
INC.**

CITY OF TEMECULA

**FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION**

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ \$50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: The Lydia Project Mobile Kitchen Social Enterprise Start Date: 7/2/2022 End Date: N/A

Physical Address of Project/Program: 41765 Rider Way, Temecula, CA 92590
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Women Organizing Women, Inc
Mailing Address: PO Box 1382, Temecula, CA 92593

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant

Organization: Women Organizing Women, Inc Year Founded: 2013

Website: www.womenorganizingwomeninc.org Social Media: Facebook: Women Organizing Women, Inc
The Lydia Project, Facebook Group: The Lydia Marketplace; Instagram: Women Organizing Women

Number of Paid Staff: 0 Number of Volunteers: 78 documented volunteers

Geographic Area(s) the Organization Serves: Temecula, CA, Nationally, West Africa, and South India

Geographic Area(s) the Project/Program Serves: Temecula, CA

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Robin McCoy Title/Position: President

Contact Person's Direct Telephone: 951-676-8010 Contact Person's Email: womenorganizing1@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes Date of Incorporation as a Nonprofit: 10/28/2013
No IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 46-2236828 State Identification Number: C3508295

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

FUNDING SOURCES

CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No Yes IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
N/A	\$		
	\$		

OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No Yes IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 500	Indigo life Communications, Inc.	July 2022
\$11775	Women Organizing Women Fundraiser (various donors)	July 2022
\$10, 000	Women Organizing Women (Donor pledges for the next 4 months, \$2500 per month)	Sept, Oct, Nov, Dec, 2022

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Women Organizing Women will spend the grant funding on:

Commercial Refrigerator \$1949, Double deck Commercial oven \$5699, Commercial fryer\$ 1388.05

NSF 3 compartments sink 692.10, 40 gallons freshwater tank \$173.99, 60-gallon grey water tank \$356

Generator 1499, NSF hand sink \$494.10, 6 burner countertop range \$949, 4 burner griddle top \$259, air conditioner \$1350, 3 door prep refrigerator \$2799, char broiler with 2 drawer \$3019, 2- countertop with backsplash \$3942 6- pantry shelves \$2099, Electric Bosch 7G water heater \$1399.64, propane cylinder 40lb \$229, 2- service window \$1546, 8'nsf etls hood with 1 exhaust fan and fire suppression system \$5429, 32'inch rear door \$1300, engineering and state licenses for build out \$6500, storage fees for 1 year \$3000, maintenance, supplies(pots and pans), and gas \$8000

Women Organizing Women is actively searching for the truck and plan to purchase this truck by the end of the year.

PROJECT/PROGRAM DESCRIPTION
CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Women Organizing Women, Inc is a faith base nonprofit organization that does not discriminate based on another person belief system. Food insecurities are real even in our beautiful city of Temecula where 7.6% of the population is at poverty level. If we take the number of people at poverty level in the city of Temecula and divide that number by the number of our volunteers, one volunteer would feed an additional 80 people in 1 year. If we partner with other nonprofits who has the same objective, the impact will result to a city with no poverty.

If I had to summarize all the answers of 1 thru 3, the summary will read as follows:

The Lydia Project Mobile Kitchen Social Enterprise (1) creates jobs, (2) establish business partnerships, (3) inspire entrepreneurs, (4) works alongside other nonprofit organizations to satisfy mission initiatives and (5) The mobile kitchen Social Enterprise will help secure food sources to local families who are concerned about their next meal.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Covid 19 affected Women Organizing Women, Inc ability to serve the community of Temecula was simply based on the fear of the pandemic to interact with the public. Many volunteers did not feel safe engaging with the public because of the consequence of contracting Covid-19.

Although we were not able to have our annual fundraising events, Women Organizing Women stayed diligent in praying for those grieving and suffering from depression; provided grief counseling, connected virtually through social media outlets, specifically, the Lydia Project Marketplace in continuing encouragement of women in business and suggesting a variety of strategies to sustain their businesses which will in turn sustain their households.

Women Organizing Women was also able to give 2 grants in 2021 both grants of \$500 one for a Minority woman business owner and the other grant was given to Women in the Military in the month of November for Veteran's Day.

Women Organizing Women inflationary concerns are for the families, small business owner, and nonprofit organizations of Temecula. If the families in our community are stress about spending more money to stay above water, then the small business owner and non-profit organization will not receive the business or donations from a community that is stress and/or short on finances, this eliminates the community walking into businesses and/or sending a \$20 donation towards an organization mission initiative. The Lydia Project Mobile Kitchen Social Enterprise will be one vehicle in providing a food source to families, income to small businesses, and donations to nonprofit organizations.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)

LINE ITEMS FOR PROJECT/PROGRAM		REVENUES	EXPENSES
LIST REVENUES/INCOME FOR PROJECT/PROGRAM			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 10,000	
Other grants or funding already awarded for Project/Program if any		\$ 12275	
In-Kind match amount or volunteer credit hours estimated amount		\$ 18650	
TOTAL REVENUE		\$90925	
LIST OF EXPENSES FOR PROJECT/PROGRAM			
Tools/Equipment			\$36571.88
Facilities/Rent/Insurance			\$9999.96
Supplies			\$12000
Marketing			\$6000
Services			\$12000
Food			\$ 14400
Other			\$9248
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$ 0
TOTAL EXPENSES			\$100,219.84
TOTAL BUDGET		\$90925	\$100,219.84

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

DEPARTMENT OF THE TREASURY

Date: 7/23/12

WOMEN ORGANIZING WOMEN INC
41911 5TH ST STE 100
TEMECULA, CA 92590

Employer Identification Number:
46-2236828
DLN:
17053080304043
Contact Person:
DAVID AGUILERA ID# 75867
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(i)
Form 990 Required:
No
Effective Date of Exemption:
September 18, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Inspection

A For the 2021 Calendar year, or tax year beginning 2021-01-01 and ending 2021-12-31

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: WOMEN ORGANIZING WOMEN INCPO Box 1382, Temecula, CA,
US, 92593D Employee Identification
Number 46-2236828

E Website:

www.womenorganizingwomeninc.orgF Name of Principal Officer: Robin McCoy31976 Granville Drive,
Winchester, CA, US, 92596

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.

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 filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:	WOMEN ORGANIZING WOMEN, INC.	IRS FEIN:	462236828
Entity Type:	Religious	SOS/FTB Corporate/Organization Number:	3508295
Registry Status:	Exempt - Religious	Renewal Due/Exp. Date:	
RCT Registration Number:		Issue Date:	10/11/2012
Record Type:	Charity Registration	Effective Date:	10/11/2012
Date of Last Renewal:		DBA:	

Mailing Address

No address information

Filings & Correspondence

No Related Documents

Annual Renewal Data

No Annual Renewal Data

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events, which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

No Related Records