

FY 2019/2020

COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**23**

**RANCHO DAMACITAS  
THESSOLIKA FAMILY**

**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: Empowerment Village Start Date: 04/07/2019 End Date: 06/30/2020

If Grant is Awarded, Make Check Payable to: Rancho Damacitas

Mailing Address: P.O. Box 890326

38950 Mesa Road, Temecula, CA 92592

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Rancho Damacitas Year Organization Founded: 1983

Website: 4kidsfirst.org Number of Paid Staff: 8 Number of Volunteers:       

Contact Name: Jeannette Stow Title/Position: Executive Assistant

Contact Person's Email Address: jeannette@4kidsfirst.org Telephone: 951 302-2317 ext. 210

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

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

38950 Mesa Road, 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: 1983

Federal Identification Number:        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)
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
Temecula	FY 2018-2019 Community Service Funding	November 2018	\$ 5,000
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

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

The mission of Rancho Damacitas is to break the generational cycle of child abuse and poverty.

## 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 Empowerment Village is a program empowering struggling single mothers with young children by offering them stable homes and supportive resources to help them break the cycle of dependency on the community and instead grow to become thriving, contributing members of the community. Residents must find and maintain employment, complete classes on parenting and finances, pay a monthly housing contribution, and meet milestones on the pathway to self-sufficiency.

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

If awarded, Rancho Damacitas will spend the grant funds on sustaining the stable housing for the families, which is the first step to overcoming their barriers to independence. Empowerment Village consist of five homes with the ability to house up to three families each or a maximum of 40 mothers and children, keeping them off the streets and moving onto a pathway of independent living.

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

Grant funding will specifically benefit Temecula residents by providing struggling single mothers from the Temecula community stable homes with opportunities to grow and gain their self-sufficiency. A majority (80%) of residents at Empowerment Village have been living in the Temecula community. The program keeps single mother families safe and off the streets, and most importantly moving towards a future of stability, independence, and contributing to the community.

Estimated number of people expected to benefit from this Project/Program: 40

Estimated number of volunteers involved in this Project/Program: 110



**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.

Empowerment Village      Funding will be used to provide safe, stable housing for three families for a minimum of one year. Costs include utility costs, upkeep, and direct start-up costs for the families including food, transportation, and childcare while the mothers seek employment.

**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	\$ 178,600	
Other grants or funding already awarded for Project/Program, if any	\$ 5,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 17,244	
<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.)		\$ 81,180
Equipment Expense For Project/Program		\$
Food Expense For Project/Program		\$ 3,600
Marketing Expense For Project/Program		\$
Supplies Expense For Project/Program		\$ 16,000
Facilities/Rent Expense For Project/Program		\$ 40,980
Other Expense For Project/Program		\$ 36,000
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 205,844</b>	<b>\$</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): 36
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:** Thessalonika Family Services dba Rancho Damacitas

**Name of Project/Program:** Empowerment Village

**Amount of Grant Fund Awarded:** \$ 5,000

**Month + Year Grant Received from City:** 11/2018

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	Financial Accounting Services	05/03/19	\$ 520.00	Financial Accounting Classes for single moms	To gain employment in Temecula
2	Ally	07/11/18-04/11/19	\$ 4820.20	Transportation for single moms	Moms working and going to school in Temecula
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

\$ 5340.20

## 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:** Thessalonika Family Services dba Rancho Damacitas **Name of Project/Program:** Empowerment Village

**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:

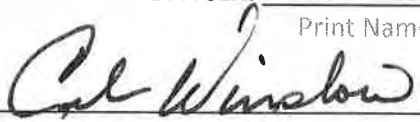
- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit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

MAILING ADDRESS: P.O. Box 890326 PHONE: (951) 302-2317 EMAIL: jeannette@4kidsfirst.org  
38950 Mesa Road, Temecula, CA 92592

PRESIDENT / AUTHORIZED OFFICER: Cal Winslow CEO  
Print Name Title

SIGNATURE:  DATE: 09/11/19  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Jeannette Stow Executive Assistant  
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.



[Home](#) > [Tax Exempt Organization Search](#) > **Thessalonika Family Services**

[< Back to Search Results](#)

# Thessalonika Family Services

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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Tiếng Việt

Tax Stats, Facts &  
Figures

Freedom of  
Information Act

Tax Fraud & Abuse

No Fear Act

Privacy Policy



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

## Entity Status Letter

Date: 9/10/2019

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: THESSALONIKA FAMILY SERVICES

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 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.

## 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

## 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 7/01, 2017, and ending 6/30, 2018

B Check if applicable:

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

THESSALONIKA FAMILY SERVICES, INC.  
 PO BOX 890326  
 TEMECULA, CA 92589

D Employer identification number

E Telephone number

(951) 302-2317

G Gross receipts \$ 3,056,093.

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.4KIDSFIRST.ORG

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

H(c) Group exemption number

L Year of formation: 1980 M State of legal domicile: CA

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY LONG-TERM CARE AND TREATMENT FOR CHILDREN NEEDING OUT-OF-HOME SERVICES. TO BREAK THE GENERATIONAL CYCLE OF ABUSE AND POVERTY BY EMPOWERING AT-RISK, SINGLE MOTHERS WITH YOUNG CHILDREN AND INDIVIDUALS WITH A HISTORY OF FOSTER CARE OR CHILD ABUSE.		
	2	Check this box <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)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	137	
	6	Total number of volunteers (estimate if necessary)	250	
	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.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,080,037.	1,915,289.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 2d)		73,315.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9, 10c, and 11e)	477.	844,892.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-20,361.	-18,257.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,060,153.	2,815,239.
	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)	2,643,341.	1,688,694.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 254,945.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,167,593.	719,802.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	3,810,934.	2,408,496.
	20	Total assets (Part X, line 16)	249,219.	406,743.
	21	Total liabilities (Part X, line 26)	2,633,311.	2,802,638.
	22	Net assets or fund balances. Subtract line 21 from line 20	539,574.	302,158.
			2,093,737.	2,500,480.

## 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			
	CAL WINSLOW	2/24/18			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Michael Klein, CPA, EA	Michael Klein, CPA, EA			
	Firm's name ▶ NIGRO & NIGRO PC				
	Firm's address ▶ 25220 Hancock Ave Ste 400 MURRIETA, CA 92562-9739				
				Firm's EIN ▶	
				Phone no. (951) 698-8783	

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)

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

**24**

**REALITY RALLEY 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**

RECEIVED

AUG 23 2019

CITY MANAGER'S  
OFFICE

**PROJECT/PROGRAM INFORMATION**

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

Project/Program Title: REALITY RALLY INC Start Date: 5/14/2020 End Date: 5/16/2020

If Grant is Awarded, Make Check Payable to: REALITY RALLY INC

Mailing Address:

TEMECULA CA 92591

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: \_\_\_\_\_ Year Organization Founded: 2010

Website: WWW.REALITYRALLY.COM Number of Paid Staff: 0 Number of Volunteers: ± 350

Contact Name: GIILLIAN LARSON Title/Position: FOUNDER, PRODUCER, PRESIDENT

Contact Person's Email Address: GIILLIAN@REALITYRALLY.COM Telephone: \_\_\_\_\_

Geographic Area(s) the Organization Serves: LAKE ELSINORE, TEMECULA, PERRIS, MURRIETA

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) \_\_\_\_\_

**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: 7/29/2016

Federal Identification Number \_\_\_\_\_

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)
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
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

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

*See attached.*

## 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 REALITY RALLY 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, \_\_\_\_\_ 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: 3000 Plus

Estimated number of volunteers involved in this Project/Program: 400 ±

## Community Service Funding Grant application

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

#### Mission Statement Reality Rally

Reality Rally is a 501-C (3) Corporation event planning & hosting business run entirely by volunteers from the top down.

Our vehicle is a 3-day event consisting of 4 unique events to engage the public, community and Reality TV Stars in a fun way to raise funds for a deserving nonprofit. Our method is through competitive participation in fun and games similar to those on TV reality shows for the public to participate in. To create components to the event to attract the public who have varied interests which will enhance attendance in all areas increasing funds raised. Our multi fold purpose is

- To raise funds to donate to area charities by bringing TV Reality Stars to a local community, to raise funds and awareness for that charity for them to make a difference in the lives of those in need,
- To bring increased interest and dollars to the Temecula Valley for tourism.
- To include and involve area Nonprofits, cities, businesses and residents offering them a unique way to promote their organization, for school students to add to their Community Service hours, promote their school and/or organization and enhance their resume.
- We produce our event in various areas of Temecula to support and promote Temecula and keep our dollars local
- We support Michelle's Place Cancer Resource Center to keep our donation benefitting our local people. Michelle's Place is dependent on the money we raise for them to help cover their extensive program costs for those diagnosed with any form of cancer.

### GRANT FUNDING PROJECT/PROGRAM DESCRIPTION NOTE:

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

Reality Rally 2020 will be our 10th year of production. This 3-day event of 3 unique events for the public to attend takes an inordinate amount of work and planning and is completely produced by dedicated volunteers including myself.

Every year we evaluate the ROI of our time and money and make appropriate changes to meet the prime goals of fundraising, promotion for Temecula and Michelle's Place and what we offer to our community as a whole.

If an event does not meet these goals, we make a change.

Our event brings visibility to Temecula through our extensive media coverage, our global event live stream and fundraising efforts and our significant and robust Social Media involvement.

I spend most of every year creating components, meeting with many who might sponsor and do offer their time talent and/or services and I have built and continue to build a large team of dedicated volunteer Production Team which I conduct for implementation of all components to result in a successful event and we have about 400 volunteers from our community every year.

## The Events for 2020.

- We have a ticketed Red Carpet Reception and Evening of Entertainment at Wilson Creek winery yearly is 90% sponsored by all the following: Wilson Creek venue, Feeling Lucky Entertainment blackjack and poker, 14 local restaurants; Great Oak HS Jazz band, Life Time Rocker Live band Karaoke, The Old Town Temecula Gunfighters Photo Station with a Temecula Backdrop, Celebrity Red Carpet, usually around 8 media outlets, 15 Social Media and imagery Team for event coverage and promotion, 100 volunteers and approximately 700-800 attendees.
- A ticketed Lip Sync TV Celebrity and public competition at South Coast Winery which is sponsored by South Coast Winery, Sterling Productions, Group One Productions, Sound Star Productions, Morningstar productions Many media outlets, our social media team, 100 volunteers and in the past has attracted to the capacity of 400.
- An "Amazing Race" type game all over Old Town Temecula, Temecula Civic Center, VTV and 12 businesses and Old Town Old Town venues such as the history museum, The Stampede, the Theater to name a few. We attract approx. 300 contestants in teams of 4 in friendly competition and camaraderie. These teams represent 10 of the area City Councils, Pendleton Marines, many local businesses and residents of Temecula and beyond.  
This event is supported with in kind full or partial sponsorship from The City of Temecula, Group One Productions, Sterling Productions, the 12 Businesses who produce the Challenge Checkpoints, Premier Supplies, Prestige Golf Carts, 8 local restaurants who provide food for the 250 volunteers, our Social Media and Imagery teams

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

If awarded, Reality Rally Inc will spend the grant funds on some of the Production costs that I am not able to get fully sponsored. Specifically printing which would then have the City of Temecula logo prominently placed. In addition, event supplies, tables, chairs, backdrop poles, lighting towers.

I am incredibly fortunate that all my work gathers sponsors who donate their In-Kind time, talent, venues, product to the average yearly value that produces an event which would cost us over \$500,000.00 to run if we had to pay for all those expenses. All of this presents our event to our local, area and even global audience a top-class event representing us, our City and our beneficiary. I need help with a cash award to keep producing this event.

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

Grant funding will specifically benefit Temecula residents by being able to continue to produce this event which we know is of major benefit in so many ways to our Temecula Residents.

These are the residents we include in the opportunity to help make a difference by raising funds and they participate, promote their organization and have fun and, in some cases, unique community service hours.

GOHS Jazz Band  
GOHS Drum Corps  
Southwest California Pageants Title Holders all ages  
Boy Scouts  
Border Patrol Cadets  
TVHS Marine ROTC  
TVHS Football Team  
TVHS Cheer leaders  
TVHS Culinary Program  
St Jeanne DeLestonac Cheerleaders and students  
National Charity League mothers and daughters  
Red Hawk Community Service Club

Camp Pendleton Marine Volunteers  
High School Students from most of the area schools not in a specific group.  
Many area Service organizations  
Many local businesses  
Many other Non-Profits to promote their organization

Estimated number of people expected to benefit from this Project/Program: 3000 plus  
Estimated number of volunteers involved in this Project/Program: 400 Plus

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

Description as above.

I am really hoping to be awarded the funds as I really need to alleviate some of the burden of cost associated with the event we do to continue to promote Temecula, involve our residents in unique events and have a significant donation that Michelle's Place as they now rely on our donation to support their expanded services. I really appreciate your consideration. (I am getting old !!!!!)



**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)	<i>\$5000<sup>00</sup></i>	
Cash contributed to Project/Program by the Applicant Organization	\$	
Other grants or funding already awarded for Project/Program, if any	<i>\$ 0</i>	
In-Kind match amount or volunteer credit hours estimated amount	<i>(\$500,000<sup>00</sup>)</i>	
<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.)		<i>\$ 0</i>
Equipment Expense For Project/Program <i>AND SUPPLIES BELOW</i>		<i>\$ -</i>
Food Expense For Project/Program		<i>\$2000<sup>00</sup></i>
Marketing Expense For Project/Program		<i>\$7000<sup>00</sup></i>
Supplies Expense For Project/Program <i>SEE INCLUDED ABOVE</i>		<i>\$11,000<sup>00</sup></i>
Facilities/Rent Expense For Project/Program		<i>\$6,700<sup>00</sup></i>
Other Expense For Project/Program		<i>\$31,800<sup>00</sup></i>
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<i>\$125,160<sup>00</sup></i>	<i>\$60,500<sup>00</sup></i>

*INCOME FUNDRAISING TICKET SALES*

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

**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 <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

\$ N/A

## 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 residents</b> <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: REALITY RALLY INC

MAILING ADDRESS: [REDACTED] PHONE: [REDACTED] EMAIL: GILLIAN@REALITYRALLY.COM  
TEMECULA CA 92591

PRESIDENT / AUTHORIZED OFFICER: GILLIAN P. LARSON FOUNDER-PRODUCER &  
Print Name Title PRESIDENT

SIGNATURE: Gillian P. Larson DATE: 8/15/19  
(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.

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

DEPARTMENT OF THE TREASURY

Date: JUL 29 2016

REALITY RALLY INC  
41893 NIBLICK RD  
TEMECULA, CA 92591

Employer Identification Number:

DLN:

Contact Person:

PAULA J MOLL-MALONE

ID#

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

April 30

Public Charity Status:

170(b)(1)(A)(vi)

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

Yes

Effective Date of Exemption:

December 17, 2015

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

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

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

REALITY RALLY INC

Sincerely,

A handwritten signature in black ink, appearing to read 'J. I. Cooper', with a stylized flourish at the end.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements



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

## Entity Status Letter

Date: 8/16/2019

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: REALITY RALLY, 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





## 2019 Reality Rally Event Stats we are able to capture

### Donations for Michelle's Place

672 donations came from  
4 Countries  
50 States  
325 Cities

### 49 Saturday Reality Rally Race/Game teams.

166 participants came from  
42 Cities  
4 States  
10 area City Council teams played

### 43 Reality TV Stars came from

2 Countries  
26 States  
35 Cities  
29 different Reality TV shows

### 208 Volunteers came from

24 Cities  
4 States



# Criteria

In making funding determinations, the City considers the following criteria:

A. Is the organization currently nonprofit?

Yes

B. Does the organization provide a service to the overall community of Temecula?

Absolutely and we make many offers to all who may want to be involved and included

C. Will the organization use the City of Temecula Community Service Funding Grant for the benefit of the citizens of Temecula?

I feel it certainly will

D. Is the size and make-up of the organization equipped to provide the Project/Program to the overall community?

Designed specifically with this in mind

E. What is the public reaction to the group?

Very favorable, people love how they can be involved in unique events that raise funds.

F. Does the organization have a high-quality level of fiscal management?

Absolutely. Every expenditure is always made on what we have to have to make this event all that it is. Is it essential? It is then discussed and approved by the Board of Directors. Every year is closely scrutinized and ROI assessed and changes made where necessary

G. Is the group well organized to ensure longevity in the City of Temecula?

Reality Rally has been built on a division of Teams, responsibilities and expectations and run entirely on volunteer hours. We have no administrative overhead.

H. Is there evidence of satisfactory service provided to the City's citizens?

Reality Rally is known for all we are and demonstrated by all the press we get. See Press on [www.realityrally.com](http://www.realityrally.com)

We are recognised and validated by many award nominations and awards.

I. Is the organization free from discrimination based on race, color, creed, nationality, sex, marital status, disability, religion, or political affiliation?

Absolutely as demonstrated by all we involve

J. Does the organization require attendance or participation in any political, religious or social activity?

No, we are fully non partisan

K. Can the organization provide financial statements (prepared using an appropriate method of accounting) to demonstrate sound financial management?

Yes. We use Quickbooks prepared by our bookkeeper and treasurer and our tax accountant

L. Can the organization provide a budget demonstrating its cost-effectiveness?

Yes, we can and proud of it !

M. Does the organization make its services available to all?

Absolutely and we will continue to reach out for more involvement

N. Does the organization possess ongoing program evaluation tools?

Yes, we send out surveys to all components after each event

FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**25**

**ROSE AGAIN 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: \$ 5,000. (Maximum allowable \$5,000 per Organization)

Project/Program Title: Kids Soar Programs Start Date: 7-01-19 End Date: 6-30-20

If Grant is Awarded, Make Check Payable to: Rose Again Foundation

Mailing Address: [REDACTED]  
Temecula, CA 92592

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Rose Again Foundation Year Organization Founded: 2013

Website: RoseAgainFoundation.org Number of Paid Staff: 1 Number of Volunteers: 80+

Contact Name: Rhonda Reinke Title/Position: Volunteer C.E.O.

Contact Person's Email Address: rhonda@roseagainfoun Telephone: 951-970-2518

Geographic Area(s) the Organization Serves: Temecula and Murrieta

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) \_\_\_\_\_

Various local business locations and City of Temecula Rec Centers and activities

**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: June 03, 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](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>

RECEIVED

SEP 13 2019

CITY MANAGER'S

information



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 X 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 X 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 X 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 X 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
	Please see attachment "A"		\$
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Rose Again Foundation provides programs that help severely neglected, abused, traumatized foster children to acclimate to their new surroundings, catch up to their grade level at school, make new friends, improve self worth, and begin to heal from the loss and separation from family.

## 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 Kids Soar Programs is Kids Soar programs include  
Project/Program Title

Emergency Placement Gifting - when a foster child first arrives to a new foster home

New Shoes Program - provides new properly fitted shoes for school, activities and work

Tutor Me Program - provides in-home tutoring to help foster kids catch up to their grade level

Extra Curricular Activities - provides a healthy outlet for trauma, loss and anger foster kids carry

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

If awarded, Rose Again Foundation will spend the grant funds on The grant funding  
Nonprofit Name

will be used to provide the Kids Soar services listed above. We have found that not just one, but  
a combination of our programs brings the quickest and greatest amount of healing to the kids.

Funds will be used for new clothing, basic necessities, school supplies, special needs, tutoring,  
and extra curricular activities and camps.

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

Grant funding will specifically benefit Temecula residents by The Temecula foster children we serve  
are our neighbors, they go to school with our kids and grandkids, they will grow up to be  
neighbors with families of their own. They have great potential but need our support to learn,  
achieve, thrive and heal from their trauma and the loss and separation from family. These  
innocent victims need our support to help become happy, productive Temecula residents.

Estimated number of people expected to benefit from this Project/Program: 60 to 80

Estimated number of volunteers involved in this Project/Program: 12+

**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.

The funds will be used to provide new clothing, shoes, special needs and basic necessities, to emergency placement foster children, in-home tutoring, followed up with financial assistance for the foster to take part in the extra curricular activity or camp of their choice.

**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	\$ 6,000.	
Other grants or funding already awarded for Project/Program, if any	\$ 1,000.	
In-Kind match amount or volunteer credit hours estimated amount	\$ 9,000.	
<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.)		\$ 1,500.
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		\$ 1,680.
Other Expense For Project/Program		\$17,820.
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$21,000</b>	<b>\$21,000</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: Rose Again Foundation

MAILING ADDRESS: [REDACTED] PHONE: (951) 970-2518 EMAIL: Rhonda@RoseAgainFoundation.org  
Temecula, CA 92592

PRESIDENT / AUTHORIZED OFFICER: Kristen Hufford President  
Print Name Title

SIGNATURE:  DATE: 9/13/19  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Rhonda Reinke C.E.O  
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.

Grant Attachment "A"  
Grants Received to date as of  
September 01, 2018

Other Sources of Grant Funding or Economic Development Sponsorships from the City

Type of Grant	Program/Project/Service	Month/Year	Amount
---------------	-------------------------	------------	--------

**Year 2019**

City CSF	Kids Soar Programs	1-17-19	\$ 5,000.
Council CSF - MR	Kids Soar Programs	1-24-19	\$ 1,000.
Council CSF - MN	H.A.P.E.Y. Program	6-20-19	\$ 1,000.
Council CSF - ME	H.A.P.E.Y. Program	6-20-19	\$ 750.
Council CSF - JS	H.A.P.E.Y. Program	6-20-19	\$ 750.
Council CSF - ZS	Kids Soar Programs	approved	\$1,000.

**Year 2018**

Council CSF - JC	Kids Soar Programs	7-05-18	\$ 2,250.
Council CSF - ME	Kids Soar Programs	7-05-18	\$ 500.
Council CSF - JS	Kids Soar Programs	7-05-18	\$ 250.
CDBG	Kids Soar Programs	8-21-18	\$ 3,206.

**Year 2017**

City CSF	Kids of Summer/Kids Soar	1-12-17	\$1,768.84
Council CSF - JC	Financial Aid Program	8-10-17	\$ 1,000.
Council CSF - JS	Kids of Summer / Kids Soar	8-10-17	\$ 1,000.
Council CSF - ME	Bless the Children Event	11-16-17	\$ 1,250.
City CSF	Emergency Placement / KS	12-14-17	\$ 5,000.

Thank you City of Temecula and Council Members for your continued support!  
We appreciate you!

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

DEPARTMENT OF THE TREASURY

Date: JUN 03 2014

ROSE AGAIN FOUNDATION  
C/O NATALIE ROSE SHADLE  
[REDACTED]  
TEMECULA, CA 92592

Employer Identification Number:

DLN:

Contact Person:

CUSTOMER SERVICE

ID# [REDACTED]

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

July 18, 2013

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947



## Entity Status Letter

Date: 8/23/2019

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: ROSE AGAIN FOUNDATION

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- ☐ 4. We do not have current information about the entity.

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 #

**26**

**ROTARY CLUB  
TEMECULA 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 (Maximum allowable \$5,000 per Organization)  
Project/Program Title: Food baskets for low-income Start Date: 10-2019 End Date: 12-30-2019  
If Grant is Awarded, Make Check Payable to: Rotary Club of Temecula Foundation  
Mailing Address: P.O. Box 64, Temecula, CA 92593

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Rotary Club of Temecula Foundation Year Organization Founded: 1999  
Website: www.temecularotary.net Number of Paid Staff: 1 Number of Volunteers: 200  
Contact Name: Leif Jacobsen Title/Position: President 19-20  
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  
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: 5-4-1999  
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.doi.ca.gov/Verification/Web/Search.aspx?facility=Y>

RECEIVED

SEP - 9 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 1819	food baskets for low-income families	Jan-2019	\$ 5000
CSF 1718	food baskets for low-income families	jan 2018	\$ 5000
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

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

Rotary International motto is "Service above Self" and it is the goal of the Rotary Club-

Temecula Noon to serve those low-income in need (families, military, veterans, seniors) with food baskets, baby goods and gift cards for clothes and school supplies.



## 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 Food baskets for low-income families is changing lives by providing  
Project/Program Title  
supplemental food, baby goods, gifts cards for clothes and school supplies, bikes and toys, to  
low-income families in Temecula monthly and especially at the holidays when  
many will go without. RC Temecula thanks City of Temecula for their continuous support and help  
in changing lives of students/families identified by TVUSD, Veteran and Seniors Centers.

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

If awarded, Rotary Club of Temecula Foundation will spend the grant funds on serving more than  
Nonprofit Name  
300 families with food, hams, turkeys, gift cards, toys, bikes (members donate 90% of can goods,  
non-perishable foods, bikes, gift cards) and specific use of grant funds will be used on  
purchase of turkeys and/or hams, gift cards from local store (can be used for food/clothing).  
Rotary Club also works with the Mary Phillips Senior Center to assist shut-ins with food, etc.

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

Grant funding will specifically benefit Temecula residents by because students/families are  
identified by school personnel within the TVUSD, other families in need are identified from  
Michelle's Place, VA Center and Mary Phillips Senior Center.

Estimated number of people expected to benefit from this Project/Program: 1200

Estimated number of volunteers involved in this Project/Program: 200

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 change lives by purchase of turkeys, hams, gift cards to supplement food/gift baskets for students/families identified by TVUSD, military families, veterans and seniors in Temecula.

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	\$ 20000	
Other grants or funding already awarded for Project/Program, if any	\$ 4000	
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.)		\$
Equipment Expense For Project/Program		\$
Food Expense For Project/Program		\$ 29000
Marketing Expense For Project/Program		\$
Supplies Expense For Project/Program		\$
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$ 25000
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 54000</b>	<b>\$ 54000</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): 995
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: Rotary Club of Temecula Foundation

Name of Project/Program: FOOD BASKETS

Amount of Grant Fund Awarded: \$ 5000

Month + Year Grant Received from City: Jan 2019

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 <u>Temecula</u> residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1	Winco Foods	11/20/2018	\$ 3,395.00	Turkeys for families	military, families, seniors
2	Kohl's	12/20/2018	\$ 3,000.00	Gift cards for clothes, goods	TVUSD students/family
3	Walmart	12/20/2018	\$ 1136.00	Bikes/Parts for donated bikes	TVUSD students
4	Winco	12/20/2018	\$ 2167.99	turkeys, green beans, dinner rolls	families, veterans, seniors
5			\$		all beneficiaries
6			\$		identified by TVUSD
7			\$		& Mary Phillips Senior C

**EXPENDITURE TOTAL**

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

\$ 9698.99

9,700.21 - 1,136.88 = 8,563.33

## 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

N/A at this time

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 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: Rotary Club of Temecula Foundation

MAILING ADDRESS: P.O. Box 64 PHONE: [REDACTED] EMAIL: [REDACTED]  
Temecula, CA 92593

PRESIDENT / AUTHORIZED OFFICER: Leif Jacobsen, President (2019-2020)

SIGNATURE:  DATE: 9/6/19  
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.



Showing 1-1 results of 1

Sort by:

Name A-Z



## Rotary Club Of Temecula Foundation

EIN: [REDACTED] Temecula, CA, United States

Items per page: 25

[Return to Top](#)

### Additional information

- [Frequently asked questions - Exempt Organizations Select Check](#)
- [Revocations of 501\(c\)\(3\) Determinations](#)
- [Suspensions Pursuant to Code Section 501\(p\)](#)
- [Exempt Organizations Business Master File Extract \(EO BMF\)](#): a list of organizations recognized as exempt by the IRS
- [Tax Exempt Organization Search: Bulk Data Downloads](#)

Page Last Reviewed or Updated: 6-Jul-2018

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Work at IRS

Taxpayer Advocate Service

Office of Appeals

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Treasury Inspector General for Tax Administration

Help

Accessibility

Identity Theft Protection

한국어

Русский

Pg 1-A



## 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: ROTARY CLUB OF TEMECULA FOUNDATION

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d
- ☐ 4. We do not have current information about the entity.

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



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2017**Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
InspectionA For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable:

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

C Name of organization

ROTARY CLUB OF TEMECULA FOUNDATION

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

P.O. BOX 64

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

TEMECULA, CA 92593

D Employer identification number

E Telephone number

F Group Exemption  
Number ▶H Check ☐ if the organization is  
not required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ WWW.ROTARYCLUBOFTEMECULA.COM

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

▶ \$ 123,652.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	31,580.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	161.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	91,911.	
6c	Less: direct expenses from gaming and fundraising events	6c	28,784.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	63,127.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	94,868.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	24,490.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	5,400.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	68,536.
	17	Total expenses. Add lines 10 through 16	17	98,426.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,558.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	70,224.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	66,666.

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

Form 990-EZ (2017)

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	70,224.	22	66,666.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	70,224.	25	66,666.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,224.	27	66,666.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **SEE SCHEDULE O**(Grants \$ 24,490.) If this amount includes foreign grants, check here ☐29 **SEE SCHEDULE O**(Grants \$ ) If this amount includes foreign grants, check here ☐30 **INTERNATIONAL SERVICE FOR THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE.**(Grants \$ ) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐32 **Total program service expenses** (add lines 28a through 31a)**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LISA LOCKE				
PRESIDENT	40.00	0.	0.	0.
CRAIG DAVIS				
PRESIDENT ELECT	15.00	0.	0.	0.
LEIF JACOBSEN				
VICE PRESIDENT	15.00	0.	0.	0.
ALLEN ORR				
TREASURER	15.00	0.	0.	0.
SOLEDAD ESCOBEDO				
SECRETARY	15.00	0.	0.	0.
JULIE NGO				
IMMEDIATE PAST PRESIDENT	15.00	0.	0.	0.
CHERYL PETERSON				
FOUNDATION	15.00	0.	0.	0.
BARBARA LANGDON				
COMMUNITY SERVICE	15.00	0.	0.	0.
RICHARD SMITH				
INTERNATIONAL	15.00	0.	0.	0.
CYNDI LIGHT				
CLUB SERVICE	15.00	0.	0.	0.
JAMI FENCEL				
PUBLIC RELATIONS	15.00	0.	0.	0.
JANA SWENSON				
MEMBERSHIP	15.00	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	0.	
section 4912	0.	
section 4955	0.	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	CA	
42a The organization's books are in care of	SUSIE MARSHALL	
Located at	P.O. BOX 64, TEMECULA, CA	
Telephone no.	951-837-5736	
ZIP + 4	92593	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Yes No

46

X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Yes No

47

X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

X

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

X

- b If "Yes," was the related organization a section 527 organization?

49b

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

X Yes No

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

Sign Here

Signature of officer

Date

ALLEN ORR, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

MICHAEL R. NOON

Firm's name PRUDHOMME ASSOCIATES CPAS, INC.

Firm's address 43460 RIDGE PARK DRIVE, SUITE 220  
TEMECULA, CA 92590Firm's EIN  
Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Form 990-EZ (2017)



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

**27**

**SAFE ALTERNATIVES  
FOR EVERYONE**

**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: SAFE Emergency & Basic Ne Start Date: 12/1/19 End Date: 12/31/19  
If Grant is Awarded, Make Check Payable to: SAFE Alternatives for Everyone  
Mailing Address: 28910 Pujol St.  
Temecula CA, 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: SAFE Alternatives for E Year Organization Founded: 1998  
Website: www.safefamiliesca.org Number of Paid Staff: 15 Number of Volunteers: 20  
Contact Name: Janelle Milburn Title/Position: Training and Operation  
Contact Person's Email Address: JanelleMilburn@safefar Telephone: 951-587-3900  
Geographic Area(s) the Organization Serves: Riverside County  
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) 28910 Pujol St., 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: 1998

Federal Identification Number:                      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>

RECEIVED

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
CDBG 1819	Domestic violence services	Nov 2018	\$ 5,583
CDBG 1718	Domestic violence services	Nov 2017	\$ 10,688
CSF 1819	Emergency and basic needs	Feb 2019	\$ 5,000
CSF 1718	Creating SAFE Families	Dec 2017	\$ 2,500
CDBG 1920	Domestic violence services		\$ 5,538

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. SAFE Alternatives for Everyone provides services for children, youth, and families who have experienced or are at risk of abuse and violence. We provide emergency and case management assistance to the individuals that we serve to help them become stable and free from abuse.



## 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 SAFE Emergency & Basic Needs is a stability program for individuals  
Project/Program Title  
who have experienced violence. SAFE provides comprehensive services to adults and children  
following abuse, these individuals need help with counseling, orientation to systems, housing,  
transportation, and access to basic needs.  
This grant will allow for us to serve individuals who have experienced violence in Temecula.

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

If awarded, SAFE Alternatives for Everyone will spend the grant funds on Emergency &  
Nonprofit Name  
basic needs items for clients experiencing abuse. Assistance will be provided to help adults and  
children with grocery, gas, hotel, and transportation assistance. Clients will be provided with  
gift cards from large retail stores to meet this need.

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

Grant funding will specifically benefit Temecula residents by Following violence, adults and children  
are often left displaced and without resources. SAFE will be able to provide services for victims  
that reside in Temecula that are much needed such as food, clothing, gas, and other basic needs  
while receiving assistance with safety planning, education, case management, court accompanin  
therapy, crisis intervention. SAFE seeks to reduce the effects of trauma in our Temecula resident

Estimated number of people expected to benefit from this Project/Program: 75

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

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 assist SAFE to provide comprehensive services to Temecula residents that experience violence and are in need of help with basic needs, safety, and crisis services.

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	\$ 500	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 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		\$ 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		\$ 0
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 5,000</b>	<b>\$ 0</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:** \_\_\_\_\_

<b>Attachment Number</b>	<b>Name of Company on Receipt/Invoice</b>	<b>Date (Mo/Day/Yr) on Receipt/Invoice</b> <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	<b>Amount of Expenditure</b>	<b>Describe... (1) what the expenditure was (2) purpose of the expenditure</b> <small>MUST support Project/Program description on Application + Award Letter</small>	<b>Explain ... how the expenditure specifically benefitted 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 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: SAFE Alternatives for Everyone

MAILING ADDRESS: 28910 Pujol St. PHONE: (951) 587-3900 EMAIL: janellemilburn@safefamiliesca.org

PRESIDENT / AUTHORIZED OFFICER: Katie Gilbertson

SIGNATURE:  DATE: 9/11/2019  
(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.



[Home](#) > [Tax Exempt Organization Search](#) > **Safe Alternatives For Everyone Inc.**

[Back to Search Results](#)

## Safe Alternatives For Everyone Inc.

EIN: [REDACTED] | Temecula, CA, United States

> **Other Names**

### Publication 78 Data ⓘ

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

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

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

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

> **Tax Year 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: 10/4/2019

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: SAFE ALTERNATIVES FOR EVERYONE, 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



## Registrant Details

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

Organization Name: SAFE ALTERNATIVES FOR EVERYONE, INC. IRS FEIN: [REDACTED]  
 Entity Type: Public Benefit SOS/FTB Corporate/Organization Number: [REDACTED]

<b>Registry Status:</b>	Current	<b>Renewal Due/Exp. Date:</b>	2/15/2020
<b>RCT Registration Number:</b>	111953	<b>Issue Date:</b>	9/30/2006
<b>Record Type:</b>	Charity Registration	<b>Effective Date:</b>	9/30/2006
<b>Date This Status:</b>	7/20/2018	<b>Date of Last Renewal:</b>	4/5/2019

## Mailing Address

Street: 28910 PUJOL STREET  
 Street Line 2:  
 City, State Zip: TEMECULA CA 92590

## Filings & Correspondence

<a href="#">RRF-1 2011</a>	2011 RRF-1
<a href="#">IRS Form 990 2011</a>	2011 IRS Form 990
<a href="#">RRF-1 2010</a>	2010 RRF-1
<a href="#">IRS Form 990 2010</a>	2010 IRS Form 990
<a href="#">RRF-1 2009</a>	2009 RRF-1
<a href="#">IRS Form 990-EZ 2009</a>	2009 IRS Form 990-EZ
<a href="#">Renewal Filing</a>	2018
<a href="#">Renewal Filing</a>	2017
<a href="#">RRF-1 2012</a>	2012 RRF-1
<a href="#">IRS Form 990 2012</a>	2012 IRS Form 990
<a href="#">RRF-1 2013</a>	2013 RRF-1
<a href="#">IRS Form 990 2013</a>	2013 IRS Form 990
<a href="#">RRF-1 2014</a>	2014 RRF-1
<a href="#">IRS Form 990 2014</a>	2014 IRS Form 990
<a href="#">2015 RRF-1</a>	2015 RRF-1
<a href="#">2015 IRS Form 990</a>	2015 IRS Form 990
<a href="#">2016 Form RRF-1</a>	2016 Form RRF-1
<a href="#">2016 IRS Form 990 Series</a>	2016 IRS Form 990 Series
<a href="#">IRS Form 990 Series</a>	2017
<a href="#">CT-550 Form RRF-1 Incomplete</a>	2017

<b>Accounting Period End Date:</b>	9/30/2011
<b>Total Assets:</b>	\$353,484.00
<b>Total Revenue:</b>	\$368,271.00
<b>Filing Received Date:</b>	3/30/2012
<b>Complete IRS Form 990 Received (Y/N):</b>	Y
<b>Online Submission (Y/N):</b>	N
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	10/1/2011
<b>Accounting Period End Date:</b>	9/30/2012
<b>Total Assets:</b>	\$350,873.00
<b>Total Revenue:</b>	\$451,117.00
<b>Filing Received Date:</b>	4/18/2013
<b>Complete IRS Form 990 Received (Y/N):</b>	Y
<b>Online Submission (Y/N):</b>	N
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	10/1/2012
<b>Accounting Period End Date:</b>	9/30/2013
<b>Total Assets:</b>	\$291,200.00
<b>Total Revenue:</b>	\$381,126.00
<b>Filing Received Date:</b>	5/19/2014
<b>Complete IRS Form 990 Received (Y/N):</b>	Y
<b>Online Submission (Y/N):</b>	N
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	10/1/2013
<b>Accounting Period End Date:</b>	9/30/2014
<b>Total Assets:</b>	\$249,093.00
<b>Total Revenue:</b>	\$374,145.00
<b>Filing Received Date:</b>	5/18/2015
<b>Complete IRS Form 990 Received (Y/N):</b>	Y
<b>Online Submission (Y/N):</b>	N
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	10/1/2014
<b>Accounting Period End Date:</b>	9/30/2015
<b>Total Assets:</b>	\$294,910.00
<b>Total Revenue:</b>	\$441,324.00
<b>Filing Received Date:</b>	5/16/2016
<b>Complete IRS Form 990 Received (Y/N):</b>	Y
<b>Online Submission (Y/N):</b>	N
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	10/1/2015
<b>Accounting Period End Date:</b>	9/30/2016
<b>Total Assets:</b>	\$293,521.00
<b>Total Revenue:</b>	\$459,493.00
<b>Filing Received Date:</b>	5/19/2017
<b>Complete IRS Form 990 Received (Y/N):</b>	Y
<b>Online Submission (Y/N):</b>	N
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	10/1/2016
<b>Accounting Period End Date:</b>	9/30/2017
<b>Total Assets:</b>	\$230,856.00
<b>Total Revenue:</b>	\$683,865.00
<b>Filing Received Date:</b>	3/12/2018
<b>Complete IRS Form 990 Received (Y/N):</b>	Y
<b>Online Submission (Y/N):</b>	N

IN  
MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



Attorney General's Office

State Charity Registration Number [REDACTED]

Check if:

FEB 21 2019

☐ Change of address

☐ Amended report

Registry of Charitable Trusts

SAFE ALTERNATIVES FOR EVERYONE, INC.

Name of Organization

28910 PUJOL ST

Address (Number and Street)

TEMECULA, CA 92590

City or Town

State ZIP Code

Corporate or Organization No. [REDACTED]

Federal Employer I.D. No. [REDACTED]

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/17 ending 9/30/18) list:  
Gross annual revenue \$ 496,566. Total assets \$ 147,300.

#### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 951 296-1698

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

JAN DURAN  
Printed Name

PRESIDENT  
Title

Date

2/7/19

# 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 10/01, 2017, and ending 9/30, 2018

B Check if applicable:

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

C SAFE ALTERNATIVES FOR EVERYONE, INC.  
 28910 PUJOL ST  
 TEMECULA, CA 92590

D Employer identification number

E Telephone number

951 296-1698

G Gross receipts \$ 519,489.

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: ▶ SAFEFAMILIESCA.ORG

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

L Year of formation:

M State of legal domicile: CA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES FOR CHILDREN, YOUTH AND FAMILIES WHO HAVE EXPERIENCED OR ARE AT RISK OF ABUSE AND VIOLENCE

2 Check this box ☐ if the organization discontinued its operations or disposed of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	0
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	16
6	Total number of volunteers (estimate if necessary)	50
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.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	532,069.	406,407.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,660.	90,159.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	683,865.	496,566.
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)	507,684.	377,188.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,772.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	248,725.	224,335.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	756,409.	601,523.
	19 Revenue less expenses. Subtract line 18 from line 12	-72,544.	-104,957.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 230,856.	End of Year 147,300.
	21 Total liabilities (Part X, line 26)	43,718.	19,173.
	22 Net assets or fund balances. Subtract line 21 from line 20	187,138.	128,127.

## 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

JAN DURAN

PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ NOTTINGHAM &amp; ASSOCIATES

Firm's address ▶ 43460 RIDGE PARK DR, STE 240

TEMECULA, CA 92590-3600

Firm's EIN ▶

Phone no. (951) 296-1698

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.

TFFA0113L 08/08/17

Form 990 (2017)



FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**28**

**SANTA ROSA PLATEAU  
NATURE EDUCATION  
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: \$ 3,000 (Maximum allowable \$5,000 per Organization)  
Project/Program Title: Environmental EduPathway-3rd Start Date: Oct 2019 End Date: June 2020  
If Grant is Awarded, Make Check Payable to: Santa Rosa Plateau Nature Education Foundation (SRPNEF)  
Mailing Address: P. O. Box 941, Murrieta, Ca 92564

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Santa Rosa Plateau Na Year Organization Founded: 2003  
Website: www.srpnef.org Number of Paid Staff: 3 Number of Volunteers: 250  
Contact Name: Ginger Greaves Title/Position: Exec. Director  
Contact Person's Email Address: execdirector@srpnef.org Telephone: 909-732-2209  
Geographic Area(s) the Organization Serves: Southwest Riverside County  
Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula Valley - TVUSD Elementary Students  
Include Physical Address of Project/Program: (if different than Organization's Mailing Address) Santa Rosa Plateau Ecological Reserve, 39400 Clinton Keith Road, Murrieta 92566

**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 3, 2003  
Federal Identification Number:                      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.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 X 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 X Yes \_\_\_\_\_ If Yes, provide Council Member's Name and title within the organization: \_\_\_\_\_

This Application has been authorized by the organization's:  
 Executive Committee X 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 x 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>
CSF GRANT	Environmental Education Pathway – 3 <sup>rd</sup> Grade	12/18	\$2,500.00
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

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

Mission: To educate and empower youth to appreciate, preserve and protect nature.

Goals & Objectives: Reconnect a generation of youth to nature who have grown up indoors and isolated from Nature; provide environmental education pathway leading towards a life of environmental stewardship.\_



## 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.

Environmental EduPathway-3rd Grade

is

Project/Program Title

The EEP program consists of six progressively more comprehensive nature education components for grades 3-12

Third Grade Nature Educ; Third Grade Outreach to Title 1 Schools, 4<sup>th</sup> Grade Trout in the Classroom, 5<sup>th</sup> Grade

Native Seed Bank Study; Middle School Grassland Restoration and High School Advanced Habitat Studies of

Grassland and Watershed Ecosystems. Students are actively engaged in the actual work of habitat review and restoration.

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

If awarded, Santa Rosa Plateau Nature Education Foundation will spend the grant funds on round-trip bus costs  
for TVUSD third grade classrooms participating in the SRPNEF program.

Nonprofit Name

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

Grant funding will specifically benefit Temecula residents by 1) Approximately 1,000 students can participate at no cost to the classroom/school, 2) money saved by the District as transportation costs are covered by SRPNEF.

Estimated number of people expected to benefit from this Project/Program: 1000+

Estimated number of volunteers involved in this ProjecProgram: 40

**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. The Environmental Education Pathway program provides adventurous, grade-appropriate learning experiences for youth in grades 3-12 teaching them about plants, animals, ecosystems and habitats at the SRPlateau and places like it. The funds will be used to help cover the cost of round-trip transportation to the SRPlateau for TVUSD third grade students.

**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)	\$ 3,000	
Cash contributed to Project/Program by the Applicant Organization	\$ 22,000	
Other grants or funding already awarded for Project/Program, if any	\$ 8,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 12,000	
<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.)		\$ 5,000
Equipment Expense For Project/Program		\$ 1,500
Food Expense For Project/Program		\$ 0
Marketing Expense For Project/Program		\$ 0
Supplies Expense For Project/Program		\$ 500
Facilities/Rent Expense For Project/Program		\$ 0
Other Expense For Project/Program		\$ 38,000
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 45,000</b>	<b>\$ 45,000</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:** Santa Rosa Plateau Natl re Education Foundation **Name of Project/Program:** Environmental Educ. Pathway - 3rd Grade

**Amount of Grant Fund Awarded:** \$2,500 **Month + Year Grant Received from City:** 12/2018

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 <b>Temecula residents</b> <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1	Riverside County	10.24.18	\$ 45,000	\$35,274 Transportation \$9,726 Volunteer & Program Mgmt	See attached list of TVUSD participating schools
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 \$ 45,000.00

## 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 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:

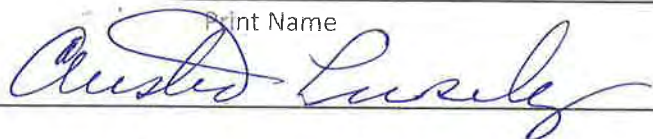
- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit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

MAILING ADDRESS: P. O. Box 941 PHONE: (909) 732-2209 EMAIL: execdirector@srpnef.org

PRESIDENT / AUTHORIZED OFFICER: Austin Linsley President  
Print Name Title

SIGNATURE:  DATE: Sept 13, 2019  
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY:  Exec. Director  
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**  
Director, EO Rulings & Agreements  
P.O. Box 2508  
Cincinnati, OH 45201

**Department of the Treasury**

Date: March 6, 2008

Employer Identification Number:  
[REDACTED]

Document Locator Number:  
[REDACTED]

Toll Free Number: 877-829-5500

SANTA ROSA PLATEAU FOUNDATION  
PO BOX 941  
MURRIETA, CA 92564

***Acknowledgement of Your Request***

We received your Form 8734, Support Schedule for Your Advance Ruling, or other information regarding your public support status. When communicating with us, please refer to the employer identification number and document locator number shown above.

Your tax exempt status under section 501(c)(3) of the Internal Revenue Code remains in effect.

***What Happens Next?***

The information you submitted was entered into our computer system at our processing center in Covington, Kentucky, and has been sent to our Cincinnati office for initial review. We approve some cases based on this review. If this is the case, you will receive a letter stating that you are a publicly supported organization.

If the review indicates that additional information or changes are necessary, your case will be assigned to an Exempt Organization Specialist in Cincinnati who will call or write you. We assign cases in the order we receive them.

If the additional information indicates that you meet one of the public support tests, you will receive a letter stating that you are a publicly supported organization. If the public support tests are not met, we will send you a letter re-classifying you as a private foundation. That letter will tell you why we believe you do not meet the public support tests, and will include a complete explanation of your appeal rights.

***When Can You Expect To Initially Hear From Us About Your Application?***

Normally, you may expect to hear from us within 120 days. If you do not, you may call our toll free number at 1-877-829-5500 Monday through Friday. Please have your identification numbers available so that we can identify your case. If you would rather write than call, please include a copy of this notice with your correspondence.



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

## Entity Status Letter

Date: 9/11/2019

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: THE SANTA ROSA PLATEAU FOUNDATION

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- ☐ 4. We do not have current information about the entity.

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





[Home](#) > [Tax Exempt Organization Search](#) > **Santa Rosa Plateau Foundation**

[< Back to Search Results](#)

## Santa Rosa Plateau Foundation

EIN: [REDACTED] Murrieta, CA, United States

> **Other Names**

### Publication 78 Data ⓘ

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

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

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

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

> **Tax Year 2017 Form 990**

> **Tax Year 2015 Form 990**

FY 2019/2020

COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**29**

**SPECIAL OLYMPICS  
SOUTHERN CA - INLAND EMPIRE**

**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: \$ 2,500 (Maximum allowable \$5,000 per Organization)  
Project/Program Title: Special Olympics sports programs in the City of Temecula Start Date: 7/1/19 End Date: 6/30/20  
If Grant is Awarded, Make Check Payable to: Special Olympics Southern California, Inc. – Temecula Valley Area  
Mailing Address: 41880 Kalmia Street, #155  
Murrieta, CA 92562

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Special Olympics Southern California - Inland Empire Year Organization Founded: 1969  
Website: www.sosc.org/inlandempire Number of Paid Staff: 4 Number of Volunteers: 978  
Contact Name: Ms. Abbey Leffler Title/Position: Regional Director  
Contact Person's Email Address: aleffler@sosc.org Telephone: (951) 703-6508  
Geographic Area(s) the Organization Serves: San Bernardino & Riverside Counties  
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) \_\_\_\_\_  
Murrieta, CA 92562

**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 1996  
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  
AUG 26 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	Special Olympics sports programs in the City of Temecula	Dec 2019	\$ 2,500
CSF	Special Olympics sports programs in the City of Temecula	Dec 2018	\$ 2,500
CSF	Special Olympics sports programs in the City of Temecula	Dec 2017	\$ 2,268.84
CSF	Special Olympics sports programs in the City of Temecula	Dec 2016	\$ 2,500

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. The mission of Special Olympics

Southern California (SOSC) – Temecula Valley is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults

with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy

and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

## 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 Special Olympics sports programs in the City of Temecula is a year-round sports training and competition  
Project/Program Title  
program for adults and children with intellectual disabilities. We provide training and competition opportunities in the sports of aquatics,  
athletics (track & field), basketball, bocce, bowling, golf, soccer, softball, and tennis. Athletes receive weekly sports instruction  
and training from volunteer coaches and teams attend regional and chapter competitions to highlight their skills.

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

If awarded, Special Olympics Southern California - Inland Empire will spend the grant funds on \_\_\_\_\_  
Nonprofit Name

existing direct program costs including transportation and registration cost for athletes to attend Summer Games – our largest expenses for athletes in the City of Temecula.

All services are free for athletes and their families. No one is ever turned away because of his or her disability and teams are formed based on age and  
ability level to create a positive experience for everyone. Through on-going participation in sport, our goal is to encourage healthy habits that will  
remain with athletes their entire lives.

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

Grant funding will specifically benefit Temecula residents by Special Olympics serves children and adults  
with intellectual disabilities in Temecula programs; athletes live in or within 10 miles of the City of Temecula.

Over 80% of our athletes are classified as low-income, the overwhelming majority of our athletes  
could not afford the costs associated with participation in sports program if fees were charged. Special Olympics has a long,  
established history in the City of Temecula, where we have served individuals with intellectual disabilities for over a decade.

Estimated number of people expected to benefit from this Project/Program: 192

Estimated number of volunteers involved in this Project/Program: 81

**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.

Special Olympics sports programs in the City of Temecula will empower individuals with intellectual disabilities to improve their health and overall wellness through year-round sports training and competition.

**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)	\$ 2,500	
Cash contributed to Project/Program by the Applicant Organization	\$ 15,863	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 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		\$ 0
Food Expense For Project/Program		\$ 0
Marketing Expense For Project/Program		\$ 0
Supplies Expense For Project/Program		\$ 445
Facilities/Rent Expense For Project/Program		\$ 7,354
Other Expense For Project/Program		\$ 10,564
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 18,363</b>	<b>\$ 18,363</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): 38
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:** Special Olympics Southern California - Inland Empire **Name of Project/Program:** Special Olympics sports programs in the City of Temecula

**Amount of Grant Fund Awarded:** \$ 2500 **Month + Year Grant Received from City:** December 2018

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 <b>Temecula residents</b> If names/addresses of Temecula beneficiaries are available, please attach
1	Enterprise Rent-A-Car	6/10/19	\$ 282.86	Transportation for athletics and basketball teams to 2019 Summer Games	3 Temecula residents were provided transportation
2	Enterprise Rent-A-Car	6/10/19	\$ 282.86	Transportation for bocce and swimming teams to 2019 Summer Games	2 Temecula resident were provided transportation
3	Special Olympics Southern California	6/10/19	\$ 2,250	2019 Summer Games Registration Fees for 30 athletes	5 Temecula residents participated in Summer Games
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 **\$2,815.72**

## 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:** Special Olympics Southern California - Inland Empire

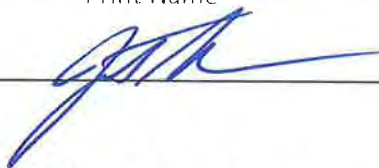
**MAILING ADDRESS:** 41880 Kalmia Street, #155 **PHONE:** (951) 703.6508 **EMAIL:** a.leffler@sooc.org  
Murrieta, CA 92562

**PRESIDENT / AUTHORIZED OFFICER:**

Janet Rose  
Print Name

VP, CFO  
Title

**SIGNATURE:**



**DATE:** 08/22/19  
(Month, Day, Year)

**IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY:**

Abbey Leffler  
Print Name

Regional Director  
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.



[Home](#) > [Tax Exempt Organization Search](#) > **Special Olympics Southern California Inc.**

[< Back to Search Results](#)

## Special Olympics Southern California Inc.

EIN: [REDACTED] Long Beach, 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-Jul-2018

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Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer Advocate Service	Office of Appeals	中文	Treasury Inspector General for Tax Administration
Help	Accessibility	Identity Theft Protection	한국어	USA.gov
Contact Your Local Office	Civil Rights	Report Phishing	Русский	
Fax Stats, Facts & Figures	Freedom of Information Act	Tax Fraud & Abuse	Tiếng Việt	
	No Fear Act			
	Privacy Policy			



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

## Entity Status Letter

Date: 8/20/2019

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: SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- ☐ 4. We do not have current information about the entity.

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

**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

**SPECIAL OLYMPICS SOUTHERN CALIFORNIA, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1600 FORBES WAY 200**

City or town, state or province, country, and ZIP or foreign postal code  
**LONG BEACH, CA 90810**

**F** Name and address of principal officer: **WILLIAM SHUMARD**  
**SAME AS C ABOVE**

**D** Employer identification number

**E** Telephone number

**(562) 502-1100**

**G** Gross receipts \$

**15,967,125.**

**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.SOSC.ORG**

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

**L** Year of formation: **1995**

**M** State of legal domicile: **CA**

**Part I Summary**

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

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

**3** Number of voting members of the governing body (Part VI, line 1a) **3**

**51**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4**

**51**

**5** Total number of individuals employed in calendar year 2017 (Part V, line 2a) **5**

**97**

**6** Total number of volunteers (estimate if necessary) **6**

**16991**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a**

**0.**

**b** Net unrelated business taxable income from Form 990-T, line 34 **7b**

**0.**

		Prior Year	Current Year
		9,353,070.	8,633,211.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	9,353,070.	8,633,211.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,348.	146,304.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,399,671.	2,073,884.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,875,089.	10,853,399.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000.	208,614.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,859,076.	6,045,012.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	61,113.	61,238.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>771,154.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,660,261.	4,714,391.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,584,450.	11,029,255.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	290,639.	-175,856.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 8,759,078.	End of Year 9,015,408.
	<b>21</b> Total liabilities (Part X, line 26)	1,265,944.	1,152,591.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	7,493,134.	7,862,817.

**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 **WILLIAM SHUMARD, CEO** Date **9-13-18**

**Paid Preparer Use Only** Print/Type preparer's name **LIZBETH NEVAREZ** Preparer's signature **Lizbeth Nevarez** Date **9-13-18** Check if self-employed ☐ PTIN **[REDACTED]**

Firm's name ▶ **GREEN HASSON & JANKS LLP** Firm's EIN ▶ **[REDACTED]**

Firm's address ▶ **10990 WILSHIRE BLVD., 16TH FLOOR** Phone no. (310) 873-1600

**LOS ANGELES, CA 90024-3929**

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

FY 2019/2020  
COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**30**

**SPERO VINEYARDS**



**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: \$ 3,700.00 (Maximum allowable \$5,000 per Organization)

Project/Program Title: The Spero Project Start Date: July 1, 2019 End Date: June 30, 2020

If Grant is Awarded, Make Check Payable to: Spero Vineyards, Inc.

Mailing Address: 2076 Lincoln Avenue  
Pasadena, CA 91103

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Spero Vineyards, Inc. Year Organization Founded: 2014

Website: www.sperovineyards.org Number of Paid Staff: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Contact Name: Mark Woodsmall Title/Position: Director

Contact Person's Email Address: sperovineyards@gmail. 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) \_\_\_\_\_  
[REDACTED] Temecula, CA

**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: 2/14/2014

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](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	Spero Project	12/2018	\$ 1,000.00
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Spero Vineyards was founded to provide educational opportunities in viticulture and hospitality for young adults with disabilities in the Temecula area. Students are trained in essential skill areas designed to prepare them to apply for and secure employment in a mainstream work environment.

## 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 Spero Project is a program which will help  
Project/Program Title  
student participants receive instruction in the history, science, hospitality, business/marketing, and agriculture aspects of the wine making business. Students have the opportunity to earn a customer service certification and food handlers license. The program serves approximately 15 students annually in job development training.

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

If awarded, Spero Vineyards, Inc. will spend the grant funds on purchasing  
Nonprofit Name  
equipment to be used in instructional sessions in harvest and basic fermentation. The estimated \$3,700.00 as quoted.

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

Grant funding will specifically benefit Temecula residents by training area young adults with disabilities in essential skills to better equip them to access gainful employment in the Temecula Wine Country.

Estimated number of people expected to benefit from this Project/Program: 15+ annually

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

**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.

The Spero Project, in partnership with the City of Temecula, has enjoyed multiple years of success in training students with disabilities in essential job skills in viticulture and hospitality. With this grant, we will purchase essential equipment to expand training opportunities. All equipment will be purchased from local businesses.

**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)	\$ 3,700	
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		\$
Supplies Expense For Project/Program		\$
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 3,700</b>	<b>\$</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 <b>Temecula residents</b> <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					

## 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 residents</b>  <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: Spero Vineyards, Inc.

MAILING ADDRESS: 2076 Lincoln Ave PHONE: [REDACTED] EMAIL: sperovineyards@gmail.com  
Pasadena, CA 91103

PRESIDENT / AUTHORIZED OFFICER: Mark Woodsmall Director  
Print Name Title  
SIGNATURE: [Signature] 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.

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

DEPARTMENT OF THE TREASURY

Date: **AUG 22 2014**

SPERO VINEYARDS INC  
2600 MISSION STREET SUITE 200  
SAN MARINO, CA 91108-1676

Employer Identification Number:

DLN:

Contact Person:

CUSTOMER SERVICE

ID#

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
December 31

Public Charity Status:  
170(b)(1)(A)(vi)

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

Effective Date of Exemption:  
February 14, 2014

Contribution Deductibility:  
Yes

Addendum Applies:  
No

Dear Applicant:

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

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

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

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

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

Letter 5436

SPERO VINEYARDS INC

Sincerely,

A handwritten signature in cursive script that reads "Tamera Ripporda". The signature is written in dark ink and is positioned above the typed name.

Director, Exempt Organizations

Letter 5436



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

## Entity Status Letter

Date: 9/16/2019

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: SPERO VINEYARDS, INC.

- ☒ 1. The entity is in good standing with the Franchise Tax Board.
- ☐ 2. The entity is **not** in good standing with the Franchise Tax Board.
- ☒ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 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.

## 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 #

**31**

**TEMECULA VALLEY  
ART LEAGUE**

**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: FINE ART CLASSES Start Date: 11/2019 End Date: 10/2020

If Grant is Awarded, Make Check Payable to: TEMECULA VALLEY ART LEAGUE

Mailing Address: P.O. 631

TEMECULA, CA. 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: TEMECULA VALLEY ART LEAGUE Year Organization Founded: 1977

Website: TEMECULA VALLEY ART LEAGUE . COM Number of Paid Staff: 0 Number of Volunteers: 37

Contact Name: MARILYN LATIMER Title/Position: PRESIDENT

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.)

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

28720 VIA MONTE ZUMA 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: 2-14-1994

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

Print out and attach to this application Verification from Federal (IRS) and State (FTB) as follows **RECEIVED**

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
			\$
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. OUR PURPOSE IS TO PROMOTE INTEREST AND ENCOURAGEMENT FOR THE ARTIST BY OFFERING INSTRUCTION THROUGH DEMONSTRATION, FURNISHING EXHIBIT LOCATIONS GIVING SOURCES OF INFORMATION PROVIDING A MEETING PLACE FOR ARTISTS PROVIDE VENUE FOR SELLING ART.

## 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 TEMECULA VALLEY ART LEAGUE ART <sup>PINK</sup> CLASSES IS COMMITTED TO SUPPORTING  
Project/Program Title  
ARTISTS IN THE CITY OF TEMECULA AND WOULD LIKE TO OFFER ART  
WORKSHOPS TO YOUNG ARTISTS AND HANDICAPPED ARTISTS ALSO,  
ESPECIALLY THOSE WHO SHOW ARTIST POTENTIAL. THIS GRANT WILL BE USED  
TO LAUNCH AND MAINTAIN THIS WORKSHOP SERIES

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

If awarded, TEMECULA VALLEY ART LEAGUE will spend the grant funds on VENUE SPACE  
Nonprofit Name  
ACCOMADATIONS AND ART SUPPLIES FOR STUDENTS THAT DON'T HAVE THE  
RESOURCES FOR SUPPLIES. THEREFORE THIS GRANT WOULD BE  
USED FOR SPACE AS WELL AS ART SUPPLIES

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

Grant funding will specifically benefit Temecula residents by CREATIVE EXPRESSION  
WHICH IS A CRUCIAL COMPONENT IN THE GROWTH AND DEVELOPMENT  
OF YOUNG PEOPLE BY OFFERING A FINE ART WORKSHOP. THEY  
WILL EXPAND THEIR SELF EXPRESSION AND VALUES THEY WILL  
LEARN FROM US TO ADVANCE IN LIFE ESPECIALLY THE DISABLED.

Estimated number of people expected to benefit from this Project/Program: UNDETERMINED (100)

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.

GRANT FUNDS WOULD BE USED TO EQUIP AND PURCHASE  
ART SUPPLIES FOR TEACHING AND VENUE RENT, AND  
CAN BE MATCHED BY US WITH OUR FUNDS AND <sup>ALL</sup> VOLUNTEER WORKERS

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)	\$ 5,000.00	
Cash contributed to Project/Program by the Applicant Organization	\$	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 5,000.00	
<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.)		\$ 2,400.00
Equipment Expense For Project/Program		\$ 500.00
Food Expense For Project/Program		\$ 300.00
Marketing Expense For Project/Program		\$ 100.00
Supplies Expense For Project/Program		\$ 8,000.00
Facilities/Rent Expense For Project/Program		\$ 300.00
Other Expense For Project/Program		\$ 0
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$ 10,000.00</b>	<b>11,600.00</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: TEMECULA VALLEY ART LEAGUE (EMAIL: EMAIL@COM)

MAILING ADDRESS: P.O. BOX 631 PHONE: [REDACTED] EMAIL: [REDACTED]  
TEMECULA, CA, 92593

PRESIDENT / AUTHORIZED OFFICER: MARILYN LATIMER (SARKISIAN) PRESIDENT  
Print Name Title

SIGNATURE: Marilyn Latimer (Sarkisian) DATE: 9/13/19  
(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.

# Confirmation

- [Home](#)
- [Security Profile](#)
- [Logout](#)

## e-Postcard Profile

Select EIN

Organization Details

Contact Information

Confirmation

progress

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

- **Organization Name:** TEMECULA VALLEY ART LEAGUE
- **EIN:** [REDACTED]
- **Tax Year:** 2017
- **Tax Year Start Date:** 09-01-2017
- **Tax Year End Date:** 08-31-2018
- **Submission ID:** [REDACTED]
- **Filing Status Date:** 05-14-2019
- **Filing Status:** Pending

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

MANAGE FORM 990-N SUBMISSIONS

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- [Privacy Policy](#)
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- [FAQ](#)

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CA.gov



STATE OF CALIFORNIA  
**Franchise Tax Board**

Your session expires in

[Continue session](#) | [End session](#)

Session expires in 19:38

## 199N e-Postcard - Confirmation

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

---

We received your FTB 199N California e-Postcard on May 13, 2019 08:39 PM.  
Confirmation Number: [REDACTED]

### Entity Information

Entity ID: [REDACTED]

Entity Name: TEMECULA VALLEY ART LEAGUE

Account Period Beginning: SEPTEMBER 01, 2017

Account Period Ending: AUGUST 31, 2018

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

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

Gross Receipts: \$7,043

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Date IRS Form 1023/1024 Filed: N/A

FEIN: [REDACTED]



Doing Business As: TEMECULA VALLEY ART LEAGUE

Website Address: <HTTPS://TEMECULAVALLEYARTLEAGUE.COM/>

## Entity's Mailing Address

PO BOX 631 TEMECULA, CA 92593

## Principal Officer's Information

Name: MARILYN SARKISIAN [REDACTED] LAKE ELSINORE,  
CA 92532

## Contact Information

Name: MARILYN SARKISIAN

Phone: [REDACTED]

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

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

## Entity Status Letter

Date: 9/16/19

ESL ID:

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

Entity ID:



Entity Name: TEMECULA VALLEY ART LEAGUE

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

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

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## Results for Tax Exempt Organization Search

**Select Database** ⓘ

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Employer Identification N ▼

**Search Term** ⓘ

Enter EIN Number

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**State**

CA ▼

**Country**

United States ▼

**Search****Reset**[Search Tips](#)

Showing 1-1 results of 1

**Sort by:**

Name A-Z ▼

**Temecula Valley Art League**

EIN: [REDACTED] Temecula, CA, United States

[Pub 78 Data](#)[Form 990-N](#)

Items per page: 25 ▼

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- [Frequently asked questions - Exempt Organizations Select Check](#)
- [Revocations of 501\(c\)\(3\) Determinations](#)
- [Suspensions Pursuant to Code Section 501\(p\)](#)
- [Exempt Organizations Business Master File Extract \(EO BME\): a list of organizations recognized as exempt by the IRS](#)
- [Tax Exempt Organization Search: Bulk Data Downloads](#)

Page Last Reviewed or Updated: 6-Sept-2019

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

**32**

**TEMECULA VFW 4089**

**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: Veteran Services Outreach Start Date: 11/2019 End Date: 6/2020

If Grant is Awarded, Make Check Payable to: Temecula VFW Post 4089

Mailing Address: 28075 Diaz Rd  
Temecula, CA 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: Temecula VFW 4089 Year Organization Founded: 1984

Website: temeculavfw.org Number of Paid Staff: 0 Number of Volunteers: 50+

Contact Name: Bryon Lively Title/Position: Quartermaster

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

Geographic Area(s) the Organization Serves: Temecula/Murrieta

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) VFW Post 4089, 28075 Diaz Road, 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: 04/26/1984

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
Unknown	Memorial Event Temecula Duck Pond	6/2019	\$1,000.00
			\$
			\$
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

**Briefly describe the goals and objectives, or mission, of your organization.** The purpose of this corporation is to be fraternal, patriotic, historical, and educational, to preserve and strengthen c  
To assist worthy comrades, assist widows and orphans, to maintaine true alligience to the  
Government of the United States, and fidelity to its constitution and Laws.



## 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 Veteran Services Outreach is a program that has been in place  
Project/Program Title  
since the beginning. On average we provide assistance to an average of 15 to 20 Veterans and  
Active Duty Service members in need through our Veterans Service Assistance Program with  
Financial and other Assistance such as meals, Turkeys for the Holidays, Utility Bills, Funeral  
Assistance and financial assistance for those who's loved ones are deployed.

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

If awarded, Temecula VFW 4089 will spend the grant funds on to provide financial  
Nonprofit Name  
assistance to Veterans and Service Members and families of Veteran/Service Members. Portions  
of the funding will be used to purchase Turkeys for families for Thanksgiving, the balance will  
strictly be used as a portion of our VSO funding program to assist with groceries, utilities and  
other financial needs of those worthy and truly in need.

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

Grant funding will specifically benefit Temecula residents by If awarded the funding will only be used  
to support Temecula Veterans and Active Duty Service Members and their families.

Estimated number of people expected to benefit from this Project/Program: 1000's

Estimated number of volunteers involved in this Project/Program: 50

**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 request will support current programs that are in place to provide Turkeys for the Holidays, assistance to Veterans and Active Service Members in financial need for funerals, Utilities, and financial assistance. Temecula VFW is 100% volunteer with no paid staff.

**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	\$ 1,000	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
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		\$
Supplies Expense For Project/Program		\$
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$</b>	<b>\$6000</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: VFW Post 4089

MAILING ADDRESS: 28075 Diaz Rd  
Temecula, CA 92590

PHONE: ( )

EMAIL:

PRESIDENT / AUTHORIZED OFFICER: Bryon Lively - Quartermaster/CFO

Print Name

Title

SIGNATURE: 

DATE: 9/16/2019

09/10/2019

(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.



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

## Entity Status Letter

Date: 6/18/2019

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: TEMECULA POST NO. 4089 VETERANS OF FOREIGN WARS OF THE UNITED STATES

- ☒ 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.

### 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

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

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> **Veterans Of Foreign Wars Department Of California** (*Ladies Auxiliary Veterans Of Foreign Wars Of The United States*)

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## **Veterans Of Foreign Wars Department Of California** (*Ladies Auxiliary Veterans Of Foreign Wars Of The United States*)

EIN: [REDACTED] Temecula, CA, United States

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### **Form 990-N (e-Postcard)** ⓘ

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

- > **Tax Year 2017 Form 990-N (e-Postcard)**
- > **Tax Year 2016 Form 990-N (e-Postcard)**
- > **Tax Year 2015 Form 990-N (e-Postcard)**
- > **Tax Year 2014 Form 990-N (e-Postcard)**
- > **Tax Year 2013 Form 990-N (e-Postcard)**
- > **Tax Year 2011 Form 990-N (e-Postcard)**

> **Tax Year 2010 Form 990-N (e-Postcard)**

> **Tax Year 2009 Form 990-N (e-Postcard)**

> **Tax Year 2007 Form 990-N (e-Postcard)**

*Page Last Reviewed or Updated: 6-Jul-2018*

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Work at IRS	Taxpayer Advocate Service	Office of Appeals	中文	Treasury Inspector General for Tax Administration
Help	Accessibility	Identity Theft Protection	한국어	USA.gov
Contact Your Local Office	Civil Rights	Report Phishing	Русский	
Tax Stats, Facts & Figures	Freedom of Information Act	Tax Fraud & Abuse	Tiếng Việt	
	No Fear Act			
	Privacy Policy			





Search Again

Organization Name	Registration Type	Registration Status	Registration Number	Applicant Number	EFIN	City	State
TEMECULA POST NO 4089 VETERANS OF FOREIGN WARS OF THE UNITED STATES	Charity Registration	Delinquent		1113253		TEMECULA	CA

1

Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

07-01, 2017, and ending

06-30, 2018

B Check if applicable:

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

C Name of organization

TEMECULA POST NO 4089 VFW

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

Room/suite

28075 DIAZ ROAD

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

TEMECULA, CA 92590

D Employer identification number

E Telephone number

(951) 676-1541

F Group Exemption  
Number ▶G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(19) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 96,307

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	96,307
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	96,307	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	12,000
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	50,956
17	Total expenses. Add lines 10 through 16	17	62,956	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	33,351
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,351

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

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

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

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
<b>b</b> Did the organization file Form 1120-POL for this year?	37b	X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	39a	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39b	
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
<b>41</b> List the states with which a copy of this return is filed		
<b>42 a</b> The organization's books are in care of <b>QUALITY ASSURED OFFICE SUPPORT</b> Telephone no. <b>951-223-7200</b> Located at <b>30777 LA RAY LANE, WINCHESTER, CA</b> ZIP + 4 <b>92596</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="checkbox"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <input type="checkbox"/>	42c	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	44c	X
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46

Yes	No
	X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

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

Yes	No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47

Yes	No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

Yes	No

b If "Yes," was the related organization a section 527 organization?

49b

Yes	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes	No
	X

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>JOHN HERNANDEZ</b> Signature of officer	<b>06-14-2019</b> Date			
	<b>JOHN HERNANDEZ, COMMANDER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Elyse Beltz</b>	Preparer's signature	Date <b>06-14-2019</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN [REDACTED]
	Firm's name ▶ <b>Quality Assured Office Support</b>	Firm's EIN ▶			
	Firm's address ▶ [REDACTED] <b>Menifee CA 92596</b>	Phone no. [REDACTED]			

May the IRS discuss this return with the preparer shown above? See instructions

Yes	No
X	

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

TEMECULA POST NO 4089 VFW

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

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

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



**Part II**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .				
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III**

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

2017

**Open to Public Inspection**

Employer Identification number

TEMECULA POST NO 4089 VFW

## DESCRIPTION

AMOUNT

## CANTEEN SUPPLIES

30,477

FUNDRAISING EXPENSES

20,479

FY 2019/2020

COMMUNITY SERVICE FUNDING  
GRANT APPLICATION #

**33**

**WAVES PROJECT**  
(WOUNDED AMERICAN  
VETERANS EXPERIENCE SCUBA)

**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: SCUBA training for wounded veterans Start Date: 7-1-2019 End Date: 6-30-2020

If Grant is Awarded, Make Check Payable to: WAVES Project, Inc

Mailing Address: PO Box 1385

Temecula 92593

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Organization: WAVES Project, Inc Year Organization Founded: 2013

Website: wavesproject.org Number of Paid Staff: 3 Number of Volunteers: 50 active

Contact Name: Barbara Rubin Title/Position: Treasurer

Contact Person's Email Address: barbara@wavesproject.com Telephone: [REDACTED]

Geographic Area(s) the Organization Serves: Southern California, Denver Colorado, Houston Texas

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) \_\_\_\_\_

27412 Enterprise Circle West, #106, 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: 9/25/2013

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

**AUG 22 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 Grant	Mission Oriented Diving	1/2019	\$ 5000
CSF Grant	Dive Therapy and Training	1/2018	\$ 5000
			\$
			\$

### MISSION STATEMENT OF ORGANIZATION

**Briefly describe the goals and objectives, or mission, of your organization.** We work with veterans who have service connected injuries by offering SCUBA Diving as therapy. The programs include the wounded veteran and a dive buddy of their choice at no cost. Our motto is RECOVER - Through Adventure DISCOVER - Our Underwater World REBUILD - Families & Relationships.  
Ongoing monthly diving opportunities and camaraderie are an essential part of the program to ensure long lasting results.

## 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 SCUBA training for wounded veterans is providing initial SCUBA training  
Project/Program Title

and ongoing advanced training and diving excursions throughout the year. A recent study conducted in conjunction with Loma Linda University Occupational Therapy Department concluded that regular SCUBA diving along with Occupational Therapy Services help reduce symptoms of PTSD, anxiety depression, and stress among veterans.

Another study done by Stanbridge University in Irvine showed that SCUBA diving increased enjoyment of daily tasks Among PTSD Patients.

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

If awarded, WAVES Project, Inc will spend the grant funds on Boat and ground  
Nonprofit Name

transportation to dive sites, training materials both online and printed, SCUBA instructors and Dive Master fees to conduct the training and supervise dives, SCUBA equipment rentals and maintenance, purchases of specialized SCUBA equipment. Training classes for veterans to service equipment including air and ground travel to training sites, parking at boat docks, Hotel rooms at overnight dive sites, meals while traveling, tools, UV protection rash guards for extended sun exposure.

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

Grant funding will specifically benefit Temecula residents by There are currently 13 Temecula residents who  
participate in our programs with an additional four who are waiting to schedule their training, we anticipate more will apply.

Providing meaningful projects for Temecula veterans to take part in helps encourage their participation; and gives them a sense of fulfillment.

The advanced training is offered so they can take part in our Mission Oriented Diving programs with the National Park Service.

Additionally, there are opportunities to participate in environmental clean up projects at local lakes and beaches.

Estimated number of people expected to benefit from this Project/Program: 20

Estimated number of volunteers involved in this Project/Program: 50



**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.

SCUBA training for wounded veterans ground, boat and air transportation to dive sites, all SCUBA equipment including personal gear and protective clothing, dive professionals to lead training and support divers, lodging and meals at overnight dive sites, training materials.

**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	\$ 12,021	
Other grants or funding already awarded for Project/Program, if any	\$ 4000	
In-Kind match amount or volunteer credit hours estimated amount 75 volunteer hours @ \$25.43 per hour	\$ 1907	
<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.)		\$ 2700
Equipment Expense For Project/Program		\$ 1800
Food Expense For Project/Program		\$ 1200
Marketing Expense For Project/Program		\$ N/A
Supplies Expense For Project/Program		\$ 550
Facilities/Rent Expense For Project/Program Lodging and boat transportaton		\$ 5500
Other Expense For Project/Program Training courses		\$ 9271
<b>TOTAL BUDGET FOR PROJECT/PROGRAM</b>	<b>\$</b>	<b>\$21,021</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:** WAVES Project, 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 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:** WAVES Project, 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 <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: WAVES Project, Inc

MAILING ADDRESS: PO Box 1385

PHONE: [REDACTED]

EMAIL: barbara@wavesproject.com

27412 Enterprise Circle West, #106, Temecula, CA 92590

PRESIDENT / AUTHORIZED OFFICER: Barbara Rubin

Print Name

Treasurer  
Title

SIGNATURE: [Signature]

DATE: 08-21-2019

(Month, Day, Year)

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY:

Barbara Rubin  
Print Name

Treasurer  
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  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 21 2014

WAVES PROJECT INC  
45240 EL PRADO RD  
TEMECULA, CA 92590

Employer Identification Number:

[REDACTED]

DLN:

[REDACTED]

Contact Person:

CUSTOMER SERVICE

ID#

[REDACTED]

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

September 30

Effective Date of Exemption:

September 25, 2013

Addendum Applies:

Yes

Dear Applicant:

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

Based on the information you submitted with your application, we have determined you are likely to qualify as a private operating foundation described in section 4942(j)(3) of the Code. Accordingly, you are treated as a private operating foundation for your first year. After that, you will be treated as a private operating foundation as long as you continue to meet the requirements of section 4942(j)(3). You are required to file Form 990-PF annually.

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

Sincerely,

*Tamara Ripporda*

Director, Exempt Organizations

Letter 1075



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

## Entity Status Letter

Date: 8/21/2019

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: WAVES PROJECT, 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



Return of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2018

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2018 or tax year beginning

, 2018, and ending

, 20

Name of foundation <b>WAVES PROJECT</b>		A Employer identification number <b>[REDACTED]</b>						
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 1385</b>	Room/suite	B Telephone number (see instructions) <b>(951) 233-1874</b>						
City or town, state or province, country, and ZIP or foreign postal code <b>TEMECULA, CA 92593</b>		C If exemption application is pending, check here <input type="checkbox"/>						
G Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>52,200</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	149,149			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B . . .				
	3 Interest on savings and temporary cash investments . . . . .				
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10 . . . . .				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances . . . . .	37,579			
b Less: Cost of goods sold . . . . .	37,104				
c Gross profit or (loss) (attach schedule) . . . . .	STM102 475		475		
11 Other income (attach schedule) . . . . .	STM106 42,110				
12 Total. Add lines 1 through 11 . . . . .	191,734	0	475		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc . . . . .	40,025			
	14 Other employee salaries and wages . . . . .	19,437			
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	STM108 554			
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	STM110 5,132			
	19 Depreciation (attach schedule) and depletion . . . . .	STM126 611			
	20 Occupancy . . . . .	19,276			
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .	1,048			
	23 Other expenses (attach schedule) . . . . .	STM103 113,641			
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	199,724	0		0
	25 Contributions, gifts, grants paid . . . . .	0			0
26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	199,724	0		0	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements . . . . .	(7,990)				
b Net investment income (if negative, enter -0-) . . . . .		0			
c Adjusted net income (if negative, enter -0-) . . . . .			475		