

FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**1**

**AMERICAN PATRIOT  
MUSIC PROJECT**  
(formerly Phoenix Patriot Foundation)

**CITY OF TEMECULA**

**FISCAL YEAR 2019 - 2020  
COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5000.00 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Veterans Guitar Bldg W/S Start Date: 6/20/2020 End Date: 6/28/2020

If Grant is Awarded, Make Check Payable to: American Patriot Music Project

Mailing Address: [REDACTED]  
Murrieta, CA 92562

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: American Patriot Music Year Organization Founded: 2019

Website: americanpatriotmusic.org Number of Paid Staff: 1 Number of Volunteers: 35

Contact Name: Antonio Y. Villegas, Jr Title/Position: Executive Dir.

Contact Person's Email Address: tony@americanpatriotm Telephone: [REDACTED]

Geographic Area(s) the Organization Serves: Temecula, Murrieta & SoCal I.E.

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Agree

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) N/A

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No        (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: 10/01/2018

Federal Identification Number: [REDACTED] State Identification Number:       

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](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 information about your charity found on this State Registry's Search Tool:  
<http://rct.doi.ca.gov/Verification/Web/Search.aspx?facility=Y>

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 \_\_\_\_

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No \_\_\_\_ Yes \_\_\_\_ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF 18/19	STEM Guitar Building Project	Jan 2019	\$5000.00
CSF 17/18	Phoenix Patriot Foundation Music Program	Dec 2017	\$1000.00
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

**Briefly describe the goals and objectives, or mission, of your organization.** The Objective will be to provide therapy for injuries to Veterans such as PTSD, MST or physical injuries related to Deployment to a combat zone or actual combat. For our First Responder's suffering same type of injuries recieved through their daily job duties.

### GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe **WHAT THE PROJECT / PROGRAM IS**  
the City of Temecula grant funding will be used to support.

The Veterans Guitar Bldg W/S is To Provide therapy for injuries  
Project/Program Title  
to Veterans and/or First Responder's whether physical or otherwise related to deployment to a  
combat zone or actual combat. For First Responder's the same type of injuries related to their  
type of work.

2. Describe **HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded).**  
Include equipment or services that would be purchased and why.

If awarded, American Patriot Music Project will spend the grant funds on STEM provides  
Nonprofit Name  
guitar kits (\$250.00 each) for a 10 person project. Kits and shipping costs = \$700.00. Three  
Instructors = \$3,300.00 (4 day stay), food costs = \$1020.00. We will continue to work with the  
vendor Creative Catering for food over the 4 day event.

3. If awarded, explain **HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.**

Grant funding will specifically benefit Temecula residents by No fees for the participants. Each  
participant will build & take home a completed electric guitar. STEM also provides a guitar case,  
a Tuner & mini amp. APMP will provide guitar lessons at no cost if a participant chooses. The  
participant also receives training in woodworking, electronics, mathematics applications and a 2  
day CNC course 6/20 - 6/23 prior to the workshop, to design and cut a guitar body.

Estimated number of people expected to benefit from this Project/Program: 10

Estimated number of volunteers involved in this Project/Program: 10 + 5 mentors



**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Per item 2, The expenses are broken down.

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5000.0	
Cash contributed to Project/Program by the Applicant Organization	\$ 1200.0	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 2020.0	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$0
Equipment Expense For Project/Program		\$3200.00
Food Expense For Project/Program		\$1020.00
Marketing Expense For Project/Program		\$200.00
Supplies Expense For Project/Program		\$500.00
Facilities/Rent Expense For Project/Program		\$0
Other Expense For Project/Program		\$3300.00
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$8220.0</b>	<b>\$8220.00</b>

## 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: AMERICAN PATRIOT MUSIC PROJECT

MAILING ADDRESS: [REDACTED] PHONE: ( [REDACTED] ) EMAIL: TONY @ AMERICANPATRIOTMUSIC.ORG

MURRIETA, CA 92562

PRESIDENT / AUTHORIZED OFFICER: ANTONIO VILLEGAS, JR EXEC. DIR

[Signature] Print Name Title

SIGNATURE: [Signature] DATE: 9/5/19

(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_

Print Name

Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Date of this notice: 08-22-2018

Employer Identification Number:  
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

AMERICAN PATRIOT MUSIC PROJECT  
% DARRIN ISHAM  
[REDACTED]  
TEMECULA, CA 92592

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

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

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

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

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

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at [www.irs.gov](http://www.irs.gov) for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

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

**IMPORTANT REMINDERS:**

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

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

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

Thank you for your cooperation.





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## American Patriot Music Project

EIN: [REDACTED] 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

Page Last Reviewed or Updated: 6-Sept-2019



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**FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #**

**2**

**ANIMAL FRIENDS  
OF THE VALLEYS**

**CITY OF TEMECULA**

**FISCAL YEAR 2019 - 2020  
COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5,000 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Spay/neuter Voucher Program Start Date: 12/15/2019 End Date: 3/1/2020

If Grant is Awarded, Make Check Payable to: Animal Friends of the Valleys

Mailing Address: 33751 Mission Trail Rd.

Wildomar, Ca. 92595

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Animal Friends of the V Year Organization Founded: 1987

Website: animalfriendsofthevalleys.com Number of Paid Staff: 88 Number of Volunteers: 4596

Contact Name: Beth Soltysiak Title/Position: Dir. of Development

Contact Person's Email Address: beth@animalfriendsofthevalleys.com Telephone: [REDACTED]

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

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) \_\_\_\_\_

RECEIVED

**NONPROFIT STATUS**

SEP 16 2019

CITY MANAGER'S  
OFFICE

Is this organization incorporated as a nonprofit? Yes X No \_\_\_\_\_ (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: \_\_\_\_\_

Federal Identification Number: [REDACTED] State Identification Number: \_\_\_\_\_

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](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 information about your charity found on this State Registry's Search Tool:  
<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y> SEE ATTACHED

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 \_\_\_\_

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No ☒ Yes \_\_\_\_ If Yes, provide information in table below:

<b>Name of City Grant/Sponsorship</b> CDBG Grant? CSF Grant? Sponsorship?	<b>Name of Program/Project</b> Funded by the City Grant/Sponsorship	<b>Month + Year</b> <b>Funding Received</b>	<b>Amount</b>
			\$
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

**Briefly describe the goals and objectives, or mission, of your organization.** AFV is dedicated to promoting humane care of animals through education and animal service programs. Through education and involvement, AFV will reach our vision of reducing pet overpopulation and finding a loving and forever hme for all adoptable pets that come through our doors.



## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe **WHAT THE PROJECT / PROGRAM IS**  
the City of Temecula grant funding will be used to support.

The **Spay/neuter Voucher Program** is \_\_\_\_\_

Project/Program Title

see attached

2. Describe **HOW YOUR ORGANIZATION WILL SPEND** the grant funding (if awarded).  
Include equipment or services that would be purchased and why.

If awarded, **Animal Friends of the Valleys** will spend the grant funds on \_\_\_\_\_

Nonprofit Name

see Attached

3. If awarded, explain **HOW** the grant funding will specifically **BENEFIT TEMECULA RESIDENTS**.

Grant funding will specifically benefit Temecula residents by \_\_\_\_\_

see attached.

Estimated number of people expected to benefit from this Project/Program: \_\_\_\_\_

Estimated number of volunteers involved in this Project/Program: \_\_\_\_\_



## **Grant Funding Project/Program Description**

1) Briefly describe **What the project /program is**

The City of Temecula grant funding will be used to support

**The Temecula Spay/Neuter Voucher Program** is a voucher program exclusive to the residents in the city of Temecula. One of society's ills is the overpopulation of small domestic animals. One of our missions is to help curb over population in the cities we serve by mandating spay/neuter surgeries. Many animals end up at our doorstep because of the lack of spay and neutering. Many puppy and kitten litters who are abandoned after birth end up at the shelter. A voucher program will help low-income Temecula residents pay for spay /neuter costs. Those awarded a voucher within the city limits will have to prove income and Temecula residency.

2) Describe **How your Organization will spend** the grant funding(if Awarded)  
Include Equipment or services that would be purchased and why.

If awarded Animal Friends of the Valleys will spend the grant funds on AFV veterinarian costs, pet pharmaceutical costs involved with surgery and post op care by our vet technicians along with marketing costs.

AFV offers low-cost surgeries already but sadly many low-income individuals are living pay check to pay check and the animals are the ones that suffer.

Spay/neuter surgeries on average cost around \$80.00 and sometimes exceeds over \$100 depending on pre-op health of the animal. Many individuals and Families find this an expense they cannot afford. The voucher will cover the Cost of the surgery. This voucher program will help over 166 people Spay and Neuter their pets, which will stop on the average of 830 extra animals roaming the streets of Temecula.

3) **If Awarded, explain how the grant funding will specifically benefit Temecula Residents**

Grant funding will specifically benefit Temecula residents by having proof of Temecula residency and income mandatory before a voucher is allocated. Many low-income families and homeless individuals have pets as protection and companionship. These pets definitely need to be spay/ neutered before their litters end up in boxes on Temecula Roadways. This is a problem in the Temecula area. We need your help, to help the city with nuisance and animal related police calls. This is a win win for the city of Temecula and helping end pet overpopulation.

**Estimated number of people expected to benefit from this Project/ Program 166 people and over 830 unwanted pets.**

**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

*See attached*

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5,000	
Cash contributed to Project/Program by the Applicant Organization	\$	
Other grants or funding already awarded for Project/Program, if any	\$ 2500	
In-Kind match amount or volunteer credit hours estimated amount	\$ 500	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$
Equipment Expense For Project/Program		\$3553
Food Expense For Project/Program		\$224
Marketing Expense For Project/Program		\$286
Supplies Expense For Project/Program		\$1537
Facilities/Rent Expense For Project/Program		\$2259
Other Expense For Project/Program		\$ 141
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$8000</b>	<b>\$8000</b>

**Estimated number of Volunteers involved in the project  
Over 200 Temecula residents and high school teens.**

- 4) **Summary Statement:** In 30 words or less, describe the project/program and how the grant funds will be used (if awarded)

Pet-overpopulation is a constant problem we face, and with funding from the City of Temecula, we can make a significant impact in that City. Many low-income Temecula residents would alter their pets if the cost were reduced or eliminated.

- 5) **PROJECT/PROGRAM BUDGET** SEE ATTACHED

## 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Animal Friends of the Valleys

MAILING ADDRESS: 33751 Mission Trail PHONE: ( [REDACTED] ) EMAIL: beth@animalfriendsofthevalleys.com  
Wildomar, Ca. 92592

PRESIDENT / AUTHORIZED OFFICER: Beth Soltysiak Director of Development

SIGNATURE: Beth Soltysiak DATE: 9/16/2019  
Print Name Title  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY:

Print Name

Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
2 COPANIA CIRCLE  
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Date: JUN 13 1993

Employer Identification Number:

Contact Person:

JOANNA WAWNEY

Contact Telephone Number:

LAKE ELSINORE ANIMAL FRIENDS  
PO BOX 1143  
LAKE ELSINORE, CA 92531-1143

Our Letter Dated:

January 28, 1993

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. 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 Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(ii).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

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).

You are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. For guidance in determining whether your gross receipts are "normally" more than \$25,000, see the instructions for Form 990. 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.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

LAKE ELSINORE ANIMAL FRIENDS

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,

A handwritten signature in dark ink, appearing to read "Michael J. Quinn". The signature is fluid and cursive, with a large initial "M" and "Q".

Michael J. Quinn  
District Director



## 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](http://www.irs.gov/Form990) for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning 07-01, 2017, and ending 06-30, 2018																																								
<b>B</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>ANIMAL FRIENDS OF THE VALLEYS INC</b></td> <td><b>D</b> Employer identification no. [REDACTED]</td> </tr> <tr> <td colspan="2">Doing business as</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td><b>33751 MISSION TRAIL</b></td> <td></td> <td><b>(951) 674-0618</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td><b>G</b> Gross receipts</td> </tr> <tr> <td colspan="2"><b>WILDOMAR, CA 92595-8430</b></td> <td><b>\$ 4,700,629</b></td> </tr> <tr> <td colspan="3"><b>F</b> Name and address of principal officer: <b>TAMMI BOYD</b></td> </tr> <tr> <td colspan="3"><b>SAME AS C ABOVE</b></td> </tr> <tr> <td colspan="3"> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list (see instructions)       </td> </tr> <tr> <td colspan="3"><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="3"> <b>I</b> 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       </td> </tr> <tr> <td colspan="3"><b>J</b> Website: ▶ <b>WWW.ANIMALFRIENDSOFTHEVALLEYS.COM</b></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>CA</b></td> </tr> </table>	<b>C</b> Name of organization <b>ANIMAL FRIENDS OF THE VALLEYS INC</b>		<b>D</b> Employer identification no. [REDACTED]	Doing business as			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number	<b>33751 MISSION TRAIL</b>		<b>(951) 674-0618</b>	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts	<b>WILDOMAR, CA 92595-8430</b>		<b>\$ 4,700,629</b>	<b>F</b> Name and address of principal officer: <b>TAMMI BOYD</b>			<b>SAME AS C ABOVE</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			<b>H(c)</b> Group exemption number ▶			<b>I</b> 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			<b>J</b> Website: ▶ <b>WWW.ANIMALFRIENDSOFTHEVALLEYS.COM</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>CA</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DEDICATED TO PROMOTING HUMANE CARE OF ANIMALS THROUGH EDUCATION AND A HUMANE, PRO-ACTIVE ANIMALS SERVICES PROGRAM. COMMITTED TO PREVENTING THE SUFFERING OF ANIMALS AND TO ENDING PET OVERPOPULATION</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>101</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3,808</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>417,296</b>	<b>609,609</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,659,386</b>	<b>3,860,778</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>38,635</b>	<b>45,388</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,164,735</b>	<b>4,575,200</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,591,595</b>	<b>2,706,006</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>143,010</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,479,764</b>	<b>1,871,928</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,071,359</b>	<b>4,577,934</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>93,376</b>	<b>(2,734)</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,609,582</b>	<b>4,634,767</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>484,609</b>	<b>512,528</b>
		<b>4,124,973</b>	<b>4,122,239</b>

**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.

<b>Sign Here</b>	<b>TAMMI BOYD</b> Signature of officer	<b>05-15-2019</b> Date			
	<b>TAMMI BOYD, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<b>KRISTINE M ANDERSON</b>		<b>07-12-2019</b>		[REDACTED]
	Firm's name ▶ <b>ANDERSON PROFESSIONAL SERVICES</b>	Firm's EIN ▶			
	Firm's address ▶ <b>17620 GRAND AVENUE</b>	Phone no.			
	<b>Lake Elsinore CA 92530-5914</b>	<b>951-678-2165</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)



FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**3**

**ASSISTANCE LEAGUE  
OF TEMECULA**

**CITY OF TEMECULA**

**FISCAL YEAR 2019 - 2020  
COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5000 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Changing student lives-Financial Literacy Class Start Date: August 2019 End Date: April 2020

If Grant is Awarded, Make Check Payable to: Assistance League of Temecula Valley

Mailing Address: 28720 Via Montezuma  
Temecula, CA 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Assistance League of Temecula Valley Year Organization Founded: 1989

Website: http://assistanceleague.org/temecula-valley Number of Paid Staff: 0 Number of Volunteers: 250

Contact Name: Dorcas Shaktman Title/Position: VP of Finance

Contact Person's Email Address: [REDACTED] Telephone: [REDACTED]

Geographic Area(s) the Organization Serves: Temecula

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula, CA 92590-2510

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) \_\_\_\_\_  
Temecula, CA 92590

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes ☒ No ☐ (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: 15 June 1989

Federal Identification Number [REDACTED] State Identification Number: [REDACTED]

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](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 information about your charity found on this State Registry's Search Tool:  
<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>





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 ☐

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No ☐ Yes ☒ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CDBG 2019-2020	Operation School Bell		\$ 5000
CSF	Financial Literacy Classes for TEMECULA HIGH SCHOOL & CONTINUING ED. STUDENTS		\$ 5000
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

**Briefly describe the goals and objectives, or mission, of your organization.** Mission: Assistance League of Temecula Valley, a chapter of the National Assistance League, is a nonprofit volunteer philanthropic organization dedicated to serving the needs of families in Southwest Riverside County. Programs include Operation School Bell, Chapters for Children, Operation Community Outreach, Operation Foster Youth, Operation Bear Hug, Operation Nonprofit Partnerships, Operation Scholarships & ASSISTEENS.

## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS  
the City of Temecula grant funding will be used to support.

The Changing student lives-Financial Literacy Class is a 1-day on campus conference  
Project/Program Title

provided to (4) TVUSD high school at-risk juniors and seniors. The curriculum includes goals and budgeting, banking basics, identify theft, credit, car costs, job search, interviewing and college prep. The class is taught by volunteer instructors and workplace professionals. Increase in knowledge is determined by pre and post testing and class evaluation.

In 2018/2019 school year, 120 Temecula students completed the class.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded).  
Include equipment or services that would be purchased and why.

If awarded, Assistance League of Temecula Valley will spend the grant funds on changing lives of  
Nonprofit Name

60 junior and senior at-risk high school students (Temecula ONLY) enrolled in the Financial Literacy-1 day workshop. The workshop includes a workbook for each student with real life examples, reference materials, a full class curriculum, taught by volunteer educators and workplace professionals. In addition, breakfast and lunch are served. Incentives are awarded for participation and learning, as well as a graduation certificate. Cost per student is approximately \$ 85.00 each and books are purchased for each student titled " Why didn't they teach me this in school?".

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by changing lives of 60 junior and senior students in TVUSD.

The percentage of increase in learning from pre-test to post test had the following results and impact on students:

Chaparral High School 27.9%; Great Oak High School 21.6% ; Rancho Vista High School 16.1% and Temecula Valley High School 41.6% improvement in learning and comprehension of subject matter. 88% of students state in the evaluation that the materials are easily understood; 95%value the workshops since this type of class is NOT offered in high school; 80% plan on going to college and students stated "they would pay MORE attention to their financial history, credit scores, checking and savings.

Estimated number of people expected to benefit from this Project/Program: 280-TOTAL

Estimated number of volunteers involved in this Project/Program: 25



4. **SUMMARY STATEMENT:** In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Changing student lives-Financial Literacy Class provides the basics of financial literacy to at-risk TVUSD

Junior and senior students. Funds used to provide  
Workbooks, Books, Meals, Completion Ceremony.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5000	
Cash contributed to Project/Program by the Applicant Organization	\$ 10000	
Other grants or funding already awarded for Project/Program, if any	\$ 10000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 25000	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ 25000
Equipment Expense For Project/Program		\$ 0
Food Expense For Project/Program		\$ 4500
Marketing Expense For Project/Program		\$ 0
Supplies Expense For Project/Program		\$ 20500
Facilities/Rent Expense For Project/Program		\$ 0
Other Expense For Project/Program		\$
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 50000</b>	<b>\$ 50000</b>

## PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2018-2019 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **Monday, September 16, 2019.**

### EXPENDITURE REPORT due on or before Monday, September 16, 2019

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): \_\_\_\_\_
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

Organization: Assistance League of Temecula Valley Name of Project/Program: \_\_\_\_\_

Amount of Grant Fund Awarded: \$ \_\_\_\_\_ Month + Year Grant Received from City: \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <b>Temecula residents</b> <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

#### EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$

## 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Assistance League of Temecula Valley

MAILING ADDRESS: 28720 Via Montezuma  
Temecula, CA 92590

PHONE: ( )

EMAIL:

PRESIDENT / AUTHORIZED OFFICER: Dorcas Shaktman, VP of Finance

SIGNATURE:

Dorcas Shaktman

DATE:

9-12-19  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY:

Nonprofit Growth & Grants- Grant Writer

Print Name

Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Showing 1-1 results of 1

Sort by:

Name A-Z



## Assistance League Of Temecula Valley

EIN: [REDACTED] Temecula, CA, United States

Items per page: 25

[Return to Top](#)

### Additional information

- [Frequently asked questions - Exempt Organizations Select Check](#)
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- [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: 6-Jul-2018

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[Treasury Inspector General for Tax Administration](#)

1-A



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

## Entity Status Letter

Date: 9/2/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: ASSISTANCE LEAGUE OF TEMECULA VALLEY

- ☒ 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](http://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

1-B

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 6/01, 2017, and ending 5/31, 2018

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C ASSISTANCE LEAGUE OF TEMECULA VALLEY  
 28720 VIA MONTEZUMA  
 TEMECULA, CA 92590-2510

D Employer identification number

E Telephone number

G Gross receipts \$ 1,343,866.

F Name and address of principal officer:

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.TEMECULAVALLEY.ASSISTANCELEAGUE.ORG

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

L Year of formation: 1989 M State of legal domicile: CA

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ASSISTANCE LEAGUE OF TEMECULA VALLEY IS A VOLUNTEER PHILANTHROPIC ORGANIZATION DEDICATED TO SERVING THE NEEDS OF FAMILIES IN SOUTHWEST RIVERSIDE COUNTY. VOLUNTEERS ARE COMMITTED TO COMMUNITY SERVICE AND SPECIAL PROGRAMS TO HELP LOCAL CHILDREN AND FAMILIES IN NEED.		
	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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	253
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	767,317.	854,775.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,360.	11,176.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	465.	423.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	775,142.	866,374.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	335,987.	363,319.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	187,204.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	392,688.	458,857.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	728,675.	822,176.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	46,467.	44,198.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	835,636.	858,446.
	22	Net assets or fund balances. Subtract line 21 from line 20	83,269.	61,881.
			752,367.	796,565.

## 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: *Ginny Wetzel* Signature of officer Date: 10-2-2018  
 GINNY WETZEL Type or print name and title PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: LESLIE A. DOHERTY, CPA Preparer's signature: LESLIE A. DOHERTY, CPA Date: [blank]  
 Firm's name: LESLIE A DOHERTY CPA APC Check ☐ if self-employed PTIN: [blank]  
 Firm's address: 29970 TECHNOLOGY DR STE 120 Phone no.: (951) 698-2260  
 MURRIETA, CA 92563-2646

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

TEEA0113L 08/08/17

Form 990 (2017)

Pg 1-C



FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**4**

**BIRTH CHOICE CENTERS**

**CITY OF TEMECULA**

**FISCAL YEAR 2019 - 2020**  
**COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**  
(Please Print or Type)  
**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5,000 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Total Client Care Program Start Date: 7/1/2019 End Date: 6/30/20

If Grant is Awarded, Make Check Payable to: Birth Choice Centers Inc.

Mailing Address: 41750 Winchester Rd. Suite O  
Temecula CA 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Birth Choice Centers Inc. Year Organization Founded: 1989

Website: www.birthchoicecenters.org Number of Paid Staff: 5 Number of Volunteers: 25

Contact Name: Janette K. Chun Title/Position: Chief Executive Officer

Contact Person's Email Address: contact@birthchoice.center Telephone: 951-296-3441

Geographic Area(s) the Organization Serves: Temecula Valley

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula Valley

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) \_\_\_\_\_  
Temecula CA 92590

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No \_\_\_\_\_ (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: 1990

Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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](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 information about your charity found on this State Registry's Search Tool:  
<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

RECEIVED

SEP 12 2019

CITY MANAGER'S  
OFFICE

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 ☐

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No ☐ Yes ☒ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF 16/17	Client services and volunteer training	Jan 2017	\$ 4,768.84
CSF 17/18	Birth Choice Temecula Boutique	Dec 2017	\$ 5,000
CSF Council 17/18	Assistance while you learn	June 2018	\$ 4,500
CSF Council 18/19	Birth Choice Client Care	June 2019	\$ 2,000

### MISSION STATEMENT OF ORGANIZATION

**Briefly describe the goals and objectives, or mission, of your organization.** Birth Choice Centers Inc. (BCC) offers

supportive health services in a safe environment that nurtures hope and informed choices for those affected by unplanned pregnancy. Client resources are provided to those affected by unplanned pregnancy, sexual health concerns, and abortion; strengthening physical, emotional, practical, and spiritual support, & advocating life-affirming choices.

A well-rounded model streamlines Client Care, Client Advocacy & Education, & Material Assistance to better meet the needs of women and children in Temecula Valley.

## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

### 1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Total Client Care Program is a streamlined program with (3) community objectives.

Project/Program Title

1.) Client Care: supportive health services including pregnancy test and/or ultrasound; and client consultations to fully inform expectant mothers of their pregnancy options.

Consultations provide unbiased pregnancy education; empowering clients to make informed decisions concerning pregnancy outcomes. 2) Client Advocacy & Education: tailored

for clients, community organizations, schools, and volunteers seeking pregnancy related education. Topics encourage successful pregnancy outcomes, positive parenting skills, &

healthy lifestyles. 3) Material Assistance through the BCC Baby Boutique for women, families, & children (ages 0-24months) struggling with poverty or financial uncertainty.

### 2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, Birth Choice Centers Inc. will spend the grant funds on program expenses  
Nonprofit Name

Funding supports the (3) objectives: 1) Client Care: marketing materials, medical supplies, office supplies, printing, nurse/advocate training materials, equipment purchase/repair,

database expenses, office repairs; 2) Client Education: meals for trainings, class materials, program evaluations; 3) Material Resources: supplies including bottles, diapers

wipes, formula, car seats, strollers, baby swings, hygiene kits, bottles, and add'l mother/baby supplies as needed. For 25 years, BCC Temecula has been helping women and

families make informed decisions when faced with unplanned pregnancy. Funding supports client care, advocacy & education, and material assistance for mothers & children.

### 3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by maintaining a Temecula based community resource that specifically

empowers women & families with knowledge, skills, and resources necessary to make the best informed decision regarding their pregnancy outcome. BCC Temecula

is the premiere pregnancy resource in Temecula Valley, bringing health and hope to clients and families who have a place to go in crisis. Volunteers come from the immediate

community; pursuing thousands of hours of continued training with the most comprehensive up-to-date training materials. In 2018, staff & volunteers specifically helped

Temecula residents by providing: 165 pregnancy tests, 51 ultrasounds, 500 classes of pregnancy related education, and \$145,000 worth of distributed material assistance.

Estimated number of people expected to benefit from this Project/Program: 250

Estimated number of volunteers involved in this Project/Program: 20

**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

**Total Client Care Program** Will support BCC Temecula to provide Total Client Care, Education, and Material Resources to women & families

experiencing an unplanned pregnancy, and struggling with poverty while caring for small children ages (0-24months). Expenses include: marketing materials, training materials, medical/office supplies, printing, equipment purchase/repairs, database maintenance, office repairs, meals for trainings, program evaluation expenses, and material resources such as diapers, wipes, formula, car seats, strollers, baby swings, hygiene kits, bottles, and additional mother/baby supplies as needed.

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5000	
Cash contributed to Project/Program by the Applicant Organization	\$ 165580	
Other grants or funding already awarded for Project/Program, if any	\$ 1500	
In-Kind match amount or volunteer credit hours estimated amount	\$ 2220	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ 95000
Equipment Expense For Project/Program		\$ 3500
Food Expense For Project/Program		\$ 3500
Marketing Expense For Project/Program		\$ 2500
Supplies Expense For Project/Program		\$ 2800
Facilities/Rent Expense For Project/Program		\$ 65000
Other Expense For Project/Program		\$ 2000
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 174300</b>	<b>\$ 174300</b>



## **PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT**

**If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.**

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2018-2019 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: Monday, September 16, 2019.**

### **EXPENDITURE REPORT due on or before Monday, September 16, 2019**

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): \_\_\_\_\_
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

Organization: Birth Choice Centers Inc.

Name of Project/Program: \_\_\_\_\_

Amount of Grant Fund Awarded: \$ \_\_\_\_\_

Month + Year Grant Received from City: \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <b>Temecula residents</b> <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

### **EXPENDITURE TOTAL**

Note: Expenditure Total must be equal to \$  
(or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

## FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

**If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday, September 11, 2020**

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2019-2020 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: Friday, September 11, 2020.**

### EXPENDITURE REPORT due on or before Friday, September 11, 2020

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): \_\_\_\_\_
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

**Organization:** Birth Choice Centers Inc. **Name of Project/Program:** \_\_\_\_\_

**Amount of Grant Fund Awarded:** \$ \_\_\_\_\_ **Month + Year Grant Received from City:** \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <b>Temecula residents</b> <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

#### EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$



## 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Birth Choice Centers Inc.

MAILING ADDRESS: 41750 Winchester Rd. Suite O PHONE: (951) 296-3441 EMAIL: janette@birthchoice.center  
Temecula CA 92590

PRESIDENT / AUTHORIZED OFFICER: Janette K. Chun

CEO

Print Name

Title

SIGNATURE: 

DATE: September 4th, 2019

(Month, Day, Year)

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Caasi R. Algazi, Grant Writer; caasi@birthchoice.center

Print Name

Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.



For assistance you may  
call us at:  
1-800-829-1040 ST. OF C

BIRTH CHOICE OF TEMECULA INC  
PO BOX 2129  
TEMECULA CA 92593-2129297

WE CHANGED YOUR NAME AND/OR ADDRESS

THANK YOU FOR YOUR CORRESPONDENCE. AS YOU REQUESTED, WE'VE MADE THE FOLLOWING  
CHANGES TO YOUR NAME AND/OR ADDRESS:

NAME AND ADDRESS PREVIOUSLY  
SHOWN ON YOUR ACCOUNT

NAME AND ADDRESS NOW  
SHOWN ON YOUR ACCOUNT

BIRTHRIGHT OF TEMECULA  
PO BOX 2129  
TEMECULA CA 92593-2129297

BIRTH CHOICE OF TEMECULA INC  
PO BOX 2129  
TEMECULA CA 92593-2129297

IF YOU DON'T AGREE WITH THIS CHANGE, PLEASE LET US KNOW.

P O BOX 2350 ROOM 5127 ATTN: E.O.  
LOS ANGELES, CA 900532350

Date

In reply refer to:

Date: MAR. 20, 1989

Employer Identification Number:

Case Number:

BIRTHRIGHT OF TEMECULA

Contact Person:

28677 Front St. THORNTON, B.  
TEMECULA, CA 92390 P.O. Box 2129 Contact Telephone Number:  
Temecula, CA. 92390

Accounting Period Ending:

December 31

Foundation Status Classification:

see attached

Advance Ruling Period Ends:

Dec. 31, 1992

Caveat Applies:

no

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(c)(3) of the Internal Revenue Code.

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 sections 509(a)(1) and 170(b)(1)(A)(vi).

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 on the date of your inception and ends on the date 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 donors 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 donors

## BIRTHRIGHT OF TEMECULA

may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was 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 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. 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 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. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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. 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. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

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.

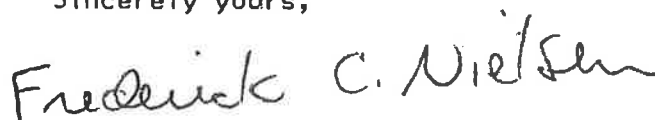
BIRTHRIGHT OF TEMECULA

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in dark ink, reading "Frederick C. Nielsen". The signature is written in a cursive style with a large, stylized "F" and a long, sweeping underline.

Frederick C. Nielsen  
District Director

BIRTHRIGHT OF TEMECULA

FOUNDATION STATUS:

170(b)(1)(A)(vi) and 509(a)(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](http://www.irs.gov/Form990) for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending

B Check if applicable:

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C BIRTH CHOICE CENTERS, INC.  
 41750 WINCHESTER ROAD #0  
 TEMECULA, CA 92590

D Employer identification number

E Telephone number

951-699-9808

G Gross receipts \$ 412,090.

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: N/A

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation: 1989 M State of legal domicile: CA

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>CRISIS PREGNANCY COUNSELING AND PARENTAL SUPPORT INCLUDING CLOTHES FOOD AND OTHER MEANS.</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)	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8
Revenue	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	6
	6	Total number of volunteers (estimate if necessary)	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 369,861. Current Year: 410,491.
	9	Program service revenue (Part VIII, line 2g)	1,599.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	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)	369,861. 412,090.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	105,647. 112,995.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,326.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	120,133. 144,742.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	383,234. 406,787.
19		Revenue less expenses. Subtract line 18 from line 12	-13,373. 5,303.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 70,318. End of Year: 125,978.
	21	Total liabilities (Part X, line 26)	0. 2,727.
	22	Net assets or fund balances. Subtract line 21 from line 20	70,318. 123,251.

## 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

DOUGLAS MACRAE  
Type or print name and title

TREASURER

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed PTIN

DOUGLAS C. MACRAE, CPA DOUGLAS C. MACRAE, CPA

Firm's name ▶ SHAFER &amp; MACRAE CPAS

Firm's address ▶ 28780 SINGLE OAK DR STE 200

TEMECULA, CA 92590

Firm's EIN ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

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

TEEA0113L 08/08/17

Form 990 (2017)



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

OCT 28 2017

Date: \_\_\_\_\_

*Alex Padilla*

ALEX PADILLA, Secretary of State

**FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #**

**5**

**BNAI CHAIM**

**CITY OF TEMECULA**

**FISCAL YEAR 2019 - 2020  
COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ \$4000 - \$5000 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Movies at the Chain Start Date: Aug 2019 End Date: ON GOING

If Grant is Awarded, Make Check Payable to: B'nai Chaim

Mailing Address: 29500 Via Princessa  
MURRIETA, CA 92563

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: B'nai Chaim Year Organization Founded: 1985

Website: Bnaichaim.com Number of Paid Staff: 1 Number of Volunteers: 20

Contact Name: Suzanne Suster Title/Position: administrator volunteer

Contact Person's Email Address: [REDACTED] Telephone: [REDACTED]

Geographic Area(s) the Organization Serves: temecula, Murrieta, Wildomar

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula

Include Physical Address of Project/Program: (if different than Organization's Mailing Address)

SAME

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No \_\_\_\_\_ (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: 1985

Federal Identification Number [REDACTED] State Identification Number: \_\_\_\_\_

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>

Attach first page only of most recent IRS Form 990 or attach print out of detailed information about your charity found on this State Registry's Search Tool:  
<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

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 \_\_\_\_\_

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, may be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No \_\_\_\_\_ Yes ☒ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF GRANT	AN Afternoon Out	2018-2019	\$ 1000.00
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. We are a Community Based Non Profit organization. We service Temecula, Murietta, Lake Elsinore Menifee and surrounding areas. No one is excluded for lack of funds.



## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Movies at "The Chain" is an enjoyable FREE community event which we started in August 2019. We hold this event once a month which includes snacks and drinks FREE. Attendance has been GREAT. Everyone is INCLUDED.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, Brai Chain will spend the grant funds on ① blinds - Too much light

② Security cameras - we are at risk. BECAUSE OF RACIAL prejudice, which makes the community fearful  
③ The building is good but old and repairs are frequent and costly ④ operational expenses keep climbing.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by improving our security so they are encouraged to attend our wonderful activities. We are located near the border of Temecula and have a majority of Temecula residents. We do want all to feel included.

Estimated number of people expected to benefit from this Project/Program: 50-70

Estimated number of volunteers involved in this Project/Program: 20



**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

We intend to provide monthly "Movie Night at the Chain" FREE of charge. We have monthly lectures on all topics open to the public FREE of charge. Our building needs repairs!

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ <del>4000</del> 5000	
Cash contributed to Project/Program by the Applicant Organization	\$ 1000.00	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 600.00	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ All volunteer
Equipment Expense For Project/Program		\$ 2250.00
Food Expense For Project/Program		\$ Donated
Marketing Expense For Project/Program		\$ 400.00
Supplies Expense For Project/Program		\$ 500.00
Facilities/Rent Expense For Project/Program		\$ 0
Other Expense For Project/Program		\$ 0
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	\$ 5600.00	\$ 2150.00

## PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2018-2019 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **Monday, September 16, 2019.**

### EXPENDITURE REPORT due on or before Monday, September 16, 2019

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): 5+ families
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

Organization: Bnei Chaim Congregation Name of Project/Program: An Afternoon Out  
 Amount of Grant Fund Awarded: \$ 1000.00 Month + Year Grant Received from City: 2018 - 2019

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice  Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  MUST support Project/Program description on Application + Award Letter	Explain ... how the expenditure specifically benefitted <u>Temecula residents</u> If names/addresses of Temecula beneficiaries are available, please attach
1	Amazon	4-3-2019		Musical drums	interaction
2	AMAZON	4-3-2019	55.93	Musical	with dementia
3	AMAZON	5-20-2019	99.96	projector	patients
4	AMAZON	4-2-2019	107.74	120" Movie Screen	show dementia pts
5	Amazon	5/17/2019	71.12	lighted Exit SCREEN	safety
6	Sam's Club	6/27/2019	\$231.64	Balloons, 10 chairs Art Paper/Pens	activities
7	Sam's Club	6/28/2019	\$551.96	6' tables (6) 12 Folding chairs	art, snacks
EXPENDITURE TOTAL					
Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City				1,118.25	

## FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

**If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday, September 11, 2020**

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2019-2020 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: Friday, September 11, 2020.**

### EXPENDITURE REPORT due on or before Friday, September 11, 2020

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): \_\_\_\_\_
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

Organization: Congregation Brain Chain Name of Project/Program: \_\_\_\_\_

Amount of Grant Fund Awarded: \$ \_\_\_\_\_ Month + Year Grant Received from City: \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

#### EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$

## 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Congregation B'nai Chaim

MAILING ADDRESS: 29500 Via Princesa PHONE: [REDACTED] EMAIL: [REDACTED]  
MURRIETA CA 92563

PRESIDENT / AUTHORIZED OFFICER: Suzanne Suster acting  
Print Name Title

SIGNATURE: Suzanne Suster DATE: 9/16/2019  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_

Print Name

Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

[HELP ⓘ](#)[MENU ≡](#)[Home](#) > [Tax Exempt Organization Search](#)> [Congregation Bnai Chaim Of Murrieta Hot Springs](#)[< Back to Search Results](#)

# Congregation Bnai Chaim Of Murrieta Hot Springs

EIN: [REDACTED] Murrieta, 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  
\*\*\*\*\**Page Last Reviewed or Updated: 6-Sept-2019*[↪ Share](#)[🖨 Print](#)[Our Agency](#)[Know Your Rights](#)[Resolve an Issue](#)[Other Languages](#)[Related Sites](#)



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

## Entity Status Letter

Date: 9/17/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: CONGREGATION BNAI CHAIM OF MURRIETA HOT SPRINGS

- ☒ 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](http://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



FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**6**

**BOYS & GIRLS CLUB  
OF SOUTHWEST COUNTY**

**CITY OF TEMECULA**

**FISCAL YEAR 2019 - 2020  
COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5,000 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Ultimate STEM Program Start Date: 01/01/20 End Date: 12/31/20

If Grant is Awarded, Make Check Payable to: Boys & Girls Club of Southwest County

Mailing Address: P.O. Box 892349  
Temecula, CA 92589

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: BGC of Southwest County Year Organization Founded: 1990

Website: www.bgcswc.org Number of Paid Staff: 35 Number of Volunteers: 200

Contact Name: Shelly Anguiano Figueroa Title/Position: President & CEO

Contact Person's Email Address: shellyf@bgcswc.org Telephone: 951.699.1526 x111

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

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) Pechanga Great Oak Clubhouse 31465 Via Cordoba, Temecula 92592

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No      (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: 1990

Federal Identification Number:                     

State Identification Number:                     

**BOYS & GIRLS CLUB  
OF SOUTHWEST COUNTY**



**Shelly Anguiano Figueroa**  
President & CEO

25090 Jefferson Avenue Suite A Murrieta CA 92562  
Mailing Address: P.O. Box 892349 Temecula CA 92589

Tel: 951-699-1526 x111  
Email: ShellyF@bgcswc.org

[www.bgcswc.org](http://www.bgcswc.org)  
[www.facebook.com/bgcswc](https://www.facebook.com/bgcswc)

from Federal (IRS) and State (FTB) as follows:

<http://apps.irs.gov/app/eos/>

or

<http://www.irs.gov/efile/status/letter/index.asp>

or form 990 or attach print out of detailed information  
this State Registry's Search Tool:  
[?facility=Y](http://www.irs.gov/efile/status/letter/index.asp?facility=Y)

RECEIVED

SEP 16 2019

CITY MANAGER'S  
OFFICE

Community Service Funding Grant APPLICATION

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 \_\_\_\_\_

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, may be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No \_\_\_\_\_ Yes ☒ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CDBG Grant 19-20	Before & After School Program	6/2019	\$5,538
CSF Grant 18-19	After School Transportation Program	12/2018	\$5,000
CDBG Grant 18-19	Before & After School Program	9/2018	\$7,961
CSF Grant 17-18	Before & After School Program	1/2018	\$1,500
CSF Grant 17-18	After School Program	12/2017	\$5,000

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. \_\_\_\_\_

To inspire, enable and support all youth to realize thier full potential as successful, responsible and impactful members of the community. \_\_\_\_\_

## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe **WHAT THE PROJECT / PROGRAM IS**  
the City of Temecula grant funding will be used to support.

The Ultimate STEM Program Project/Program Title is will provide significant opportunities  
to advance STEM education and increase interest in STEM fields. The program will be  
conducted daily after school and during Summer Camp. Activities include Lego robotics,  
magnetic slime, homemade catapults, edible science, and cool chemistry.  
Technology and access to computers for kids is the foundation for this program.

2. Describe **HOW YOUR ORGANIZATION WILL SPEND** the grant funding (if awarded).  
Include equipment or services that would be purchased and why.

If awarded, BGC of Southwest County Nonprofit Name will spend the grant funds on computer equipment and STEM supplies to enhance the program and increase participation.

3. If awarded, explain **HOW** the grant funding will specifically **BENEFIT TEMECULA RESIDENTS.**

Grant funding will specifically benefit Temecula residents by providing opportunities for youth after  
school to enrich their science, technology, engineering and math skills (STEM) through  
hands-on, fun activities and the use of computer technology.

Estimated number of people expected to benefit from this Project/Program: 819

Estimated number of volunteers involved in this Project/Program: 10

**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Funds will be used to purchase computer equipment and supplies for the Ultimate STEM

Program to enhance the program and increase participation; Over 800 Temecula youth will have the opportunity to participate. The next generation of STEM professionals will be the innovators who find cures, solve problems, invent products and generate ideas to transform our lives.

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5,000	
Cash contributed to Project/Program by the Applicant Organization	\$ 12,799	
Other grants or funding already awarded for Project/Program, if any	\$ 3,334	
In-Kind match amount or volunteer credit hours estimated amount	\$	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ 13,750
Equipment Expense For Project/Program		\$ 3,333
Food Expense For Project/Program		\$
Marketing Expense For Project/Program		\$
Supplies Expense For Project/Program		\$ 1,667
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$ 2,383
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 21,133</b>	<b>\$ 21,133</b>

## SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

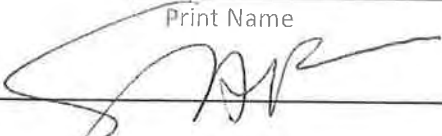
- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Boys & Girls Club of Southwest County

MAILING ADDRESS: P.O. Box 892349 PHONE: ( 951 ) 6991526 EMAIL: shellyf@bgcswc.org  
Temecula, CA 92589

PRESIDENT / AUTHORIZED OFFICER: Shelly Anguiano Figueroa, President & CEO

SIGNATURE:  DATE: 09/13/19  
Print Name Title (Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_  
Print Name Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.





HELP ⓘ

MENU ☰

[Home](#) > [Tax Exempt Organization Search](#) > Boys & Girls Club Of Southwest County[< Back to Search Results](#)

## Boys & Girls Club Of Southwest County

EIN: [REDACTED] Temecula, CA, United States

&gt; 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.

&gt; Tax Year 2016 Form 990

**Organization Name:**

Boys And Girls Club Of Southwest County

**EIN:****Tax Period:**

201612





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

## Entity Status Letter

Date: 12/19/2018

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: **BOYS & GIRLS CLUBS OF SOUTHWEST COUNTY**

- ☒ 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.

## Internet and Telephone Assistance

Website: **ftb.ca.gov**

Telephone: 800.852.5711 from within the United States

916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 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

BOYS & GIRLS CLUB OF SOUTHWEST COUNTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 892349

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

TEMECULA, CA 92589-2349

**F** Name and address of principal officer: W. WILLIAM CARY

27349 JEFFERSON AVE STE 101, TEMECULA, CA 9

**D** Employer identification number

**E** Telephone number

951-699-1526

**G** Gross receipts \$

1,937,631.

**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.BGCSWC.ORG

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

**L** Year of formation: 1990 **M** State of legal domicile: CA

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO INSPIRE AND ENABLE ALL YOUTH TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND		
	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	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	65
	6	Total number of volunteers (estimate if necessary)	6	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	612,216.	728,125.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	628,684.	645,495.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,237.	279,129.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,373,137.	1,652,749.
	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)	702,638.	756,300.
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71,248.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	813,259.	774,289.
	19	Revenue less expenses. Subtract line 18 from line 12	1,515,897.	1,530,589.
	20	Total assets (Part X, line 16)	-142,760.	122,160.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	1,608,943.	2,147,329.
			244,231.	165,682.
			1,364,712.	1,981,647.

**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
	W. WILLIAM CARY, TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	GREGORY J. PRUDHOMME, CPA	
	Firm's name	Firm's EIN
	PRUDHOMME ASSOCIATES CPAS, INC.	
	Firm's address	Phone no. (951) 676-3131
	43460 RIDGE PARK DRIVE, SUITE 220	
	TEMECULA, CA 92590	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

## Stacey Brown

---

**From:** Shelly Anguiano Figueroa <shellyf@bgcswc.org>  
**Sent:** Friday, October 4, 2019 11:17 AM  
**To:** Stacey Brown  
**Cc:** Shelly Anguiano Figueroa  
**Subject:** BGCSWC - Community Grant - STEM supplies

Hi Stacey!

I received your phone message; please see list below of potential STEM supplies to be purchased for the program:

1. STEM supplies:
  - a. pipe cleaners
  - b. straws
  - c. toothpicks
  - d. play dough
  - e. craft sticks
  - f. craft tape
  - g. painters tape
  - h. wooden blocks
  - i. Elmer's School glue (1 gallon)
  - j. magnets and magnifiers
  - k. marbles
  - l. ping-pong balls
  - m. string, rubber bands
  - n. popsicle sticks
  - o. aluminum foil
  - p. foam board
  - q. Composition books

Please let me know if you have any other questions.

Thanks,

Shelly

**Shelly Anguiano Figueroa** | President & CEO | Boys & Girls Club of Southwest County  
Mailing Address – P.O. Box 892349, Temecula, CA 92589  
Administrative Office – 25090 Jefferson Ave, Suite A, Murrieta, CA 92562  
(O) 951.699.1526 x 111  
(E) [shellyf@bgcswc.org](mailto:shellyf@bgcswc.org)

**FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #**

**7**

**CADENZA  
STRING ORCHESTRA**

**CITY OF TEMECULA**  
**FISCAL YEAR 2019 - 2020**  
**COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**  
(Please Print or Type)  
**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ ~~1000~~ \$5,000 *SR* (Maximum allowable \$5,000 per Organization)

Project/Program Title: Changing student lives-through music education Start Date: August 2019 End Date: April 2020

If Grant is Awarded, Make Check Payable to: Cadenza String Orchestra

Mailing Address: [REDACTED]  
Temecula, CA 92592

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Cadenza String Orchestra Year Organization Founded: 2000

Website: na Number of Paid Staff: 0 Number of Volunteers: 4

Contact Name: Mr. Sandiwa del Rosario Title/Position: Executive Director

Contact Person's Email Address: cadenza.school.of.music@gmail.com Telephone: [REDACTED]

Geographic Area(s) the Organization Serves: Temecula

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula, CA 92590-2510

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) Temecula, CA 92592

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No      (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: May 20 2019

Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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](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 information about your charity found on this State Registry's Search Tool: <http://rci.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

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<sup>x</sup> 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<sup>x</sup> 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 <sup>x</sup> Members-at-Large \_\_\_\_\_

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, may be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No<sup>x</sup> Yes If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
	N/A		\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Cadenza String Orchestra  
 mission is to help with the education and development of musicians and bring music to impact seniors, veterans, low-income students and community  
 by performing concerts and recitals.

## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Changing student lives-through music education is a program that provides

Project/Program Title

assistance to disadvantaged students, spends funds for students to travel to competitions, performs free recitals and concerts at Temecula senior centers (making seniors happy and remember songs); performs for other nonprofit agencies ie Friends of the Library, ALTV, engaging the community in the appreciation of music; Cadenza String Orchestra traveled to a competition in Europe and recently won 1st place in Special Arrangements in Vienna.

Cadenza String Orchestra has also played for Temecula City Council meetings and helps other nonprofits raise money through concerts.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, Cadenza String Orchestra will spend the grant funds on changing lives of

Nonprofit Name

disadvantaged students by renting musical instruments and helping  
them with travel fees if necessary for students (orchestra) to compete in concerts, music copies, and maintenance of instruments and sending them to lectures and workshopsText

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by providing assistance to disadvantaged students in Temecula with music instrument rental; provide free concerts and recitals to senior homes (which brings happiness to the seniors and helps bring some of their memories back); offers free concerts and recitals to the community to bring an appreciation of music.

Estimated number of people expected to benefit from this Project/Program: 25 students

Estimated number of volunteers involved in this Project/Program: 4



4. **SUMMARY STATEMENT:** In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Changing student lives-through music education by providing assistance to disadvantaged students and performing recitals for seniors, veterans and community members.

Costs: Instrument rental,

copies, lectures, workshops, instrument maintenance, travel to international competitions.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5000	
Cash contributed to Project/Program by the Applicant Organization	\$ 1000	
Other grants or funding already awarded for Project/Program, if any	\$ 11000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 43680	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ 43680
Equipment Expense For Project/Program		\$ 5000
Food Expense For Project/Program		\$
Marketing Expense For Project/Program		\$ 500
Supplies Expense For Project/Program		\$ 500
Facilities/Rent Expense For Project/Program		\$ 1000
Other Expense For Project/Program		\$ 10000
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 60680</b>	<b>\$ 60680</b>

## PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

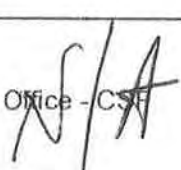
If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2018-2019 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **Monday, September 16, 2019.**

### EXPENDITURE REPORT due on or before Monday, September 16, 2019

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): NA
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF 

Organization: Cadenza String Orchestra

Name of Project/Program: \_\_\_\_\_

Amount of Grant Fund Awarded: \$ \_\_\_\_\_

Month + Year Grant Received from City: \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents  <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

#### EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City \$ \_\_\_\_\_

**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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Cadenza String Orchestra

MAILING ADDRESS:

[REDACTED]

PHONE:

[REDACTED]

EMAIL:

cadenza.school.of.music@gmail.com

Temecula, CA 92592

PRESIDENT / AUTHORIZED OFFICER: Sandiwa Del Rosario

Executive Dir.

SIGNATURE:



DATE:

9-16-2019

IF DIFFERENT THAN ABOVE,

APPLICATION PREPARED BY:

Nonprofit Growth & Grants- Grant Writer

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

A summary is shown below of all grants submitted to the District. [Click on the Project Name to view](#) below.

When more than one club is working on together on a Grant, the sponsor club is designated (\*) below.

Click on \$ below, to fund the Club grant. This will open a dialog where the *Amount* and *Check No* can be entered.

#### District Review and Approval

Project Name	Proj No	Lead Club Name	Status	Funded Amount	Requested DDF	Other Funding	Project Budget
Reaching New Heights	8363	Riverside	Submitted Grant for District Approval	0.00	1,263.00	100.00	1,363.00
Rotary Club of San Bernardino - RYLA 2020	8115	San Bernardino	Submitted Grant for District Approval	0.00	1,343.00	2,407.00	3,750.00
3d Grade Dictionaries	8214	Indio	Submitted Grant for District Approval	0.00	1,513.00	2,500.00	4,013.00
7th Annual Morongo Basin Rotary Clubs Food Drive	8215	<b>Joshua Tree (*)</b> Twentynine Palms Yucca Valley Yucca Valley Sunset	Submitted Grant for District Approval	0.00	1,556.00	225.00	1,781.00
Fontana Community Outreach	8366	Fontana	Submitted Grant for District Approval	0.00	3,165.00	0.00	3,165.00
Holiday Baskets	8308	Yucaipa	Submitted Grant for District Approval	0.00	1,824.00	3,176.00	5,000.00
Holiday Senior Lunch/Meals/RYLA/PRYDE	8360	Big Bear Lake	Submitted Grant for District Approval	0.00	4,459.00	100.00	4,559.00
Idyllwild Shuttle	8324	Idyllwild	Submitted Grant for District Approval	0.00	1,476.00	100.00	1,576.00
PRYDE	6897	Lake Elsinore	Submitted Grant for District Approval	0.00	885.00	100.00	985.00
PRYDE / PEACE CONFERENCE	8336	Murrieta	Submitted Grant for District Approval	0.00	3,024.00	100.00	3,124.00
Pumpkins and Pancakes	8333	Temecula Valley-New Generation	Submitted Grant for District Approval	0.00	520.00	100.00	620.00
Rim of the World Special Athletes Foundation	8252	Lake Arrowhead Mountain Sunrise	Submitted Grant for District Approval	0.00	1,643.00	3,357.00	5,000.00
RYLA	8338	Corona-Circle City	Submitted Grant for District Approval	0.00	1,994.00	100.00	2,094.00
RYLA	8340	Redlands	Submitted Grant for District Approval	0.00	1,862.00	100.00	1,962.00
RYLA	8341	San Geronio Pass (Banning)	Submitted Grant for District Approval	0.00	362.00	100.00	462.00
RYLA	8331	Redlands Sunrise	Submitted Grant for District Approval	0.00	1,541.00	100.00	1,641.00
RYLA	8240	Indio Sunrise	Submitted Grant for District Approval	0.00	1,324.00	176.00	1,500.00
RYLA	8352	Norco/Eastvale	Submitted Grant for District Approval	0.00	1,356.00	1,356.00	2,712.00
Ryla	8361	Indian Wells	Submitted Grant for District Approval	0.00	1,159.00	100.00	1,259.00
RYLA	8362	Corona	Submitted Grant for District Approval	0.00	4,353.00	3,522.00	7,875.00
RYLA	8364	Desert Hot Springs	Submitted Grant for District Approval	0.00	195.00	100.00	295.00
RYLA & PRYDE	8354	Rancho Mirage	Submitted Grant for District Approval	0.00	1,200.00	100.00	1,300.00
RYLA 2020 / Holiday Baskets	8303	Temecula	Submitted Grant for District Approval	0.00	5,330.00	12,500.00	17,830.00
RYLA/PRYDE	8348	La Quinta	Submitted Grant for District Approval	0.00	819.00	100.00	919.00
Santa's Workshop	8344	Menifee	Submitted Grant for District Approval	0.00	579.00	5,250.00	5,829.00
SB Crossroads, RYLA Block Grant 2019-20	8367	San Bernardino Crossroads	Submitted Grant for District Approval	0.00	807.00	100.00	907.00
Scholarships	8334	Palm Desert	Submitted Grant for District Approval	0.00	2,459.00	100.00	2,559.00
				<b>0.00</b>	<b>50,685.00</b>	<b>38,504.00</b>	<b>89,189.00</b>

<b>Project Name</b>	<b>Proj No</b>	<b>Lead Club Name</b>	<b>Status</b>	<b>Funded Amount</b>	<b>Requested DDF</b>	<b>Other Funding</b>	<b>Project Budget</b>
Shelter Boxes	8355	Beaumont-Cherry Valley	Submitted Grant for District Approval	0.00	284.00	100.00	384.00
Special Olympics Rim Mountain Communities	8249	Lake Arrowhead	Submitted Grant for District Approval	0.00	1,341.00	100.00	1,441.00
Temecula Community Christmas Dinner	8335	Temecula Sunrise	Submitted Grant for District Approval	0.00	304.00	100.00	404.00
Water Dispensers for VOE	8332	Crestline-Lake Gregory	Submitted Grant for District Approval	0.00	745.00	2,135.00	2,880.00
				<b>0.00</b>	<b>50,685.00</b>	<b>38,504.00</b>	<b>89,189.00</b>

Showing 1-1 results of 1

**Sort by:**

Name A-Z



## Cadenza String Orchestra

EIN: [REDACTED] Temecula, CA, United States

**Pub 78 Data**

**Determination Letters**

Items per page: 25



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### 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: 6-Sept-2019

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1-A





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

## Entity Status Letter

Date: 9/13/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: CADENZA STRING ORCHESTRA

- ☒ 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.

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

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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

1-6

FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**8**

**CANINE SUPPORT TEAMS INC.**

CITY OF TEMECULA

**FISCAL YEAR 2019 - 2020**  
**COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5,000 (Maximum allowable \$5,000 per Organization) Project/Program Title:  
Service Dogs for Disabled Persons Start Date: 1/1/2020 End Date: 12/31/2020

If Grant is Awarded, Make Check Payable to: Canine Support Teams, Inc

Mailing Address: PO Box 891767 Temecula, CA 92589

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Canine Support Teams, Inc Year Organization Founded: 1989

Website: [www.caninesupportteams.org](http://www.caninesupportteams.org) Number of Paid Staff: 10 Number of Volunteers: 150

Contact Name: Sally Wing Title/Position: Marketing & Development Director

Contact Person's Email Address: [marketing@caninesupportteams.org](mailto:marketing@caninesupportteams.org) Telephone: 951-294-1227

Geographic Area(s) the Organization Serves: Temecula Valley, Inland Empire, Southern CA, Nationwide

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be  
exclusively used to serve Temecula.) Temecula

Include Physical Address of Project/Program: (if different than Organization's Mailing Address)

26500 Scott Rd. Menifee, CA 92584

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: May 12, 1991

Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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](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 information  
about your charity found on this State Registry's Search Tool:  
<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

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SEP 13 2019

CITY MANAGER'S  
OFFICE

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 \_\_\_\_\_

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No \_\_\_ Yes ☒ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
City of Temecula CSF Grant	Service Dogs for Disabled Persons	Dec 2018	\$5,000
City of Temecula CSF Grant	Service Dogs for Disabled Persons	Dec 2017	\$2,500
Temecula CDBG Grant sub-recipient	Service Dogs for Disabled Persons	July 2018	\$5,583
Temecula CDBG Grant sub-recipient	Service Dogs for Disabled Persons (award approved July 2019)	funds pending	\$5,583

### MISSION STATEMENT OF ORGANIZATION

**Briefly describe the goals and objectives, or mission, of your organization.** The mission of Canine Support Teams is to provide specially trained dogs to persons with disabilities to support their personal, social, and occupational independence. To achieve our goals, our dedicated volunteers work with our small, professional training staff to ensure high quality care and training of our dogs before they are placed with a disabled handler. We successfully accomplish our goals through the generosity of donors and volunteers who share our vision, along with foundations and civic grants like this one. Canine Support Teams has been effectively carrying out its mission since 1989.

## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

Service Dogs for Disabled Persons is a preparation and training program for dogs to assist individuals suffering from a wide range of disabilities. These dogs assist their disabled handlers in routine tasks that are made more difficult by their disability. With the help of their service dogs, these individuals achieve greater independence and confidence.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, Canine Support teams will use the funds to pay for supplies, services, and equipment which include: Food & Training Treats, veterinary care, spay/neuter, routine vaccinations, monthly flea/tick control, training certification from American Kennel Club, CST branded vest, harness, collars, leashes.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by awarding scholarship three Temecula residents who are waiting for service dogs. We receive many applications from residents throughout Riverside County and beyond. Our intake and verification process allows us to identify those qualified applicants and provide verification of residence in the City of Temecula.

Estimated number of people expected to benefit from this Project/Program: 3 (direct, 9 indirect)

Estimated number of volunteers involved in this Project/Program: 15

**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

*IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.*

Grant funds will used to offset the expenses of providing service dogs to (up to) three Temecula residents. Our hard costs of preparing these dogs is approximately \$20,000 each. We use fundraising campaigns, donations& gifts, and a wide range of private/corporate grants to cover these costs. We invest two years of socializing, handling, and training into each dog prior to placement with a disabled handler.

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$5,000	
Cash contributed to Project/Program by the Applicant Organization	\$25,000	
Other grants or funding already awarded for Project/Program, if any	\$5,583	
In-Kind match amount or volunteer credit hours estimated amount	\$24,417	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$433,050
Equipment Expense For Project/Program		\$33,100
Food Expense For Project/Program		\$48,000
Marketing Expense For Project/Program		\$36,000
Supplies Expense For Project/Program		\$49,700
Facilities/Rent Expense For Project/Program		\$59,500
Other Expense For Project/Program		\$30,700
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$60,000</b>	<b>\$690,250</b>



# FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding Grant in FY 2018-2019 by the City of Temecula, then this information is not due until Monday, September 16, 2019

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2018-2019 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **Monday, September 16, 2019.**

## EXPENDITURE REPORT due on or before Monday, September 16, 2019

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): 9
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF.

Organization: Canine Support Teams, Inc Name of Project/Program: Service Dogs for Disabled Persons

Amount of Grant Fund Awarded: \$ 5,000.00 Month + Year Grant Received from City: Dec 2018

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$	See attached spreadsheet	
2			\$		
3			\$		
4			\$		
5			\$		

### EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City **\$ 5,123.45**

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MAR 04 2019

CITY MANAGER'S OFFICE

**Canine Support Teams, Inc.**  
**Temecula Community Services Grant 2018-2019**

Date	Vendor	Order / Invoice #	Type	Amount
2018-07-02	Meniffee Animal Hospital	86071 (Amberle, Pooh Bear, Zach)	Veterinary	75.60
2018-07-07	Meniffee Animal Hospital	86417 (Chico, Olaf)	Veterinary	72.60
2018-08-07	Meniffee Animal Hospital	88639 (River)	Veterinary	182.48
2018-08-09	Meniffee Animal Hospital	88843 (Snoopy)	Veterinary	60.30
2018-08-14	Meniffee Animal Hospital	89118 (Dante)	Veterinary	132.65
2018-08-14	Meniffee Animal Hospital	89153 (Hamilton)	Veterinary	39.60
2018-08-14	Walmart, Lake Elsinore	n/a	Food & Treats	339.06
2018-08-17	Meniffee Animal Hospital	89491 (4 puppies)	Veterinary	61.20
2018-08-20	Meniffee Animal Hospital	89604 (Hansel)	Veterinary	164.38
2018-08-20	Meniffee Animal Hospital	89628 (Johnny)	Veterinary	293.18
2018-08-29	Meniffee Animal Hospital	90274 (Helio)	Veterinary	141.60
2018-09-10	Mayerzon (by Amazon)	112-704-5394-9389810	equipment	149.90
2018-09-13	Meniffee Animal Hospital	open (River)	Veterinary	73.54
2018-09-13	Meniffee Animal Hospital	371009 (3 puppies)	Veterinary	27.00
2018-09-13	Meniffee Animal Hospital	91334 (Jax, F-puppy)	Veterinary	130.51
2018-09-14	Meniffee Animal Hospital	91354 (F-puppy)	Veterinary	38.50
2018-09-18	Canyon Lake Animal Clinic	371256 (Dory, Rocky, Sparkles)	Veterinary	27.00
	Nylabone. USA Top Player,			
2018-10-01	Amazon	112-2373732-2211447	equipment	191.57
2018-10-05	MBProducts (by Amazon)	113-7007771-4313043	equipment	39.31
2018-10-13	Murrieta Animal Hospital	34712 (Julia)	Veterinary	253.40
2018-10-15	VCA CA Veterinary Spec	152543 (F-puppy)	Veterinary	513.51
2018-10-16	Canyon Lake Animal Clinic	372838 (Dyllynger)	Veterinary	42.00
2018-10-17	Meniffee Animal Hospital	93783 (Ecko)	Veterinary	128.70
2018-11-12	Butterfield Animal Hospital	27881 (Cash)	Veterinary	182.50
2018-11-30	Canyon Lake Animal Clinic	375517 (Jezebel)	Veterinary	179.00
2018-12-06	Canyon Lake Animal Clinic	375814 (Bullet)	Veterinary	42.00
2018-12-06	Canyon Lake Animal Clinic	375827 (Bullet, Maya, Lulu)	Veterinary	565.30
2018-12-11	Canyon Lake Animal Clinic	376078 (Remy, Zoey)	Veterinary	140.00
2018-12-14	Canyon Lake Animal Clinic	376285 (Maya)	Veterinary	27.21
	Coastal Pet Products			
2019-01-03	(by Amazon)	111-6208656-6289040	equipment	113.25
	Albcorp Service Dog Vests			
2019-01-14	(by Amazon)	111-8451947-5218600	equipment	546.90
2019-02-07	Shangsheng(by Amazon)	111-4667621-1749035	equipment	149.70
			<b>TOTAL</b>	<b>5,123.45</b>

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MAR 04 2019

CITY MANAGER'S  
OFFICE

respectfully submitted by s.wing  
3/2/19

## 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.


**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Canine Support Teams, Inc

MAILING ADDRESS: PO Box 891767, Temecula, CA 92589

PHONE: 951-301-3625 (office) [REDACTED] EMAIL: marketing@caninesupportteams.org

PRESIDENT / AUTHORIZED OFFICER: Sally Wing, Marketing & Development Director

SIGNATURE:  DATE: 9/9/19  
Print Name Title  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: Same ↑  
Print Name Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
2 CUPANIA CIRCLE  
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: APR 26 1995

CANINE SUPPORT TEAMS INC  
[REDACTED]  
[REDACTED], CA 92571-3122

Employer Identification Number:  
[REDACTED]

Case Number:  
[REDACTED]

Contact Person:  
LEON DEHAVEN

Contact Telephone Number:  
[REDACTED]

Our Letter Dated:  
May 13, 1991

Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. 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 Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

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 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,



Richard R. Grosco  
District Director

Letter 1050 (DO/CG)

[HELP](#)[MENU](#)[Home](#) > [Tax Exempt Organization Search](#) > [Canine Support Teams Inc.](#)[Back to Search Results](#)

## Canine Support Teams Inc.

EIN: [REDACTED] Menifee, 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 2017 Form 990](#)

Page Last Reviewed or Updated: 6-Sept-2019

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

## Entity Status Letter

Date: 9/7/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: CANINE SUPPORT TEAMS, 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.

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](http://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



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2017****Open to Public Inspection****A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

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

**C** Name of organization  
CANINE SUPPORT TEAMS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO BOX 891767City or town, state or province, country, and ZIP or foreign postal code  
TEMECULA, CA 92589**F** Name and address of principal officer  
CAROL ROQUEMORE  
PO BOX 891767  
TEMECULA, CA 925891767**D** Employer identification number**E** Telephone number**G** Gross receipts \$ 604,698**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: [www.caninesupportteams.org](http://www.caninesupportteams.org)**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**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 ▶**L** Year of formation 1990 **M** State of legal domicile CA**Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities  
Canine Support Teams (CST) is a California based non-profit organization that provides specially trained dogs to people with disabilities other than blindness**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	9
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	200
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	

Revenue

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	367,833	569,112
<b>9</b> Program service revenue (Part VIII, line 2g)	28,298	35,174
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	368	412
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	396,499	604,698

Expenses

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	304,531	295,408
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,456		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	134,259	255,060
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	438,790	550,468
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-42,291	54,230

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	396,783	450,738
<b>21</b> Total liabilities (Part X, line 26)	275	0
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	396,508	450,738

**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

2018-11-05  
DateCAROL ROQUEMORE Founder  
Type or print name and title**Paid Preparer Use Only**

Print/Type preparer's name

LESLIE A DOHERTY CPA

Preparer's signature

LESLIE A DOHERTY CPA

Date

Check ☐ if self-employed

PTIN

P00449291

Firm's name ▶ LESLIE A DOHERTY CPA APC

Firm's EIN ▶

Firm's address ▶ 29970 TECHNOLOGY DR STE 120

Phone no (951) 698-2260

MURRIETA, CA 925632646

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2017)

**FY 2019/2020**

**COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #**

**9**

**CHARITY FOR CHARITY**

**CITY OF TEMECULA**  
**FISCAL YEAR 2019 - 2020**  
**COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**  
(Please Print or Type)  
**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5000 (Maximum allowable \$5,000 per Organization)  
Project/Program Title: Stars of the Valley Start Date: 2/8/2020 End Date: 2/8/2020  
If Grant is Awarded, Make Check Payable to: Charity for Charity  
Mailing Address: 27479 Ynez Road  
Temecula, CA 92591

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Charity for Charity Year Organization Founded: 2007  
Website: www.charityforcharity.org Number of Paid Staff: 1 Number of Volunteers: 25  
Contact Name: Charity Prestifilippo Title/Position: President/Founder  
Contact Person's Email Address: [REDACTED] Telephone: [REDACTED]  
Geographic Area(s) the Organization Serves: Temecula Valley  
Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula Valley  
Include Physical Address of Project/Program: (if different than Organization's Mailing Address) 45000 Pechanga Parkway Temecula 92592

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No        (If No, then ineligible to receive City Funding)  
Date of Incorporation as a Nonprofit: 2009  
Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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](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 information about your charity found on this State Registry's Search Tool:  
<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

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 \_\_\_\_\_

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, may be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No ☐ Yes ☒ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF	CFC Fundraising concert + * charity magazine	18-19	\$ 2500-
CSFCC	CFC Award sponsor	18-19	\$ 750-
CSFCC	CFC Award sponsor	17-18	\$ 750-
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Charity for Charity is local non profit wish fulfilling organization, fulfilling wishes for individuals with life threatening illness or traumatic injury.



## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe **WHAT THE PROJECT / PROGRAM IS**  
the City of Temecula grant funding will be used to support.

The Stars of the Valley is an annual gala where we present  
Project/Program Title

wishes to our beneficiaries within our community who suffer from life threatening illness or  
traumatic injury. Funds will be used to cover the cost of printing the SOTV program.

2. Describe **HOW YOUR ORGANIZATION WILL SPEND** the grant funding (if awarded).  
Include equipment or services that would be purchased and why.

If awarded, Charity for Charity will spend the grant funds on covering the cost  
Nonprofit Name  
to print the SOTV program. This program is distributed to over 500 people and businesses. The  
program advertises local businesses within Temecula Valley and promotes tourism. This is also  
where we highlight the stories of our beneficiaries as well as update everyone on past  
beneficiaries. We also dedicate one full page to promote LOVE Temecula! Celebrating 30 years.

3. If awarded, explain **HOW** the grant funding will specifically **BENEFIT TEMECULA RESIDENTS**.

Grant funding will specifically benefit Temecula residents by promoting to them all of the local  
businesses within our town as well as the LOVE Temecula initiative. This program also helps with  
promoting future fundraising opportunities including our motivational speaking team  
The Unstoppables. Each person who attends our gala in February receives a program (500+ indi

Estimated number of people expected to benefit from this Project/Program: 500

Estimated number of volunteers involved in this Project/Program: 35+

**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Funds will help with the cost of printing the SOTV program. This program helps launch our upcoming events including our motivational speaking team, The Unstoppables and future fundrai  
It also promotes local businesses, hotels, restaurants which promotes tourism as well as  
promotes the LOVE Temecula initiative.

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5000	
Cash contributed to Project/Program by the Applicant Organization	\$	
Other grants or funding already awarded for Project/Program, if any	\$	
In-Kind match amount or volunteer credit hours estimated amount	\$	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$
Equipment Expense For Project/Program		\$
Food Expense For Project/Program		\$
Marketing Expense For Project/Program		\$2500
Supplies Expense For Project/Program		\$2500
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$5000</b>	<b>\$5000</b>



## **PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT**

**If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.**

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2018-2019 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: Monday, September 16, 2019.**

### **EXPENDITURE REPORT due on or before Monday, September 16, 2019**

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): \_\_\_\_\_
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

**Organization:** \_\_\_\_\_ **Name of Project/Program:** \_\_\_\_\_

**Amount of Grant Fund Awarded:** \$ \_\_\_\_\_ **Month + Year Grant Received from City:** \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents  <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

#### **EXPENDITURE TOTAL**

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City \$

## FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

**If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday, September 11, 2020**

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2019-2020 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: Friday, September 11, 2020.**

### EXPENDITURE REPORT due on or before Friday, September 11, 2020

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): \_\_\_\_\_
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

**Organization:** \_\_\_\_\_ **Name of Project/Program:** \_\_\_\_\_

**Amount of Grant Fund Awarded:** \$ \_\_\_\_\_ **Month + Year Grant Received from City:** \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <b>Temecula</b> residents  <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
<b>EXPENDITURE TOTAL</b> Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City					

## SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

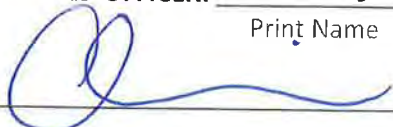
- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Charity for Charity

MAILING ADDRESS: 27479 Ynez Rd PHONE: [REDACTED] EMAIL: [REDACTED]  
Temecula 92591

PRESIDENT / AUTHORIZED OFFICER: Charity Prestifilippo

SIGNATURE:  DATE: 09/16/19  
Print Name Title  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_  
Print Name Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.



## Entity Status Letter

Date: 1/4/2017

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: CHARITY FOR CHARITY

- ☒ 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 23701d.
- ☐ 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.

### Internet and Telephone Assistance

Website: [ftb.ca.gov](http://ftb.ca.gov)

Telephone: 800.852.5711 from within the United States

916.845.6500 from outside the United States

TY/TDD: 800.822.6268 for persons with hearing or speech impairments

## Exempt Organizations Select Check

### Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

[Exempt Organizations Select Check Home](#)

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

EIN =

Legal Name (Doing Business As) =  
Charity for Charity

Results Per Page 25 ☒ OK

City =  
Temecula

State = Country =  
CA United States

« Prev | 1-1 | Next »  
Deductibility Status =  
PC

« Prev | 1-1 | Next »

[Return to Search](#)

FY 2019/2020

COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**10**

**CHOICE PROGRAM INC.**



**CITY OF TEMECULA**

**FISCAL YEAR 2019 - 2020  
COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**



**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5,000.00 (Maximum allowable \$5,000 per Organization)

Project/Program Title: The Choice Program: Youth L Start Date: 12/1/2019 End Date: 11/30/2020

If Grant is Awarded, Make Check Payable to: Options & Opportunities: The Choice Program

Mailing Address: [REDACTED]

Temecula, CA 92591

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Choice Program, Inc. Year Organization Founded: 2014

Website: www.cooleyfoundation.org Number of Paid Staff: 2 Number of Volunteers: 75

Contact Name: James Cooley Title/Position: CEO

Contact Person's Email Address: [REDACTED] Telephone: [REDACTED]

Geographic Area(s) the Organization Serves: City of Temecula

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) City of Temecula

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) \_\_\_\_\_

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No \_\_\_\_\_ (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: 2014

Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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>

Attach first page only of most recent IRS Form 990 or attach print out of detailed information about your charity found on this State Registry's Search Tool:

<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

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: James Stewart, Board member

This Application has been authorized by the organization's:  
Executive Committee ☒ Board of Directors ☐ Members-at-Large ☐

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, may be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No ☒ Yes ☒ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF 18/19	JC Cooley youth Leadership Program	Dec 2018	\$ 1000.00
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. To Inspire, instruct, and engage youth in leadership and character building activities that develop their personal greatness and natural leadership abilities, promote the importance of community, and encourage civic and social responsibility.

## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

**1. Briefly describe WHAT THE PROJECT / PROGRAM IS  
the City of Temecula grant funding will be used to support.**

The The Choice Program: Youth Leadership is a community collaborative that  
Project/Program Title  
works with youth in the Temecula Independent School District, the Boys and Girls Club, and  
local faith-based and youth organizations. Funding will support our youth leadership/mentorship  
initiative and increase our youth and family outreach efforts. We will expand our youth and  
family curricula which include strengthening families, volunteerism, and educational travels.

**2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded).  
Include equipment or services that would be purchased and why.**

If awarded, Choice Program, Inc. will spend the grant funds on the monthly youth  
Nonprofit Name  
inspirational leadership breakfast, bi-monthly motivational seminars for elementary, middle,  
and high school students, food, tee-shirts, journals, printing, and rental space. These events and  
activities are at the core of our leadership and mentoring programs.

**3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.**

Grant funding will specifically benefit Temecula residents by bringing youth and families together  
to participate in up-lifting and positive activities. Our community presentations and seminars  
give youth a platform to share and communicate their views and talents. Often families are too  
busy to sit and share a meal at the table, but the Choice Program allows families to share a meal  
while experiencing community, promoting self-esteem, and embracing healthy life choices.

Estimated number of people expected to benefit from this Project/Program: 1,200

Estimated number of volunteers involved in this Project/Program: 100

**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Funding for the Choice Program supports our mission to strengthen families, inspire youth, conduct leadership and community engagement activities, and introduce life options and opportunities to our youth.

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5,000	
Cash contributed to Project/Program by the Applicant Organization	\$ 20,000	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 25,000	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ 3,000
Equipment Expense For Project/Program		\$ 7,000
Food Expense For Project/Program		\$ 8,000
Marketing Expense For Project/Program		\$ 7,000
Supplies Expense For Project/Program		\$ 10,000
Facilities/Rent Expense For Project/Program		\$ 8,000
Other Expense For Project/Program		\$ 7,000
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>

## **PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT**

**If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.**

**If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.**

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2018-2019 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: Monday, September 16, 2019.**

### **EXPENDITURE REPORT due on or before Monday, September 16, 2019**

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): 1,000
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

**Organization:** Options & Opportunities

**Name of Project/Program:** Choice Program, Inc.

**Amount of Grant Fund Awarded:** \$ 1,000.00

**Month + Year Grant Received from City:** \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <b>Temecula residents</b> <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

#### **EXPENDITURE TOTAL**

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$



## FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

**If your organization is awarded a Community Service Funding Grant in FY 2019-2020  
by the City of Temecula, then this information is not due until Friday, September 11, 2020**

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2019-2020 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: Friday, September 11, 2020.**

### EXPENDITURE REPORT due on or before Friday, September 11, 2020

1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program: (approximate number of beneficiaries if you don't have a precise number): \_\_\_\_\_
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF

**Organization:** \_\_\_\_\_ **Name of Project/Program:** \_\_\_\_\_

**Amount of Grant Fund Awarded:** \$ \_\_\_\_\_ **Month + Year Grant Received from City:** \_\_\_\_\_

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <u>Temecula residents</u> <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

#### EXPENDITURE TOTAL

Note: Expenditure Total must be equal to \$  
(or greater than) the "Amount of Grant Fund  
Awarded" (above) provided by the City



## 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Options & Opportunities: Choice Program, Inc.

MAILING ADDRESS: [REDACTED]

PHONE: ( [REDACTED] ) [REDACTED]

EMAIL: [REDACTED]

Temecula, CA 92591

PRESIDENT / AUTHORIZED OFFICER: James Cooley, CEO

SIGNATURE: [Signature]

Print Name

Title

DATE: Sep 15, 2019

(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_

Print Name

Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

# Options & Opportunities: The Choice Program JC Cooley Foundation

Does your child need a little bit of inspiration?



JC  
COOLEY  
FOUNDATION  
[www.cooleyfoundation.org](http://www.cooleyfoundation.org)

## Youth Inspirational Leadership Breakfast

Encouraging Love, Needs, Wants...

One Goal, One Dream, One Team, One PURPOSE for our Future Leaders of Tomorrow

Start your weekend off right with inspiration, mentorship from some amazing Musicians, Youth and Adult speakers.

This empowering event is just what your child ages 05-19 needs and its FREE!  
Breakfast is provided.



*This particular event is in support  
of the Leo-Lions Club*



**Saturday October 5th 8am – 10am**  
**Lienzo Charro Mexican Restaurant**  
**29000 Old Town Front St, Temecula CA 92590**

**ALL Family and Adults are Welcome to Attend**

For more information about this program or other programs by the JC Cooley Foundation please  
Contact: James Cooley [REDACTED] or Michelle Cooley [REDACTED]



**JAMES COOLEY'S MOTHER HAD** 10 children by six different fathers. She knew she could not care for all her sons and daughters, living as they did in the projects of Chattanooga, Tennessee. So she sent James and his older brother to live with their aunt and uncle in the tiny farming town of Graham, Alabama. Through humor, wit and engaging storytelling, James Cooley paints a picture about his arrival in that rural town in the deep South and his immediate realization that his life would never be the same again. In vivid detail, Cooley lays out his struggle to adjust from city life to country life and then back again to city life. Along the way, the lessons he learned molded him into a successful member of his community and a proud servant to his country. Now he shares those hard-earned lessons to educate, encourage and enlighten our next generation of leaders and the heroes who are helping them on their journey.



James Cooley is a retired U.S. Army Colonel of Korean War, Vietnam War, and Desert Storm. He is also a member of the U.S. Army Reserve. He has also written and produced several books and articles about his military and civilian life. He is the author of the book "The Journey that Ain't Over Yet" and "The Journey that Ain't Over Yet" and "The Journey that Ain't Over Yet".

koehlerbooks



# COUNTRY BOY, CITY BOY

A Journey that  
Ain't Over Yet

JAMES  
COOLEY

FY 2019/2020

COMMUNITY SERVICE FUNDING

GRANT APPLICATION #

**11**

**COMMUNITY MISSION  
OF HOPE**



**CITY OF TEMECULA**

**FISCAL YEAR 2019 - 2020  
COMMUNITY SERVICE FUNDING PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 5,000 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Homeless Prevention Start Date: 7/25/19 End Date: ongoing

If Grant is Awarded, Make Check Payable to: CMOH (or Rancho Community Church if needed)

Mailing Address: [REDACTED]  
Temecula CA 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Community Mission of Homeless Year Organization Founded: 2009

Website: cmoh.net Number of Paid Staff: 4 Number of Volunteers: 102

Contact Name: Maegan Bourlett Title/Position: Executive Director

Contact Person's Email Address: Maegan.Bourlett@cmoh.net Telephone: [REDACTED]

Geographic Area(s) the Organization Serves: Temecula, Murietta, Wildomar, Surrounding Cities

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) N/A

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes X No      (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: 2009

Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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](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 information about your charity found on this State Registry's Search Tool:

<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

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 ☐

### FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, may be needed to demonstrate sound financial management. Do not submit now.

### CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No ☐ Yes ☒ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CDBG	cmoh housing rental assistance	19/20	\$ 5,538
CSF-CC	" "	18/19	\$ 1,000
CSF	Daily Bread program.	17/18	\$ 5,000
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. \_\_\_\_\_

to work with the people in our community suffering from  
hunger, homelessness or at risk of homelessness towards self-sufficiency  
to help people back on their feet towards becoming productive



## GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Homeless Prevention is designed to keep individuals & families off the street by providing case management & funds/resources to keep them housed.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, CNOH will spend the grant funds on Rental

assistance for temecula residents who have been given notice to vacate, and are facing the streets. \$500-\$1,500 per person depending on need. Helping 4-10 people/families/households remain in their homes.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by for every \$1.00 it costs to keep someone housed, it costs \$8.00 of taxpayer \$ to re-house. Keeping them in their homes will help the residents of temecula as well as help families/individuals reaver from financial strain & get back on track.

Estimated number of people expected to benefit from this Project/Program: 4-10 (plus taxpayers)

Estimated number of volunteers involved in this Project/Program: 15-20

**4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).**

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Rental assistance to those <sup>4-10 households</sup> facing eviction & homelessness, and a much longer harder road to recovery. This will prevent further trauma & financial set-back.

**5. Provide Project/Program budget details below.**

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM</b>		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5,000	
Cash contributed to Project/Program by the Applicant Organization	\$ 24,000	
Other grants or funding already awarded for Project/Program, if any	\$ 6,000	
In-Kind match amount or volunteer credit hours estimated amount	\$	
<b>VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM</b>		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ 0
Equipment Expense For Project/Program		\$ 0
Food Expense For Project/Program		\$ 0
Marketing Expense For Project/Program		\$ 0
Supplies Expense For Project/Program		\$ 0
Facilities/Rent Expense For Project/Program		\$ 0
Other Expense For Project/Program		\$ 35,000
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 35,000</b>	<b>\$ 35,000</b>

Rental assist

## 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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- 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.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Community Mission of Hope

MAILING ADDRESS: [REDACTED] PHONE: [REDACTED] EMAIL: maegan.bourlett@cmh.net  
Temecula, CA 92590

PRESIDENT / AUTHORIZED OFFICER: Maegan Bourlett Executive Director  
Print Name Title

SIGNATURE: [Signature] DATE: 9/10/19  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: N/A  
Print Name Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:**

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

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## Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on financial registration information.

**Organization Name:** RANCHO COMMUNITY REFORMED CHURCH **IRS FEIN:** [REDACTED]

**Entity Type:** Religious

**SOS/FTB Corporate/Organization Number:** [REDACTED]

**Registry Status:** Exempt - Religious

**Renewal Due/Exp. Date:**

**RCT Registration Number:** [REDACTED]

**Issue Date:**

12/31/1990

**Record Type:**

Charity Registration

**Effective Date:**

12/31/1990

**Date This Status:**

**Date of Last Renewal:**

## Mailing Address

**Street:** 31300 RANCHO COMMUNITY WAY

**Street Line 2:**

**City, State Zip:**

TEMECULA CA 92592

## Filings & Correspondence

2012 Raffle App Not Subject

2012 Raffle App Not Subject

## Annual Renewal Data

No Annual Renewal Data

## Related Registrations & Event Reports

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

- 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:** RITEWAY CHARITY SERVICES, INC.

**Registration No:** [REDACTED] **Registration Type:** Fundraising Event

**Registration Status:** Awaiting Reporting

**Date Established:** 12/13/2010 **Association Date:** 1/1/2011

**Expiration Date:** 12/31/2011



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

## Entity Status Letter

Date: 9/5/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: RANCHO COMMUNITY REFORMED CHURCH

- ☒ 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](http://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