



Agenda

MEETING OF THE SAN MARCOS COMMUNITY FOUNDATION

TUESDAY, NOVEMBER 17, 2015 – 6:00 P.M.

SAN MARCOS COMMUNITY FOUNDATION BOARD MEETING
COUNCIL CHAMBER/1 CIVIC CENTER DRIVE, SAN MARCOS, CA 92069

Cell Phones: As a courtesy to others, please silence your cell phone or pager during the meeting and engage in conversations outside the Council Chambers.

Americans with Disabilities Act: If you need special assistance to participate in this meeting, please contact the Board Secretary at (760) 744-1050, ext. 3121. Notification 48 hours in advance will enable the City to make reasonable arrangements to ensure accessibility to this meeting. Assisted listening devices are available for the hearing impaired. Please see the Board Secretary if you wish to use this device.

Public Comment: If you wish to address the Board on any agenda item, please complete a "Request to Speak" form. Forms are located at the rear of the Council Chambers. Be sure to indicate which item number you wish to address. Comments are limited to FIVE minutes.

The Oral Communication segment of the agenda is for the purpose of allowing the public to address the Board on any matter NOT listed on the agenda. The Board is prohibited by state law from taking action on items NOT listed on the Agenda. However, they may refer the matter to staff for a future report and recommendation. If you wish to speak under "Oral Communications," please complete a "Request to Speak" form as noted above.

Agendas: Agenda packets are available for public inspection 72 hours prior to scheduled meetings at the Administration Department located on the second floor of City Hall, 1 Civic Center Drive, San Marcos, during normal business hours.

AGENDA

CALL TO ORDER
PLEDGE OF ALLEGIANCE
ROLL CALL

NEW BUSINESS

1. PRESIDENT'S REPORT

*Recommendation: **NOTE & FILE***

2. GRANT FUNDING COMMITTEE RECOMMENDATION

Fall Quarter Funding Recommendation to the SMCF Board for Deliberation.

- (a) Fall Quarter Funding Recommendation Worksheet
- (b) Regular/Mini Grant Funding History Fiscal Year 2015/2016
- (c) SMCF Resolution No. 2015-134, 2015 Fall Quarter Regular Grants

*Recommendation: **CONSIDER/APPROVE***

CONSENT CALENDAR

3. **WAIVER OF TEXT** This item is to waive the reading of all text of all Resolutions and Policies adopted at this meeting. Resolutions and Policies shall be adopted by title.
Recommendation: WAIVE
4. **APPROVAL OF MINUTES** SMCF Board Meeting August 18, 2015.
Recommendation: CONSIDER/APPROVE
5. **REVIEW OF 2014 FEDERAL 990 FORM**
Recommendation: CONSIDER/APPROVE
6. **REPORT: FY15/16 SUMMARY OF TRANSACTIONS**
Recommendation: NOTE & FILE
7. **REPORT: FUND STATEMENT and ASSETS AVAILABLE FOR DISTRIBUTION**
Recommendation: NOTE & FILE
8. **ORAL COMMUNICATIONS** Speakers are limited to five minutes. Please complete a "Request to Speak" form and place in basket provided. According to Board policy, *FIFTEEN* minutes has been established during this portion of the Agenda to allow citizens to speak on any matter NOT listed. The Board is prohibited by state law from taking action on items NOT listed on the Agenda. However they may refer the matter for a future report and recommendations.

ITEMS FOR THE GOOD OF THE ORDER

9. **MISCELLANEOUS**
(a) Selection of next quarter's Grant Funding Committee
10. **ADJOURNMENT**

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO) ss.
CITY OF SAN MARCOS)

AFFIDAVIT OF POSTING

I, Wendy Kaserman, hereby certify that I caused the posting of this Agenda on the bulletin board located at the north entrance to City Hall on Friday, November 13, 2015, at 5:00 pm.

DATE: Friday, November 13, 2015

Wendy Kaserman, Recording Secretary – SMCF

Fall Quarter 2015-Funding Recommendation Worksheet

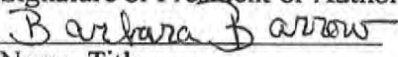
Asset Balance on 6/30/2015:	\$1,231,488
San Marcos- Now and Forever Funds for Current Grantmaking FY 2015-2016:	\$400
Available for Distribution for FY15-16:	\$49,276-\$61,594
Total FY15-16 Distributions Year to Date:	\$15,450.57
Total Remaining Funds for Quarter if Awarding Grants at 4% of Assets Available:	\$8,321
Total Remaining Funds for Quarter if Awarding Grants at 5% of Assets Available:	\$11,401

Sort Name	Requested Amount	Type	Name of Project	Summary of Project	GFC Funding Recommendation
Canine Companions for Independence	\$ 5,000.00	Regular	Graduate Team Training	To place one highly-skilled dog with a San Marcos resident who has applied for an assistance dog. Serves 1 San Marcos resident.	\$2,500.00
Charity Wings Art & Craft Center	\$ 4,902.00	Regular	Charity Wings Art & Craft Center	To cover expenses related to the opening of their new location for the Art & Craft Center, as well as 20% of the salary for their part-time Class and Volunteer Coordinator. Serves 1,457 San Marcos residents.	\$2,500.00
Foundation for Animal Care & Education (FACE)	\$ 3,000.00	Regular	Save-A-Life Program	To provide financial assistance to families with pets requiring emergency veterinary care. Serves 15 San Marcos residents.	\$0.00
Interfaith Community Services	\$ 10,000.00	Regular	Senior Services	To support their overall personnel costs associated with operating the Senior Services Program. Serves 300 San Marcos residents.	\$0.00
Kid's College	\$ 10,000.00	Regular	Fortissimo Orchestra Program SMUSD	To sustain and grow their Fortissimo Orchestra Program at Joli Ann Leichtag Elementary School (SMUSD). Serves 100 San Marcos residents.	\$2,500.00
Meals-On-Wheels	\$ 8,000.00	Regular	Senior Hunger	To help subsidize the cost of rent at their North County Service Center in San Marcos. Serves 165 San Marcos residents.	\$1,000.00
Oceanside Museum of Art (OMA)	\$ 8,680.00	Regular	ArtQuest	To provide assistance to their Art Quest Program which increases exposure to the arts in a museum setting for Title I San Marcos students. Serves 250 San Marcos residents.	\$0.00

TERI, Inc.	Withdrawn	Regular	Signage for Vans	To purchase signage for T.E.R.I. vans that transport clients throughout the community, increasing recognition of the services T.E.R.I. provides to people with special needs. Serves 137 San Marcos residents.	
Total Regular Grants Requested \$ 49,582.00					Application withdrawn
					\$8,500.00

SAN MARCOS COMMUNITY FOUNDATION
Grant Cover Page

(Choose one) ☐ MINI-GRANT (Choose one) **XX** REGULAR GRANT

Project Name: Graduate Team Training Date Submitted: October 7, 2015	Total # of people served: Impacts the entire community Total # of San Marcos residents served: One Graduate Team	Amount Requested: \$ 5,000.00
Non-Profit Organization Name and Address, Website Canine Companions for Independence 124 Rancho Del Oro, PO Box 4568 Oceanside, CA. 92052 www.cci.org	Contact Person – Name, Title & Phone, email Margaux Dinerman, Development Associate PO Box 4568 Oceanside, CA 92052 760-901-4306 mdinerman@cci.org	
<p><u>Briefly</u> describe your request for funds (to be expanded upon in narrative for regular grant):</p> <p>Canine Companions for Independence is a non-profit organization that enhances the lives of people with disabilities by providing highly trained assistance dogs and ongoing support to ensure quality partnerships. We respectfully are seeking support to place one highly skilled dog with a resident from San Marcos who has applied for an assistance dog.</p>		
<p><u>Briefly</u> describe the significance of your request to the San Marcos community:</p> <p>By pairing a Canine Companion to a person with disabilities, the San Marcos Foundation will profoundly change the life of a person with disabilities. Imagine not being able to turn on a light, pick up dropped objects off the floor, or hear an alarm when it sounds. Canine Companion service dogs are trained in over 40 commands that assist a person with disabilities to live a fuller, more independent life. The impact not only serves the person with disabilities, but also impacts the community at large. People with disabilities find that their canine companion assists them in the ability to function more independently at home and when out in the community and serves as a bridge in social settings. Each team raises awareness in the community that people with disabilities can lead productive lives. Through awareness, the community learns tolerance and understanding.</p>		
<p>Please attach the following items.</p> <p>Both Mini-Grant & Regular:</p> <ol style="list-style-type: none"> 1. Budget for request (use SMCF Budget Worksheet) 2. Annual Operating budget for the organization or unit 3. Federal & State Tax ID numbers 4. Board of Directors listing with affiliations 5. Regular Grants Only: <ol style="list-style-type: none"> a. 1-2 page narrative b. First 2 pages of Federal 990 c. Most recent year-end Statement or Audit including any management letters associated with Audit. d. Signature of President or Authorized Officer on Application e. Optional: letters of support 		<p>Expected date project will begin/end: January 1-December 31, 2016</p> <p>Date by which funds will be expended: any time</p> <hr/> <p>Signature of President or Authorized Officer  October 6, 2015 Name, Title Barbara Barrow, Executive Director</p> <hr/> <p>Submit Via Mail, In Person or Via Email to: San Marcos Community Foundation c/o City of San Marcos 1 Civic Center Drive San Marcos, CA 92069 Email (PDF Format): wkaserman@san-marcos.net</p>

SAN MARCOS COMMUNITY FOUNDATION
Budget Worksheet

Provide an itemized list of expenses for this project:
(Example – 72 bicycle helmets at \$7.80 each including tax = \$561.60)

PROGRAM SERVICES

Breeding and Puppy Raising	\$ 729.00
Training and Follow up	\$ 1,974.00
Public Information	\$ 751.50
Veterinary Care	\$ 541.50
Total Program Services	\$ 3,906.00

SUPPORT SERVICES

Fund Development	\$ 900.00
General Administration	\$ 194.00
Total Support Services	\$ 1,094.00

Total budget for this PROJECT: \$500,000.00

Grant Request Amount: **\$ 5,000.00**

(Mini-grants not to exceed \$1,500, Regular grants not to exceed \$10,000.)

Is this a challenge grant? No Could it be? No

Please list any other funding sources for this project.

****Indicate if funds are committed (C), conditional (CD), or pending (P).**

\$10,000.00	Thomas C. Ackerman Foundation	(C)
\$ 2,500.00	Youth Development Foundation	(C)
\$ 1,000.00	WD-40 Company Foundation	(C)
\$ 1,000.00	R&L Donner Foundation	(C)
\$ 2,500.00	Joanne Marie and Marcel George Foundation	(C)
\$ 2,500.00	Gary and Mary West Foundation	(C)
\$ 2,500.00	Swift Memorial Healthcare Foundation	(CD) (Ventura County Resident)
\$50,000.00	The Charitable Foundation/Pickford Realty Cares	(C)
\$50,000.00	Disney VoluntEARS	(C)
\$ 3,000.00	Sony Entertainment	(C)
\$ 2,500.00	Connect the Dots	(C)
\$ 1,000.00	San Diego County Credit Union	(C)
\$10,700.00	National Auto Dealers Charitable Foundation	(C)
\$12,500.00	Boing Global Corporate Citizenship	(C)
\$50,000.00	Linden Root Dickenson Foundation	(C)
\$ 1,000.00	CR Bard Foundation	(C)
\$ 2,000.00	Henry Bull Foundation	(C)
\$ 5,000.00	William Gillespie Foundation	(C)
\$10,000.00	David Copley Foundation	(C)
\$ 5,000.00	El Cajon Lions Club	(C)
\$ 1,000.00	WD (Western Digital) Foundation	(C)
\$ 1,000.00	The Gold Diggers	(C)



40 YEARS OF
INDEPENDENCE

**Canine Companions for Independence®
Southwest Regional Center**

2015 Operating Budget

Income

Major Gifts/Solicited Individuals	\$1,517,000
Special Events	\$ 420,000
Foundation Grants	\$ 550,000
Business/Corporate Gifts	\$ 288,500
Direct Marketing (online/mail)	\$ 520,500
United Way/Organizations/Clubs	\$ 160,800
Fees/Proceeds	\$ 500,000
<hr/>	
<i>Total Operating Income</i>	<i>\$ 3,956,800</i>

Expenses

Advertising	\$ 1,500
Dues/Subscriptions	\$ 3,500
Personnel	\$ 2,003,000
Equipment	\$ 37,000
Insurance	\$ 19,700
Occupancy	\$ 177,000
Postage & Shipping	\$ 86,900
Professional Fees	\$ 331,200
Marketing	\$ 21,200
Supplies	\$ 120,000
Taxes and Fees	\$ 2,500
Data/Voice Communications	\$ 33,000
Travel & Meeting Expenses	\$ 160,000
National Support Services	\$ 960,300
<hr/>	
<i>Total Operating Expenses</i>	<i>\$ 3,956,800</i>

cci.org
800 572-2275



Southwest Training Center
124 Rancho del Oro Drive
Oceanside, CA 92057
760 901-4300

National Headquarters
2965 Dutton Avenue
Santa Rosa, CA 95407
707 577-1700

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248344558
May 18, 2015 LTR 4168C 0
94-2494324 000000 00
00019040
BODC: TE

CANINE COMPANIONS FOR INDEPENDENCE
2965 DUTTON AVE
SANTA ROSA CA 95407

Employer Identification Number: 94-2494324
Person to Contact: Mr. Burns
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 07, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 1979.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

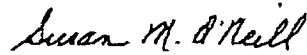
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248344558
May 18, 2015 LTR 4168C 0
94-2494324 000000 00
00019041

CANINE COMPANIONS FOR INDEPENDENCE
2965 DUTTON AVE
SANTA ROSA CA 95407

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

Sincerely yours,



Susan M. O'Neill, Department Mgr.
Accounts Management Operations



November 30, 1978

In reply refer to
344:GWH:bv:g

Canine Companions for Independence, Inc.
4945 Grange Road
Santa Rosa, CA 95404

Purpose : Charitable
Form of Organization : Corporation
Accounting Period Ending: December 31
Organization Number :

On the basis of the information submitted and provided your present operations continue unchanged or conform to those proposed in your application, you are exempt from state franchise or income tax under Section 23701d, Revenue and Taxation Code. Any change in operation, character or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

You are required to file Form 199 (Exempt Organization Annual Information Return) or Form 199B (Exempt Organization Annual Information Statement) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 3rd month (2 1/2 months) after the close of your annual accounting period.

If the organization is incorporating, this approval will expire unless incorporation is completed with the Secretary of State within 60 days.

Exemption from federal income or other taxes and other state taxes requires separate applications.

Anderson Scott, Manager
Exempt Organization Section
Telephone (800) 852-0370

cc: J. K. Derham
Secretary of State
Registrar of Charitable Trusts

FTB 4206-ATS (12/77)



**Canine Companions for Independence
2015 Southwest Regional Board**

<i>Bauce, Bill</i> Philanthropist Rancho Santa Fe, California	<i>Moeller, Joe</i> Major League Baseball Scout San Clemente, CA
<i>Cartin, Robert, DVM</i> Business Owner Oceanside, California	<i>Peluso, Jack</i> Financial Advisor San Diego, California
<i>Conlin, Col. Christopher C., USMC (Ret.)</i> Business Professional San Diego, California	<i>Small, Stephanie, LLC</i> Business Owner Phoenix, AZ
<i>Gackstetter, Tim</i> Program Manager/Engineer Canine Companion Graduate San Diego, California	<i>Street, Bob</i> National Board Member Business Owner/Civic Leader Colorado Springs, CO
<i>Gregos, Glen</i> Retired Banker Canine Companions Graduate Woodland Hills, CA	<i>Thiederman, Sondra, PhD.</i> Business Owner San Diego, CA
<i>Haydel, Kim</i> Vice President, Sales Canine Companions Graduate Gardena, California	<i>Ward, Mark</i> Customer Programs Policy Advisor, Utilities Industry Poway, California
<i>Hennessy, Leslie</i> National Board Member Business Executive, Industry Council Colorado Springs, Colorado	<i>Weir, Lance, USMC Reserve Veteran</i> Canine Companions Graduate Carlsbad, California
<i>Hollenstein, Tommy</i> Artist, Canine Companions Graduate Canoga Park, California	<i>Wilson, Margaret</i> Retired Occupational Therapist Coronado, California
<i>Miley, Cynthia</i> Business Executive Hailey, Idaho	

*It is Canine Companions' policy not to disclose individual board member addresses or telephone numbers.
If you would like to contact a board member, we would be happy to facilitate the communication. Our board meets four times a year.*



October 6, 2015

San Marcos Community Foundation
One Civic Center Drive
San Marcos, CA 92069

Dear Ms. Kaserman:

On behalf of Canine Companions for Independence, we are grateful for the opportunity to present this proposal for the **Quarterly Funding Cycle** to the San Marcos Community Foundation. Canine Companions respectfully requests funding in the amount of **\$5,000.00 to support the training and placement of a new Canine Companion for a person with a disability residing in San Marcos, California.** The Canine Companions for Independence Program Manager in Oceanside has confirmed that a San Marcos resident has been selected for the Graduate Team Training Program for the 2015-16 year.

Founded in 1975, CCI pioneered the concept of training assistance dogs to help people with disabilities other than blindness and remains the respected leader in this rapidly growing field. For 40 years, our work has been guided by our valuable mission: ***to enhance the lives of people with disabilities by providing highly trained assistance dogs and ongoing support to ensure quality partnerships.***

A grant from the San Marcos Community Foundation would cover the direct costs involved in breeding, raising and training one dog for placement with a local resident of San Marcos with a disability, and providing follow-up services to the team. The generosity of donors like the San Marcos Foundation and the efficiency of our program enable us to provide our assistance dogs, training and ongoing support services free of charge to the recipients.

We hope you will look favorably on our request and partner with us to dramatically change the life of someone with a disability in San Marcos. Together, we can provide a future graduate the gift of companionship, love, hope and independence. If you should have questions or require additional information, please feel free to contact me directly at (760) 901-4306.

Kind regards,

A handwritten signature in black ink that reads "Margaux Dierman".

Margaux Dierman
SW Region Development Associate
Canine Companions for Independence

cci.org
800 572-2275

Follow us



Southwest Training Center
124 Rancho del Oro Drive
Oceanside, CA 92057
760 901-4300

National Headquarters
2965 Dutton Avenue
Santa Rosa, CA 95407
707 577-1700

2015 Grant Proposal San Marcos Community Foundation

Canine Companions for Independence respectfully requests your support to fund the cost of one graduate team from San Marcos for Team Training--a critical component in the process that prepares and provides persons with disabilities a skilled assistance dog. The two-week Team Training takes place at the Southwest Regional Campus in the neighboring community of Oceanside. Once a graduate completes the program, they will return to San Marcos and impact the entire community by living a fuller and more independent life. While our mission is to focus on the individuals with disabilities, the graduate team acts as an ambassador and helps build tolerance, understanding and acceptance within a community. Each time a team is out in public, there is an opportunity for teachable moments; to touch people, educate people both young and old and bring people together in a positive and impactful way. A community that supports all of their citizens through tolerance and understanding is healthier and more cohesive community and by supporting a graduate team from San Marcos is a visible reminder that taking care of its citizens makes communities better and stronger.

About Canine Companions for Independence: Canine Companions pioneered the concept of training dogs to assist adults and children living with physical and developmental disabilities. Founded in 1975, our work is driven by an important mission: *to enhance the lives of people with disabilities by providing highly trained assistance dogs and ongoing support to ensure quality partnerships.* Effective, quality services has earned Canine Companions its reputation as the leader and gold standard in the growing assistance dog industry. We are thrilled to be celebrating our 40th Year Anniversary.

The essence of Canine Companions' program involves:

- Breeding, raising and training assistance dogs.
- Strategically matching the dogs with qualified applicants during a two week training program.
- Providing long-term and life time support services to ensure success of every human-canine team.
- Provide a dog free of charge to the graduate.

Need: 11.9% of the civilian non-institutionalized population of the United States has been diagnosed with at least one disability. This includes 10% of adults from ages 18-64, and 4% of children under 18. (2010 US Census) Persons with developmental and physical disabilities often deal with limited mobility and social ostracism. Simple tasks that a non-disabled person may take for granted such as opening a door or picking up a dropped object, for example, can be impossible for some individuals with limited mobility. Moreover, people with disabilities are frequently left behind by a society that averts its eyes from those it finds different. Assistance dogs make an impactful difference in the well-being of children and adults with disabilities through their aptitude to aid with tasks of daily living and improving the emotional quality of the individual's life.

Project purpose: Funding from the San Marcos Community Foundation will enable Canine Companions to provide one highly trained assistance dog for one resident from San Marcos with disability free of charge, thereby making an immediate, tangible and dramatic impact in the quality of life on this underserved population. Additionally, while the funds we seek only directly impact one team from San Marcos, our goal is to educate residents about the important role that service dogs play in the lives of an individual with a disability. A person who receives a dog from our program gains more confidence and lives a much more independent life. While out in the community of San Marcos, the dog acts as an ice breaker to those who may have little to no direct contact with a person with a disability. Children who may feel uncomfortable seeing a person in a wheelchair is immediately put at ease by seeing a service dog. Once that barrier is broken, the community at large is impacted because they learn tolerance, acceptance and understanding. There is a strong ripple effect from the canine human team that is felt throughout the entire community and each team acts as ambassadors to create a more cohesive and close knit community. Studies indicate that recipients of assistance dogs report that more people approached them (100%), their social interactions increased (87%), and that their number of friends expanded (59%) [Fairman & Huebner, 2001]. Overall, they describe a greater sense of belonging and they feel more socially accepted.

Project: A Graduate Sponsorship supports one student from San Marcos to reside at the Southwest Training Facility in Oceanside during an intensive two week period known as Team Training. During the two week program, students meet six days a week to learn about canine behavior and care, dog handling skills, and the commands that their

future partners already know. Each class is led by Canine Companions professional instructors. The student and his or her family member(s) are taught how to work in partnership with their assistance dog through seminars, quizzes, hands-on instruction, and practice, both at the regional center and with frequent field trips to locations such as shopping malls and restaurants. Staff members match each student with the assistance dog that best meets his or her needs, a skill that receives awed feedback from recipients who can't believe what an apt companion has joined their lives.

The Skilled Companion Graduate Sponsorship includes:

- Two weeks of thorough, professional instruction, monitoring and evaluation.
- Training manuals.
- Training equipment- leashes, collars, assistance dog vests etc.
- Field trips.
- Hands-on training with a dog.
- Private room and accessible bath for each student plus community kitchen and laundry facilities and meals at our Southwest Campus.
- 24-hour caretaker and security.
- "Going home" packet which includes grooming supplies, food bowls, toys and a limited food supply.
- Assistance Dogs International public access certification (upon successful completion of written and practical exams).

The students are administered written and practical tests to measure their level of knowledge and ability to be successful at home with their new assistance dog. In order to receive temporary home and public access with their canine companion, they must pass both tests. Six weeks after they have passed the Team Training, graduates return to the Canine Companions campus for their formal public access tests and certification using the standards of Assistance Dogs International. In total, students will learn the 40 + commands, experience 100+ classroom hours, 17 hours of lectures, 50 practice sessions, 10-12 hours on field trips, 25 hours outside the classroom for study and testing and 1.5 days of final evaluations.

Intended results: With the successful placement of an assistance dog with one person with a disability, Canine Companions intended results include:

- The team will gain enhanced self-confidence, loving companionship, hope, self-esteem and independence.
- The team will be able to take advantage of new opportunities that may not have been feasible prior to receiving an assistance dog.
- The team and family will gain an important new sense of responsibility in providing care and a safe, loving home for their dog.
- The team will make important new social connections with his/her peers and community that result in greater inclusion and disability awareness.
- General awareness of Canine Companions will grow, building a greater community understanding of assistance dogs and of the challenges faced by people with disabilities.

Monitoring and Reporting Progress; Measuring Project Success: Success will be determined by the following monitoring and evaluation tools, used at every stage of the process:

- ✓ Annual veterinary report.
- ✓ Thorough instruction, monitoring and evaluation throughout Team Training.
- ✓ Certification testing 45 days post-graduation and every one to three years thereafter.
- ✓ Regular reports, visits, workshops, phone calls and emails throughout the lifetime of the partnership to ensure ongoing success.

Timeline: This grant would provide a Canine Companions assistance dog for one person from San Marcos on Canine Companions' waiting list who has already passed through the extensive application and interview process. Following successful completion of Team Training, the new teams will graduate in a special public ceremony. The team will return to the Southwest Center 45 days later for public recertification testing and provide regular progress reports as required by Canine Companions. Home visits, workshops, seminars, special events, testing and reunions will be continually offered in addition to phone and email support to enable the team's long-term success. Each team that graduates will remain together between eight to ten years. Imagine the impact this team will have on the countless people they will touch in San Marcos over time. The ripple affects are endless.

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CANINE COMPANIONS FOR INDEPENDENCE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 446 City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95402-0446 F Name and address of principal officer: MR. ALAN FEINNE 2965 DUTTON AVE., SANTA ROSA, CA 95407
D Employer identification number 94-2494324	
E Telephone number (707) 577-1700	
G Gross receipts \$ 33,544,919.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: WWW.CCI.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: 1975 M State of legal domicile: CA	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE TRAINED DOGS TO DISABLED PEOPLE.	
	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)	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	226
	6	Total number of volunteers (estimate if necessary)	3000
	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)	18,410,352.
	9	Program service revenue (Part VIII, line 2g)	244,872.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	456,885.
	11	Other revenue (Part VIII, column (A), lines 5, 8d, 9c, 10c, and 11e)	-304,164.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,150,721.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,334,767.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	176,908.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,684,071.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,393,393.
	19	Revenue less expenses. Subtract line 18 from line 12	7,532,613.
	20	Total assets (Part X, line 16)	16,905,068.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	2,245,653.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,274,840.
			48,583,837.

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	
	MR. ALAN FEINNE, CHIEF FINANCIAL OFFICER	6/29/15	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MAGA E. KISRIEV	HOOD & STRONG LLP	6/26/15
	Firm's name	Firm's EIN	PTIN
	100 FIRST STREET, 14TH FLOOR	94-1254756	P01008919
	SAN FRANCISCO, CA 94105	Phone no.	
		415.781.0793	

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

432001 11 07 14 LHA For Paperwork Reduction Act Notice, see the separate Instructions. Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

CANINE COMPANIONS FOR INDEPENDENCE IS A NON-PROFIT ORGANIZATION THAT ENHANCES THE LIVES OF PEOPLE WITH DISABILITIES BY PROVIDING HIGHLY TRAINED ASSISTANCE DOGS AND ONGOING SUPPORT TO ENSURE QUALITY PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,290,281. including grants of \$) (Revenue \$)
HELP IS A FOUR-LEGGED WORD TRAINING

PROFESSIONAL CANINE COMPANIONS INSTRUCTORS SPEND SIX TO NINE MONTHS TEACHING THE DOG TO MASTER MORE THAN 40 COMMANDS, BEFORE THE DOG CAN GO THROUGH TEAM TRAINING AND BE MATCHED WITH AN ADULT OR CHILD WHO HAS A DISABILITY, OR A PROFESSIONAL ASSISTING PEOPLE WITH DISABILITIES. WE TRAIN FOUR TYPES OF ASSISTANCE DOGS TO BEST SERVE OUR CLIENTS:

*** SERVICE DOGS - ASSIST ADULTS WITH PHYSICAL DISABILITIES BY PERFORMING DAILY TASKS, SUCH AS PICKING UP DROPPED ITEMS.**

*** SKILLED COMPANIONS - ENHANCE INDEPENDENCE FOR CHILDREN AND ADULTS**

4b (Code:) (Expenses \$ 2,823,652. including grants of \$) (Revenue \$)
RAISING PUPPIES, CHANGING LIVES BREEDING AND PUPPY RAISING PROGRAMS

OVER THE PAST 39 YEARS, CANINE COMPANIONS HAS DEVELOPED A PROVEN FORMULA FOR BREEDING, RAISING AND TRAINING ASSISTANCE DOGS.

CANINE COMPANIONS BREEDS LABRADOR RETRIEVERS, GOLDEN RETRIEVERS AND A CROSS OF THE TWO TO BE ASSISTANCE DOGS.

VOLUNTEER BREEDER CARETAKERS CARE FOR OUR BREEDER DOGS AND NURTURE NEWBORN PUPPIES FOR EIGHT WEEKS.

4c (Code:) (Expenses \$ 2,704,637. including grants of \$) (Revenue \$)
SERVING NATIONALLY, ACTING LOCALLY PUBLIC INFORMATION AND LOCAL PRESENCE

CANINE COMPANIONS FOR INDEPENDENCE TAKES A PROACTIVE STANCE IN RAISING AWARENESS OF ASSISTANCE DOGS AND CHALLENGES FACED BY PEOPLE WITH DISABILITIES. OUR EFFORTS HAVE PRODUCED MANY ARTICLES IN NATIONAL AND REGIONAL NEWSPAPERS, MAGAZINES, NEWSLETTERS AND ONLINE. CANINE COMPANIONS HAS WORKED WITH NATIONAL AND REGIONAL WEB, RADIO AND TELEVISION BROADCASTS TO BRING AWARENESS OF OUR PROGRAM TO MILLIONS.

TO KEEP SUPPORTERS INFORMED OF NATIONAL, REGIONAL AND LOCAL ACTIVITIES, CANINE COMPANIONS FOR INDEPENDENCE DISTRIBUTES A PRINT NEWSLETTER, THE

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


(Expenses \$ 1,987,903. including grants of \$) (Revenue \$ 668,410.)

4e Total program service expenses **13,806,473.**

SAN MARCOS COMMUNITY FOUNDATION

Grant Cover Page

(Choose one) ☐ MINI-GRANT (Choose one) ☒ REGULAR GRANT

Project Name: Charity Wings Art & Crafts Center		Total # of people served: 2,350	Amount Requested: \$4,902								
Date Submitted: 10/6/15		Total # of San Marcos residents served: 1,457 (62%)									
Non-Profit Organization Name and Address, Website Charity Wings Art & Craft Center 251 North City Drive, Suite 127 San Marcos, CA 92078 www.charitywings.org		Contact Person – Name, Title & Phone, email Elena Lai Etcheverry, Founder/Executive Director elena@charitywings.org Office: 760-591-3010 Mobile 619-850-3777									
<p><u>Briefly</u> describe your request for funds (to be expanded upon in narrative for regular grant):</p> <p>Charity Wings is requesting funding to cover expenses related to the opening of our new location for the Art & Craft Center, as well as 20% of the salary for our part-time Class and Volunteer Coordinator. Specifically:</p> <table border="0"> <tr> <td>Gallery Rails, Cables & Clips for art exhibition displays</td> <td>\$1,859.00</td> </tr> <tr> <td>Liability Insurance for Staff & Volunteers</td> <td>\$ 963.00</td> </tr> <tr> <td>20% Class & Volunteer Coordinator Salary</td> <td>\$2,080.00</td> </tr> <tr> <td>Total:</td> <td>\$4,902.00</td> </tr> </table>				Gallery Rails, Cables & Clips for art exhibition displays	\$1,859.00	Liability Insurance for Staff & Volunteers	\$ 963.00	20% Class & Volunteer Coordinator Salary	\$2,080.00	Total:	\$4,902.00
Gallery Rails, Cables & Clips for art exhibition displays	\$1,859.00										
Liability Insurance for Staff & Volunteers	\$ 963.00										
20% Class & Volunteer Coordinator Salary	\$2,080.00										
Total:	\$4,902.00										
<p><u>Briefly</u> describe the significance of your request to the San Marcos community:</p> <p>Charity Wings Art & Craft Center provides free therapeutic art services and field trips to many local charities including Wounded Warriors, Scout Troops, San Marcos Unified School District, San Marcos Boys and Girls Club, San Marcos Senior Center, CSUSM, local cancer support groups, migrant workers, San Marcos ARC and other adults with disabilities, Fraternity House, Inc., military families, and more! In addition, the general public can take classes or stop in to work on a project.</p> <p>April 2016 marks our 10 year anniversary here in San Marcos. For our new Art & Craft Center location, we chose a home that makes us part of the growing CSUSM campus. (We are now a storefront under the newest dorms.) Our projects, events and classes range from ceramics, pottery, metalsmithing, jewelry making, sewing, knitting/crochet, scrapbooking, to poetry, mixed media, painting (oil and acrylic), and home décor. Help us keep art classes accessible to all. Art transcends all boundaries. Race, gender, culture, socioeconomic status, age, ability. We believe Art and creativity are the foundation of all we do as human beings and that the most therapeutic thing people can do is exercise their imagination.</p>											
<p>Please attach the following items.</p> <p>Both Mini-Grant & Regular:</p> <ol style="list-style-type: none"> Budget for request (use SMCF Budget Worksheet) Annual Operating budget for the organization or unit Federal & State Tax ID numbers Board of Directors listing with affiliations <p>5. Regular Grants Only:</p> <ol style="list-style-type: none"> 1-2 page narrative First 2 pages of Federal 990 Most recent year-end Statement or Audit including any management letters associated with Audit. Signature of President or Authorized Officer on Application Optional: letters of support 		<p>Expected date project will begin/end: Ongoing</p> <p>Date by which funds will be expended: 6/30/16</p> <hr/> <p>Signature of President or Authorized Officer Elena Lai Etcheverry, Founder/Executive Director</p> <p style="text-align: right;">10/6/15</p> <hr/> <p>Name, Title  Date</p> <hr/> <p>Submit Via Mail, In Person or Via Email to: San Marcos Community Foundation c/o City of San Marcos 1 Civic Center Drive San Marcos, CA 92069 Email (PDF Format): wkaserman@san-marcos.net</p>									

Charity Wings 2015-2016 Operating Budget

Income

Grants	\$	10,000.00
Sponsorships/Corporate Donations	\$	12,000.00
Fundraising Events	\$	8,000.00
Individual Donations	\$	6,889.00
Memberships (\$10 -\$25/month)	\$	18,000.00
Birthday Parties/Event Bookings/Non-Member Use	\$	15,000.00
Art Class Fees (sliding Scale)	\$	7,500.00
Total Income	\$	77,389.00

Expense

Direct Program Costs:

Art Center Rental (@\$844/month)	\$	10,128.00
Art Center & Restroom Supplies (@\$650/month)	\$	7,800.00
Art Center Utilities/Phone/Internet (@\$600/month)	\$	7,200.00
Direct Program Subtotal	\$	25,128.00

Direct Staffing:

Communications Manager (PT, 15 hrs/week)	\$	7,800.00
Class & Volunteer Coordinator (PT, 20 hrs/week)	\$	10,400.00
Executive Director (FT, Stipend, 50% Programs)	\$	4,800.00
Payroll Taxes/Workers Comp	\$	8,250.00
Mileage (@ \$0.51 /mile, @400 -450 miles/month)	\$	2,500.00

Direct Staffing Subtotal \$ 33,750.00

One-Time New Location Expenses

Gallery Rails, Cables & Clips	\$	1,859.00
Subtotal	\$	1,859.00

Indirect Costs/Staffing

Office Supplies/Postage (@ \$250/month)	\$	3,000.00
Insurance	\$	963.00
Executive Director (FT, stipend, 50% Admin.)	\$	4,800.00
Administrative Assistant/Bookkeeper	\$	5,200.00
Board of Directors Insurance	\$	689.00
Accountant Fees	\$	2,000.00
Subtotal	\$	16,652.00

Total Expense \$ 77,389.00

Charity Wings is a federally and state recognized 501(C)(3) organization.
All donations are tax-deductible to the fullest extent of the law.

Federal Tax ID # 20-8864245

State Tax ID # 2990288

Charity Wings 2015-2016 Board of Directors

President

Elena Lai Etcheverry
Executive Director, Charity Wings
209 Westlake Dr. #1
San Marcos CA 92069
619-850-3777

Secretary

Sarah Han
Administrator, Wejunga Inc.
9442 Hito Ct, San Diego, 92129
858-380-9202

Treasurer

Ivan Derezin
Owner, The Bellows Restaurant
803 S. Twin Oaks Valley Rd, #107
San Marcos, CA 92078
619-395-6325

Board Members

Tricia Blum
Attorney, Self Employed
Ventura, CA
760-809 4260

Jen Cushman
Owner, Ice Resin Inc
828 W. Indianola Ave
Phoenix, AZ 85013
928-970-1312

Carol Farrar
President, 1850 Realty
677 Weatherstone Way
San Marcos 92078
760-532-2724

Matt Simmons
Vice President of Field Operations/Partner/Owner,
Consultants Collaborative Inc.
963 Stoneridge Way
San Marcos, CA 92078
760-484-8832

Paul Malone
President, EvCon Consulting
640 Via Del Campo
San Marcos, CA 92078
7608022487

Jan Williams
Crafter
2134 Choya Canyon Rd
Escondido, cA 92025

Mission:

Charity Wings is an inspiring place for people of all ages to “Gather, Give Back and Create”; as well as to partner with other charities to give free classes to those who can benefit from the hope, happiness and healing that art can provide.

Program Overview:

Charity Wings Art & Craft Center provides free therapeutic art services to many local charities including Wounded Warriors, Scout Troops, San Marcos Unified Schools, San Marcos Boys and Girls Club, San Marcos Senior Center, San Marcos Historical Society, CSUSM, local cancer support groups, migrant workers, San Marcos ARC and other agencies providing services to adults with disabilities, Fraternity House, Inc., military families, and more! In addition, the general public can take low-cost classes, or stop in to work on a project of their own using our tools and supplies.

Our projects, events and classes range from ceramics, pottery, metalsmithing, jewelry making, sewing, knitting/crochet, scrapbooking, to poetry, mixed media, painting (oil and acrylic), and home décor. Help us keep art classes accessible to all. Art transcends all boundaries. Race, gender, culture, socioeconomic status, age, ability. We believe Art and creativity are the foundation of all we do as human beings and that the most therapeutic thing people can do is exercise their imagination.

We have just opened the doors at our new Art & Craft Center location. We strategically chose a home that makes us part of the growing CSUSM campus. (We are now a storefront under the newest dorms.) We have collaborations with various departments in CSUSM to help at all the community fairs on campus. We host hands-on project making tables at their awareness events such as suicide prevention day, eating disorders awareness day, etc. We are now offering free center memberships to students and we are already seeing more students joining us for our organized classes and events. We also offer internships and volunteer opportunities which the students have been taking advantage of now that we are so visible.

Our prior space was in a warehouse a few blocks away on Industrial Street. Just before our move we did a two month zip code study, collecting zip codes from center attendees. 63% attending listed their zip-code as City of San Marcos (92069, 92096, 92078, and 92079). We expect that % to grow at our new location.

April 2016 marks our 10 year anniversary! It is only through generous community members, sponsor support and local grants that we have been able to grow. We are small, but mighty! Over the last 10 years we have met our mission by hosting hundreds of field trips and crafting events, taking craft opportunities to organizations, teaching classes, donating creative projects and art to charity auctions, and giving free use of our space to organizations for creative fundraising events and presentations. To date Charity Wings volunteers have supported 93 different organizations in raising over \$437,000. Some of our partners have shared letters of support that we attached to this application.

Use of Funds:

Charity Wings Art & Craft Center is requesting \$4,902 in funding for three key areas that will help us best serve the community and invite them in to use their imagination.

1. Gallery display rails to go on each wall with the cables and hooks to build beautiful art installations showcasing local artists. These displays will change periodically throughout the year. We have a new 25 foot art exhibit wall, large floor to ceiling windows and additional space where we would like to install the gallery rails. The estimate for our space to have gallery rails, 100 cables and 100 clips is \$1,859.
2. The next item we are asking the San Marcos Community Foundation to fund is our liability insurance for one year. While not glamorous, it is necessary to keep our doors open and engage volunteers, board, staff and the broader community in art projects at our center. The cost for 2016 is \$963.
3. We would like to use funding from the San Marcos Community Foundation as challenge to other donors and foundations. If you agree to fund 20% of our Class and Volunteer Coordinator's salary, we will work to find four matching donors. This position is crucial to our success. They schedule all classes and recruit volunteers. This is an ongoing 20 hour per week position at \$10/hour. 20% of the salary is \$2,080.

Looking Forward:

Charity Wings' new space just had our soft grand opening in mid-September. We have additional new and exciting news to share along with settling into our new space: In late September we hosted the San Marcos Chamber of Commerce mixer. As of October 1st, we now are able to offer the only ceramic studio in San Marcos that is open to the community. We have been gifted 5 electric wheels and 2 kilns, tools, clay and glazes. There are so many wonderful things that can happen with collaboration and a truly inspiring space like Charity Wings Art & Craft Center.

With the support of the San Marcos Community Foundation, we are looking forward to all the additional creativity we can offer to our nonprofit partners and the community over the coming year! Thank you for your time and consideration. Please come out and see us! We are open seven days a week (closed major holidays) and welcome you to add some creativity to your life.

Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C DBA CHARITY WINGS
SCRAPBOOK ROYALTY INC
287 INDUSTRIAL STREET
SAN MARCOS, CA 92078

D Employer identification number
20-8864245

E Telephone number
619-850-3777

F Group Exemption Number

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

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

I Website: N/A

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

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 76,874.

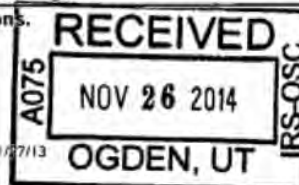
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1	Contributions, gifts, grants, and similar amounts received	1	37,757.
2	Program service revenue including government fees and contracts	2	30,141.
3	Membership dues and assessments	3	8,976.
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	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	
6c	c Less: direct expenses from gaming and fundraising events	6c	
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	7a Gross sales of inventory, less returns and allowances	7a	
7b	b Less: cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	8 Other revenue (describe in Schedule O)	8	
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	76,874.
10	10 Grants and similar amounts paid (list in Schedule O)	10	4,388.
11	11 Benefits paid to or for members	11	
12	12 Salaries, other compensation, and employee benefits	12	27,342.
13	13 Professional fees and other payments to independent contractors	13	1,315.
14	14 Occupancy, rent, utilities, and maintenance	14	8,000.
15	15 Printing, publications, postage, and shipping	15	824.
16	16 Other expenses (describe in Schedule O)	16	45,711.
17	17 Total expenses. Add lines 10 through 16	17	87,580.
18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,706.
19	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	6,849.
20	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-3,857.

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

Form 990-EZ (2013)



TEEA0803L 11/27/13

Charity Wings Optional: letters of support- Letter 1:



Student Health and Counseling Services

*California State University San Marcos
San Marcos, California 92096-0001 USA*

*Tel: 760-750-4915; Fax: 760-750-3181
www.csusm.edu*

October 5, 2015

To Whom It May Concern:

Student Health and Counseling Services, H.O.P.E. and Wellness Center provides health and wellness programming for students at California State University San Marcos. Health promotion and education planning encompasses mental health (stress, anxiety, depression, suicide prevention, alcohol and other drugs, and eating disorders) and physical health. Our focus is on prevention, early intervention, treatment and recovery and stigma reduction.

My partnership and collaborations with Charity Wings has produced many exciting projects that engage and educate students for mental and emotional health. This linkage with Charity Wings has increased our capacity to bring beneficial mental health messages to our students through creative art projects. I sincerely appreciate the linkage to artistic expression that Charity Wings has provided which enables my programs to be not only informative, but fun and memorable.

I have worked with Charity Wings Executive Director and staff for two years, in my role as Mental Health Educator. We have a wonderful working relationship, and I can always count on Charity Wings to responds with amazing ideas, an abundance of materials and enthusiastic volunteers. Charity Wings serves as a community resource for as many as 10 different events during an academic year.

I strongly support Charity Wings in their pursuit of grant funding. This organization is so worthy of support to continue and expand their work. I look forward to collaborations with Charity Wings during 2015-16.

Please do not hesitate to contact me if you need additional information.

Best,

Cheryl Berry, M. Ed.

Mental Health Educator
Certified Instructor, Mental Health First Aid
Certified Instructor, ASIST
Certified Instructor, Question, Persuade, Refer
California State University San Marcos
Student Health and Counseling Services
Phone: 760-750-4946
Email: cberry@csusm.edu
Website: www.csusm.edu

The California State University

Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles • Maritime Academy • Monterey Bay • Northridge • Pomona
Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

Charity Wings Optional: letters of support- Letter 2:



**BOYS & GIRLS CLUB
OF SAN MARCOS**

Wednesday, October 7, 2015

RE: Charity Wings Arts & Craft Center

To Whom It May Concern:

It is my privilege to recommend Charity Wings Art & Craft Center. Charity Wings has been a partner of the Boys & Girls Club of San Marcos for several years. Charity Wings has given Club youth members the opportunity to inspire, create and explore art in ways they otherwise would not have access to. Collaboration between Boys & Girls Club and Charity Wings includes field trips to the Art Center, bringing specialty art classes to the Club, and access to a variety of supplies.

Charity Wings has also extended their support beyond direct services to our youth members. They have provided meeting space, art supplies and creativity for our Auction fundraising committee, helping to increase the productivity of volunteers and bring another element of fun to the cause.

The Boys & Girls Club of San Marcos has benefitted from our partnership with Charity Wings. We look forward to future collaborations as both agencies continue to support the community at large through positive and engaging opportunities. If you have any questions, please feel free to contact me at (760) 471-2490 x303.

Sincerely,

Tish Murry
Chief Executive Officer
Boys & Girls Club of San Marcos

*Jennifer Loscher Building
and Administrative Offices*

1 Positive Place
San Marcos, CA 92069
Tel. 760.471.2490
Fax 760.471.0673
www.boysgirlsclubsm.org

The Club Teen Center

1 Positive Place
San Marcos, CA 92069
Tel 760.290.3527

Extension Sites

San Marcos Middle School
Woodland Park Middle School
Alvin Dunn Elementary School
San Marcos Elementary School
Copper Creek in San Elijo Hills
San Elijo Middle School

Board of Directors

Jason Simmons | *Chairman*
Tim Williams | *Treasurer*
Paul Malone | *Secretary*
Debbie Thompson | *Past Chairwoman*
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Supervisor Bill Horn
San Diego County
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Hal Martin
Vallecitos Water District
Dr. Jan Jackson
Dr. Kevin Holt, Superintendent
San Marcos Unified School District
Shayla D. Sivert, Dean
Palomar College
Jack Griffin, City Manager
City of San Marcos

Trustees

Donald Findlay*
Art Harris*
Chuck Lehrer*
Stanley Mahr*
Dr. Jim Sands*

Tish Murry | *Chief Executive Officer*

*Past Chair *Deceased

Charity Wings Optional: letters of support- Letter 3:



October 5, 2015

Elena Lai Etcheverry
Founder/Executive Director
Charity Wings Art & Craft Center

Board of Directors 2015

President
Tanis Brown

Vice President
Mimi Kennedy

Treasurer
Steve Hall

Secretary
Jan Wright

Kirk Effinger

Jackie Hartley

Dawn Coats

Bridget Lopez

Robert Caslava

Barbara Krywko

JoEllen Maus

Merry Williams

Contact Us
760-744-9025
sanmarcoshistory@att.net

Website
www.smhistory.org

Visit
Heritage Park

1952 Sycamore Dr.
Walnut Grove Park
San Marcos, CA 92069

Tuesday, Thursday,
Saturday 1—4:30 PM
or by appointment

Dear Elena:

Thank you so much for all the support Charity Wings has given the San Marcos Historical Society and Heritage Park in the last year. The donation of garden beds and the beautiful mural have transformed our garden area from a simple farmhouse kitchen garden into a place for kids to become inspired while they participate in our gardening activities associated with Hands on History at Heritage Park.

We also appreciate your participation in the upcoming Horse Heritage Festival next weekend. Your craft ideas will enhance the theme of the event and provide a fun project for both children and parents at the same time.

Since we've gotten to know each other through our common participation with the San Marcos Arts Council, we've had a chance to brainstorm ideas for future collaborations that can be both culturally and artistically enriching to the San Marcos community. I really appreciate your willingness to participate in so many events that support the spirit of creativity while at the same time helping others.

I believe the move to your new location will provide a better opportunity for you to reach a wider audience and share what Charity Wings is all about. The Historical Society also looks forward to continuing to work with you on joint projects across San Marcos, that bring together both young and old, college students and retirees. The possibilities are unlimited.

Thank you again for your contributions and involvement with the San Marcos Historical Society. I look forward to future projects where we can create wonderful experiences for San Marcos and support the mission and goals of both our organizations.

Best of luck on your grant application. Charity Wings is just another example of what makes San Marcos such a great city to live in!

Sincerely,

Tanis Brown

Tanis Brown
San Marcos Historical Society



SAN MARCOS COMMUNITY FOUNDATION
Grant Cover Page

(Choose one) ☐ **MINI-GRANT** (Choose one) ☒ **REGULAR GRANT**

Project Name: Save-A-Life Program Date Submitted: 8/6/15	Total # of people served: 250 Total # of San Marcos residents served: 15	Amount Requested: \$3,000
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Non-Profit Organization Name and Address, Website Foundation for Animal Care & Education 10455 Sorrento Valley Road #208 San Diego, CA 92121 www.face4pets.org	Contact Person – Name, Title & Phone, email Brooke Haggerty Executive Director 858-450-3223 Brooke@face4pets.org
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Briefly describe your request for funds (to be expanded upon in narrative for regular grant):

Established in 2006, the Foundation for Animal Care and Education (FACE) is a not-for-profit 501(c)(3) public charity whose mission is to enhance and preserve the quality of life of animals by providing access to necessary medical care and education. To date, FACE has provided more than \$1.9 million in financial assistance to more than 1,200 families with pets requiring emergency veterinary care.

Briefly describe the significance of your request to the San Marcos community:

In the past year, FACE provided more than \$20,000 in financial assistance to pets requiring emergency veterinary care in San Marcos pet hospitals. Families requesting assistance from FACE are as varied as their animals and breeds. We have helped senior citizens, military families, single parents, students, widows/widowers, the homeless, low-income families and individuals, and people with disabilities. These people consider their pets members of their family, but simply do not have the resources to afford all or part of the cost of emergency veterinary care. Without the Save-A-Life Program, these pets would either pass away or need to be euthanized to alleviate their suffering.

<p>Please attach the following items.</p> <p>Both Mini-Grant & Regular:</p> <ol style="list-style-type: none">1. Budget for request (use SMCF Budget Worksheet)2. Annual Operating budget for the organization or unit3. Federal & State Tax ID numbers4. Board of Directors listing with affiliations5. Regular Grants Only:<ol style="list-style-type: none">a. 1-2 page narrativeb. First 2 pages of Federal 990c. Most recent year-end Statement or Audit including any management letters associated with Audit.d. Signature of President or Authorized Officer on Applicatione. Optional: letters of support	<p>Expected date project will begin/end:</p> <p>Date by which funds will be expended:</p> <hr/> <p>Signature of President or Authorized Officer Name, Title Brooke Haggerty, E.D.</p> <p>Date 8/4/15</p> <hr/> <p>Submit Via Mail, In Person or Via Email to: San Marcos Community Foundation c/o City of San Marcos 1 Civic Center Drive San Marcos, CA 92069 Email (PDF Format): wkaserman@san-marcos.net</p>
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SAN MARCOS COMMUNITY FOUNDATION
Budget Worksheet

Provide an itemized list of expenses for this project:
(example – 72 bicycle helmets at \$7.80 each including tax = \$561.60)

<u>Emergency Veterinary Care</u>	\$ <u>\$465,000</u>
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>
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<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>

Total budget for this PROJECT: \$ \$465,000

Grant Request Amount: \$ \$3,000
(Mini-grants not to exceed \$1,500, Regular grants not to exceed \$10,000.)

Is this a challenge grant? No

Could it be? No

Please list any other funding sources for this project.

****Indicate if funds are committed (C), conditional (CD), or pending (P).**

<u>\$90,300</u>	<u>Private Donations</u>	<u>**P</u>
<u>\$290,900</u>	<u>Fundraising Events</u>	<u>**P</u>
<u>\$10,000</u>	<u>Petco Foundation</u>	<u>**C</u>
<u>\$3,000</u>	<u>San Diego County District 3</u>	<u>**C</u>

Foundation for Animal Care and Education
Budget Overview: 2015 P&L

January - December 2015

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Income													
Appeal income													
Holiday appeal	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$95,000.00	\$100,000.00
Save-A-Life	3,333.33	3,333.33	3,333.33	3,333.33	3,333.33	3,333.33	3,333.33	3,333.33	3,333.34	3,333.34	3,333.34	3,333.34	40,000.00
Special Case Appeals	0.00	5,000.00	0.00	0.00	5,000.00	0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	15,000.00
Tree of Life	1,291.66	1,291.66	1,291.66	1,291.66	1,291.67	1,291.67	1,291.67	1,291.67	1,291.67	1,291.67	1,291.67	1,291.67	15,500.00
Tribute Wall	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	300.00
Total Appeal Income	9,649.99	9,649.99	4,649.99	4,649.99	9,650.00	4,650.00	4,650.00	9,650.00	4,650.01	4,650.01	4,650.01	99,650.01	170,800.00
Bags&Baubles													
Bags & Baubles - Donations	0.00	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
Bags & Baubles - Raffle tickets	300.00	200.00	1,000.00	7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,000.00
Bags & Baubles - Registration	700.00	800.00	1,000.00	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,000.00
Bags & Baubles - Sales	0.00	0.00	0.00	55,500.00	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,500.00
Bags & Baubles - Sponsorships	1,000.00	1,000.00	10,000.00	42,000.00	6,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60,000.00
Total Bags&Baubles	2,000.00	2,000.00	12,000.00	109,000.00	8,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	133,000.00
Consignment Program	916.00	916.00	916.00	916.00	917.00	917.00	917.00	917.00	917.00	917.00	917.00	917.00	11,000.00
Doggie Dash/Sweat4Pets/Yappy Hour	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00
Fall Event - Lerach/VSH Ceremony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,000.00	7,900.00	0.00	0.00	0.00	10,900.00
Golf Tournament													
Tournament - Auction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,000.00	0.00	44,000.00
Tournament - Donations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00	0.00	15,000.00
Tournament - Dream Ticket/Raffle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,000.00	0.00	4,000.00
Tournament - Registration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00	10,000.00	2,000.00	0.00	13,000.00
Tournament - Sponsorships	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,000.00	22,000.00	20,000.00	0.00	50,000.00
Total Golf Tournament	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,000.00	32,000.00	85,000.00	0.00	126,000.00
Support													
Board of Directors													
Administrative	1,525.00	1,525.00	1,525.00	1,525.00	1,525.00	1,525.00	1,525.00	1,525.00	1,525.00	1,525.00	1,525.00	1,525.00	18,300.00
Appeals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100,000.00	100,000.00

Bags & Baubles	0.00	0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
General Donations	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.34	2,083.34	2,083.34	2,083.34	25,000.00
Golf Tournament	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00	0.00	15,000.00
Total Board of Directors	3,608.33	3,608.33	3,608.33	18,608.33	3,608.33	3,608.33	3,608.33	3,608.33	3,608.34	3,608.34	18,608.34	103,608.34	173,300.00
Public Support - General Donations	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	90,000.00
Trust/Foundation Grants	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.34	2,083.34	2,083.34	2,083.34	25,000.00
Total Support	13,191.66	13,191.66	13,191.66	28,191.66	13,191.66	13,191.66	13,191.66	13,191.66	13,191.68	13,191.68	28,191.68	113,191.68	288,300.00
Total Income	\$25,757.65	\$25,757.65	\$30,757.65	\$142,757.65	\$31,758.66	\$18,758.66	\$18,758.66	\$26,758.66	\$45,658.69	\$50,758.69	\$118,758.69	\$213,758.69	\$750,000.00
Gross Profit													
Expenses													
Animal Care Grants	38,750.00	38,750.00	38,750.00	38,750.00	38,750.00	38,750.00	38,750.00	38,750.00	38,750.00	38,750.00	38,750.00	38,750.00	465,000.00
Animal Care - Petco Cancer Grants	1,495.00	1,495.00	1,495.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,485.00
Appeal (Holiday) Expenses		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,500.00	1,500.00	5,000.00
Event Expenses													
Bags & Baubles Expenses	500.00	500.00	1,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,000.00
Golf Tournament Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	800.00	200.00	0.00	1,500.00
Lerach/VSH Event Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00	500.00	0.00	0.00	0.00	1,500.00
Total Event Expenses	500.00	500.00	1,000.00	1,000.00	0.00	0.00	0.00	1,000.00	1,000.00	800.00	200.00	0.00	6,000.00
Operating Expenses													
Bank and credit card fees													
Bank fees	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	120.00
Credit card fees	500.00	500.00	500.00	800.00	500.00	400.00	500.00	500.00	500.00	500.00	500.00	500.00	6,200.00
Total Bank and credit card fees	510.00	510.00	510.00	810.00	510.00	410.00	510.00	510.00	510.00	510.00	510.00	510.00	6,320.00
Board of Directors	0.00	50.00	0.00	0.00	20.00	0.00	0.00	20.00	0.00	0.00	0.00	125.00	215.00
Computer	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,200.00
Consulting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Development	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	900.00
Donor Development	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	600.00
Dues and subscriptions	0.00	0.00	0.00	0.00	0.00	55.00	0.00	0.00	75.00	0.00	0.00	205.00	335.00
FACE Philanthropy	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	300.00
Insurance													
D & O	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	4,860.00
General liability	45.50	45.50	45.50	45.50	45.50	45.50	45.50	45.50	45.50	45.50	45.50	45.50	546.00
Medical	1,416.00	1,416.00	1,416.00	1,416.00	1,488.00	1,488.00	1,488.00	1,488.00	1,488.00	1,488.00	1,488.00	1,488.00	17,568.00

Pet insurance	500.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	1,000.00	2,000.00
Worker's compensation	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	1,080.00
Total Insurance	2,456.50	2,006.50	2,006.50	2,006.50	2,078.50	2,078.50	2,078.50	2,078.50	2,078.50	2,078.50	2,078.50	3,028.50	26,054.00
Marketing and promotion	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	3,600.00
Save-A-Life marketing materials	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	1,080.00
Total Marketing and promotion	390.00	390.00	390.00	390.00	390.00	390.00	390.00	390.00	390.00	390.00	390.00	390.00	4,680.00
Meals and entertainment	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	180.00
Miscellaneous	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	120.00
Office and supplies	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	9,000.00
Payroll and related													
Payroll processing	145.00	145.00	145.00	145.00	145.00	145.00	145.00	145.00	145.00	145.00	145.00	145.00	1,740.00
Payroll taxes	1,017.00	1,124.24	1,124.24	1,124.24	1,124.24	1,124.24	1,124.24	1,155.20	1,155.20	1,155.20	1,155.20	1,155.20	13,538.44
Salaries and wages	12,717.00	14,053.00	14,053.00	14,053.00	14,053.00	14,053.00	14,053.00	14,440.00	14,440.00	14,440.00	14,440.00	14,440.00	169,235.00
Total Payroll and related	13,879.00	15,322.24	15,322.24	15,322.24	15,322.24	15,322.24	15,322.24	15,740.20	15,740.20	15,740.20	15,740.20	15,740.20	184,513.44
Postage and delivery	290.00	290.00	290.00	290.00	290.00	290.00	290.00	290.00	290.00	290.00	290.00	310.00	3,500.00
Printing	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	300.00
Professional Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rent	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	15,000.00
Repairs and maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Software	115.00	115.00	115.00	115.00	115.00	115.00	115.00	115.00	115.00	115.00	115.00	115.00	1,380.00
Taxes and filing fees	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Telephone	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	6,000.00
Travel - Mileage reimbursement	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00	2,100.00
Tree of Life	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	1,500.00
Volunteers	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00	50.00	350.00
Website	500.00	20.00	20.00	20.00	300.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	1,000.00
Total Operating Expenses	21,240.50	21,803.74	21,753.74	22,253.74	22,125.74	21,780.74	21,825.74	22,263.70	22,418.70	22,243.70	22,343.70	23,593.70	265,647.44
Total Expenses	\$61,985.50	\$62,548.74	\$62,998.74	\$62,003.74	\$60,875.74	\$60,530.74	\$60,575.74	\$62,013.70	\$62,168.70	\$61,793.70	\$64,793.70	\$63,843.70	\$746,132.44
Net Operating Income	-\$36,227.85	-\$36,791.09	-\$32,241.09	\$80,753.91	-\$29,117.08	-\$41,772.08	-\$41,817.08	-\$35,255.04	-\$16,510.01	-\$11,035.01	\$53,964.99	\$149,914.99	\$3,867.56

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

DEPARTMENT OF THE TREASURY

Date: JAN 9 3 2008

FOUNDATION FOR ANIMAL CARE &
EDUCATION
C/O G FRANK LABONTE
10435 SORRENTO VALLEY RD
SAN DIEGO, CA 92121

Employer Identification Number:
20-5333261

DLN:
17053166000037

Contact Person:
LOUIS F JOHNSON

Contact Telephone Number:
(877) 829-5500

ID# 95135

Accounting Period Ending:
December 31

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

Form 990 Required:
YES

Effective Date of Exemption:
July 26, 2006

Contribution Deductibility:
YES

Advance Ruling Ending Date:
December 31, 2010

Addendum Applies:
NO

RECEIVED
JAN 14 2008

BY:.....

r Applicant:

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

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

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

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

If you distribute funds to other organizations, your records must show whether

Letter 1045 (DO/CG)

FOUNDATION FOR ANIMAL CARE &

they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

If you distribute funds to individuals, you should keep case histories showing the recipient's name and address; the purpose of the award; the manner of selection; and the relationship of the recipient to any of your officers, directors, trustees, members, or major contributors.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC
Statute Extension

Letter 1045 (DO/CG)



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 1286
RANCHO CORDOVA CA 95741-1286

In reply refer to
755:G :SIK

October 4, 2007

FOUNDATION FOR ANIMAL CARE & EDUCATION
10435 SORRENTO VALLEY RD
SAN DIEGO CA 92121

Purpose : CHARITABLE
Code Section : 23701d
Form of Organization : Corporation
Accounting Period Ending: December 31
Organization Number : 2890998

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address must also be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012(a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. Please see annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to

October 4, 2007
FOUNDATION FOR ANIMAL CARE & EDUCATION
ENTITY ID : 2890998
Page 2

file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

Please note that an exemption from federal income or other taxes and other state taxes requires separate applications.

THIS EXEMPTION IS GRANTED ON THE EXPRESS CONDITION THAT THE ORGANIZATION WILL SECURE FEDERAL EXEMPT STATUS WITH THE INTERNAL REVENUE SERVICE. THE ORGANIZATION IS REQUIRED TO FURNISH A COPY OF THE FINAL DETERMINATION LETTER TO THE FRANCHISE TAX BOARD WITHIN 9 MONTHS FROM THE DATE OF THIS LETTER.

A copy of this letter has been sent to the Registry of Charitable Trusts.

M SIKICH
EXEMPT ORGANIZATIONS
BUSINESS ENTITIES SECTION
TELEPHONE (916) 845-4092
FAX NUMBER (916) 843-0187

EO :
CC :BRIAN WHITE

COPY

FACE Foundation

Board of Directors & Executive Leadership



CINI GANNON ROBB, Chair/President

Mrs. Robb is a resident of Rancho Santa Fe. Her passion is animals. Her animal family includes 20 birds, two cats, and seven Dachshunds. She has been a long supporter of Best Friends Animal Sanctuary, SPCALA and various other animal organizations. She has served on the FACE board since its inception and believes passionately in its commitment to "saving pets and helping families." She also works actively in the field of addiction and has served on the Board of Directors of the Betty Ford Center for the past twelve years. She is married to Ira, who supports her in all her endeavors.



HOWARD FINKELSTEIN, Vice Chair

Mr. Finkelstein graduated from the Temple University School of Law in 1976, worked as a Law Clerk for the United States District Court in Philadelphia, and then was an Assistant United States Attorney for three years. In 1981, he moved to San Diego and worked for two prominent law firms until becoming the founding partner of Finkelstein & Krinsk. He has guest lectured at Harvard Law School and the University of San Diego School of Law. Mr. Finkelstein is a founding member of FACE, and also serves on the Board of the Operation for Hope Foundation to promote awareness of domestic violence. He and his wife, Lorin LeGrant, enjoy time with their Miniature Schnauzer, "Cooper."



HEIDI ARAMBULA, Secretary

Mrs. Arambula graduated from Temple University School of Public Health in 1997. During graduate school she also worked as an outreach counselor for The Wistar Institute on the University of Pennsylvania campus helping patients and their families find clinical trials and information on their life threatening diseases or disorders. In 1999, she moved to San Diego and started working for a local pharmaceutical company. When she first moved to San Diego she volunteered with Temple Solel as a youth group leader and currently volunteers with the Jewish Family Services as a Big Pal for the last three years. She has three children with fur: Maxwell, Mr. Peabody and Ralph all of which are rescues.



GREGORY BELLMAN, Treasurer

Gregory W. Bellman, CPA is a Partner at CEA, LLP, a CPA and consulting firm that provides audit and tax services, located in Carlsbad. Greg graduated from the University of California, Los Angeles with a Bachelor of Arts in Economics, and worked in the software industry for several years before joining CEA in 1999. Greg also serves on the Board of Senior Mutt Match, a 501(c)(3) charity whose mission is to promote the adoption of older shelter and rescue dogs. When not at work, Greg can be found playing basketball, strumming his guitar, or running around town with his rescue dogs, Mazzy and Fish.



LUCIE BERREBY GREENBAUM, Director

Lucie Berreby is passionate about animal welfare and works diligently to save the lives of people and animals around the world. She is a long time vegan and is the Greenbaum Foundation's Director of Animal Welfare Issues. She also assists with global human trafficking issues and other projects in countries where her unique managerial and linguistic skills are in need. Lucie can frequently be found volunteering in the waters of Cutting Edge K9 Rehab. She has a Bachelor's degree in Languages from Concordia University and a Graduate degree in translation from McGill University.

FACE Foundation

Board of Directors & Executive Leadership



JOHN HART, DVM, Director

Dr. John Hart received his Doctor of Veterinary Medicine degree from Auburn University, College of Veterinary Medicine in 1988. He completed a one-year internship at the Animal Medical Center in New York City, and followed with a two-year residency in Internal Medicine. He continued there as a Staff Internist and Service Chief. Dr. Hart joined the staff at Veterinary Specialty Hospital of San Diego in 1994. He has published scientific articles and textbook chapters on Internal Medicine and has collaborated in several clinical studies across the country. He lectures frequently both nationally and internationally, and is an adjunct clinical professor at the College of Veterinary Medicine at Western University.



KEITH RICHTER, DVM, Director

Dr. Keith Richter is a graduate of Cornell University, College of Veterinary Medicine. After completing his internship and residency, he served on the Internal Medicine staff of Angell Memorial Animal Hospital in Boston and as Clinical Assistant Professor of Medicine at Tufts University School of Veterinary Medicine. His career followed as a professor at the Cornell University College of Veterinary Medicine. He has authored several scientific articles and lectures frequently at national and international scientific meetings and veterinary colleges. Dr. Richter is a founding member of the FACE Foundation and of the Veterinary Specialty Hospital of San Diego, where he has been the director since 1990.



DORI SLATER VANCE, DVM, Director

Dori Slater Vance's lifelong passion for all animals led her to her career in veterinary medicine. She is a cum laude graduate of the University of California, Davis, and spent nearly 20 years in the veterinary field. She was an influential advisory committee member to the SPCALA as they built their no-kill shelter in Long Beach, and has worked on the design of number animal shelters. Dori and her husband Jack have two Australian Shepherds, six rescue cats, and a rescue tortoise! In her free time she loves to garden, cook, and considers herself a life-long learner, with particular interests in animal behavior, pet therapy, holistic medicine, and photography.



BROOKE HAGGERTY, Executive Director

Brooke has over ten years of experience in the animal welfare/animal rights sector. She holds a Master's degree in Human Behavior (she wrote her thesis on Personality Traits and Attitudes toward Animal Welfare), a B.A. in English, a Certification in Non-Profit Management, and spent a semester at Oxford University studying International Relations. Prior to her involvement with FACE, she spent five years in the animal rights and advocacy sector with the Animal Protection and Rescue League. She is a repeated attendee of the F.A.R.M. Animal Rights Conference, and sits on the Advisory Board for National University's College of Letters and Sciences. Brooke is a long-time vegetarian, and has one beloved rescue senior cat named Bertha.



10455 Sorrento Valley Road, Suite 208 • San Diego, California 92121
t 858.450.FACE (3223) • f 858.457.FACE (3223) • www.face4pets.org

August 4, 2015

**Board Chair
President**
Cini Robb

Vice Chair
Howard D. Finkelstein

Secretary
Heidi Arambula

Treasurer
Greg Bellman

Board of Directors
Heidi Arambula
Greg Bellman
Lucie Berreby
Howard D. Finkelstein
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Advisory Committee
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Seth Ganz, DVM
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Wendy Khentigan, MD
Sandie Lampe
Lindsay Mineo
Jennifer Morel
Anne Perry
Cini Robb
Ira Robb
Susan Roll
Larry Spitcaufsky
Dori Vance, DVM

Executive Director
Brooke Haggerty

FACE Foundation is a
501(c)(3) Charitable
Organization
EIN: 20-5333261

San Marcos Community Foundation
San Marcos City Hall
1 Civic Center Drive
San Marcos, CA, 92069

Dear San Marcos Community Foundation,

The Foundation for Animal Care and Education (FACE) is a not-for-profit 501(c)(3) public charity whose mission is to enhance and preserve animals' quality of life by providing access to necessary medical care and education. With a mission of "Saving Pets and Helping Families," it is our hope that FACE Foundation will be considered for a grant from the San Marcos Community Foundation.

Emergency veterinary care can range from hundreds to thousands of dollars. In the veterinary community, payment in full is required before a pet is treated. When an emergency occurs, pet parents with limited financial resources are faced with the devastating decision of euthanizing their pet to alleviate their suffering simply because they cannot afford the cost of their emergency or critical veterinary care. Imagine a young parent having to explain to his or her children that their beloved pet won't be returning home, not because the pet's life wouldn't have been saved with treatment, but because they could not afford to pay for the emergency care required. Or, imagine an elderly person having to lose his or her only companion simply because they cannot afford a life-saving treatment on their fixed income.

I'd like to share with you a story of one of FACE's many success stories. Ginger is a sweet, happy dachshund that loves her humans. When Ginger's owners found out she was diagnosed with a vertebral disease, they were absolutely heartbroken and overwhelmed. A single mother living with her disabled son, the cost of the surgery needed to save Ginger was not feasible for them. However, losing Ginger, who is her son's therapy dog, was also not an option. They put everything they had towards helping Ginger, but it still was not enough to cover the cost of her emergency surgery. That's when they turned to the FACE Foundation for help. With a grant from FACE, Ginger was able to get the surgery that she desperately needed and is now happy to be back at home with her family.

To date, FACE has provided more than \$1.9 million in financial assistance to over 1,200 families with pets in need of emergency veterinary care. In the past year, FACE has contributed more than \$20,000 to assist pets in San Marcos pet hospitals. To help us continue to serve families and their pets in San Marcos, we are requesting a grant in the amount of \$3,000 to help pay for life-saving surgeries for pets in need. 100% of the grant would go directly toward critical care for pets through the Save-A-Life Program.

We hope that the San Marcos Community Foundation will be a partner in helping FACE save even more lives. Thank you for your time and consideration and for everything you do to support our community.

For the animals,


Brooke Haggerty, Executive Director

History of the FACE Foundation

Established in 2006, the Foundation for Animal Care and Education (FACE) is a not-for-profit 501(c)(3) public charity whose mission is to enhance and preserve the quality of life of animals by providing access to necessary medical care and education. FACE was founded by a group of board-certified veterinarians and concerned community members who witnessed pets with treatable conditions lose their lives because of the financial constraints of their owners. What started out as a beautiful vision to stop the surrender and euthanasia of beloved family pets, has become a supportive center where families in crisis can get a helping hand to save their pets' lives.

Statement of Need

Each year, many animals are brought to their veterinarian with life-threatening conditions. Sadly, many owners cannot afford the critical care their beloved pets so desperately need to survive. They are left with one choice—euthanasia. Labeled as “economic euthanasia,” this tragedy occurs every day, but has been overlooked by the humane community for years. Veterinarians are not required to report the number of pets euthanized for financial reasons, which has kept this issue effectively out of the public’s eye. FACE is changing this by bringing light to the issue and raising money to effect real change and save lives. As the only nonprofit of our kind in San Diego County, the need for our services and support is growing rapidly.

According to the San Diego Animal Welfare Coalition’s most recent shelter statistics (from July 2012 to June 2013), over 6,000 ill/injured pets were relinquished to county shelters by pet owners, and 2,879 animals specifically categorized as “treatable” were euthanized. These alarming totals do not include the number of treatable pets euthanized in veterinary hospitals - a number that veterinarians do not have to report. These numbers demonstrate that there is an enormous need for assistance in saving these pets with critical yet treatable conditions.

Mission and Goals

The FACE Foundation’s mission is to enhance and preserve the quality of life of animals by providing access to necessary medical care and education. It is our goal to keep pets and their families together and avoid the unnecessary heartbreak of losing a beloved family member.

Project Summary: FACE’s Save-A-Life Program

The Save-A-Life program is the primary focus of the FACE Foundation. Families requesting assistance from FACE are as varied as their animals and breeds. We have helped senior citizens, military families, single parents, students, widows/widowers, the homeless, low-income families and individuals, and people with disabilities. These people consider their pets members of their family, but simply do not have the resources to afford all or part of the cost of emergency veterinary care. Without the Save-A-Life Program, these pets would either pass away or need to be euthanized to alleviate their suffering.

The Save-A-Life Vet Network is a collaborative effort between the FACE Foundation and veterinary hospitals. Based on established criteria, FACE provides financial grants to animal owners who are unable to partially or fully cover the cost of their pet's emergency or critical care. Through this program, FACE gives funding directly to local veterinary hospital partners who generously discount their prices by at least 25% for qualified cases.

Since its inception, FACE has contributed more than \$1.9 million to save the lives of over 1,200 pets. In the past year, FACE provided more than \$20,000 in financial assistance to pets requiring emergency veterinary care in San Marcos pet hospitals.

Objectives and Outcomes

In 2015, we intend to grant \$465,000 to save at least 300 more family pets that are facing euthanasia simply because their owners are unable to afford the entire cost of their care. We plan to achieve this through the following objectives:

- Increase our network of Save-A-Life partners by reaching out to local veterinary hospitals
- Expand the Save-A-Life program to other communities in Southern California
- Increase awareness of our mission by growing our social media presence
- Increase funding for services through foundation and corporate grants
- Increase funding for services through additional fundraising events

Evaluation

Success of the Save-A-Life program is determined by the number of lives that have been saved. To date, we have helped to save over 1,200 lives with the help of more than 100 veterinary hospital partners. In 2014, FACE cases had a success rate of 95%.

Program Budget

FACE has projected a total budget of \$465,000 in animal care grants for the Save-A-Life program in 2015. 100% of this budget is directly allocated to life-saving treatments and surgeries for pets in need. The Save-A-Life program budget accounts for 63% of FACE's total annual budget projected for 2015.

Return of Organization Exempt From Income Tax

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

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

, 2014, and ending

B Check if applicable:

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

FOUNDATION FOR ANIMAL CARE & EDUCATION
10455 SORRENTO VALLEY ROAD #208
SAN DIEGO, CA 92121

D Employer identification number

20-5333261

E Telephone number

(858) 450-3223

G Gross receipts \$ 708,784.

F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(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.FACE4PETS.ORG

H(c) Group exemption number ▶

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

L Year of formation: 2006

M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOR ANIMAL CARE & EDUCATION WAS FORMED FOR THE PURPOSE OF FURTHERING THE CARE AND TREATMENT OF ANIMALS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	440,244.	485,660.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	465.	359.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	220,061.	216,928.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	660,770.	702,947.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	339,317.	418,173.
	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)	168,043.	187,022.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,873.		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	77,685.	103,541.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	585,045.	708,736.
	19	Revenue less expenses. Subtract line 18 from line 12	75,725.	-5,789.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	640,336.	686,983.
22	Net assets or fund balances. Subtract line 21 from line 20	11,187.	63,623.	
		629,149.	623,360.	

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

GREG BELLMAN

CFO

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name

GREGORY W. BELLMAN

Preparer's signature

GREGORY W. BELLMAN

Date

Check ☐ if self-employed

PTIN

P01059188

Firm's name

CEA, LLP

Firm's address

703 PALOMAR AIRPORT ROAD #150

Firm's EIN ▶ 33-0927538

CARLSBAD, CA 92011

Phone no. 760.438-4000

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 05/28/14

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission:

THE FOUNDATION FOR ANIMAL CARE & EDUCATION WAS FORMED FOR THE PURPOSE OF FURTHERING
THE CARE AND TREATMENT OF ANIMALS.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

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

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

If 'Yes,' describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 577,197. including grants of \$ 418,172.) (Revenue \$)
THE FOUNDATION FOR ANIMAL CARE AND EDUCATION (FACE) PROVIDES FINANCIAL ASSISTANCE TO
PET OWNERS FOR CRITICAL OR LIFE-SAVING VETERINARY CARE. THE ORGANIZATION SCREENS
APPLICANTS/PET OWNERS FOR QUALIFICATION, AND PAYS FOR THE PET'S SURGICAL NEEDS BY
NEGOTIATING DISCOUNTED FEES WITH ANIMAL HOSPITALS AND PROVIDING FUNDING.

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

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

- 4d**
- Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ▶ 577,197.

BAA

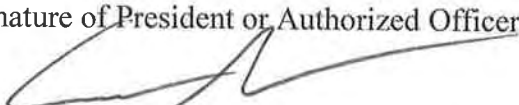
TEEA0102L 05/28/14

Form 990 (2014)

SAN MARCOS COMMUNITY FOUNDATION

Grant Cover Page

(Choose one) ☐ MINI-GRANT (Choose one) ☒ REGULAR GRANT

Project Name: Senior Services Date Submitted: 10/7/2015		Total # of people served: 900 Total # of San Marcos residents served: 300	Amount Requested: \$10,000
Non-Profit Organization Name and Address, Website Interfaith Community Services, Inc. 550 W. Washington Ave. Escondido, CA 92025 www.interfaithservices.org		Contact Person – Name, Title & Phone, email Caitlin Kosec, Grants and Communications Manager 760-489-6380 ext. 260 ckosec@interfaithservices.org	
Briefly describe your request for funds (to be expanded upon in narrative for regular grant): The overarching goal of Interfaith's Senior Services program is to build community among seniors while simultaneously enhancing the wellness and food security of North County seniors as they age. Interfaith offers the following programs and services that enable seniors residing in North County to live healthy, thriving and independent lives: Senior Connections food truck, housing, emergency financial support, minor home repairs, nutrition assistance, and social services. Over the past year, Interfaith's Senior Services has provided services to over 900 North County seniors.			
Briefly describe the significance of your request to the San Marcos community: Increased funding from the San Marcos Community Foundation will enable Interfaith to provide support to San Marcos seniors through its Senior Services Program. This funding opportunity will be used to support the overall personnel costs associated with operating the programs senior emergency account, minor home repairs, nutritional assistance and corresponding case managed social services for approximately 300 vulnerable San Marcos seniors over the next year.			
Please attach the following items. Both Mini-Grant & Regular: <ol style="list-style-type: none"> Budget for request (use SMCF Budget Worksheet) Annual Operating budget for the organization or unit Federal & State Tax ID numbers Board of Directors listing with affiliations 5. Regular Grants Only: <ol style="list-style-type: none"> 1-2 page narrative First 2 pages of Federal 990 Most recent year-end Statement or Audit including any management letters associated with Audit. Signature of President or Authorized Officer on Application Optional: letters of support 		Expected date project will begin/end: 12/1/2015 Date by which funds will be expended: 11/30/2016 Signature of President or Authorized Officer  Greg Anglea, Executive Director 10/7/2015 Name, Title Date	
		Submit Via Mail, In Person or Via Email to: San Marcos Community Foundation c/o City of San Marcos 1 Civic Center Drive San Marcos, CA 92069 Email (PDF Format): wkaserman@san-marcos.net	

SAN MARCOS COMMUNITY FOUNDATION
Budget Worksheet

Provide an itemized list of expenses for this project:

Personnel Salaries	\$200,856
Taxes & Benefits	\$52,100
Senior Rental Assistance	\$6,000
Senior Supportive Services	\$10,500
Senior Food, pantry supplies	\$5,200
Occupancy - Rent	\$20,799
Gas & Electric	\$6,120
Other Utilities	\$1,200
IT Support	\$2,100
Property & Liability Ins.	\$600
Postage & Shipping	\$200
Office Supplies	\$720
Computer Software	\$135
Copier Expense	\$1,440
Rent - Office equip/Furniture	\$540
Mileage Reimbursement	\$9,660
Seminars, Retreats, Training	\$900
Advertising & Promotion	\$300
Telephone	\$5,220
Telephone Cellular	\$3,060
Printing & Publications	\$1,000

Total Expenses

Total budget for this PROJECT: \$328,650

Grant Request Amount: \$10,000

(Mini-grants not to exceed \$1,500, Regular grants not to exceed \$10,000.)

Is this a challenge grant?

No

Could it be?

Yes

Please list any other funding sources for this project.

****Indicate if funds are committed (C), conditional (CD), or pending (P).**

\$14,633 City of Vista – Project CARE grant	<u>**C</u>
\$52,248 San Diego County – Senior Minor Home Repair grant	<u>** C</u>
\$193,500 Rancho Santa Fe Foundation	<u>** P</u>
\$7,500 Foundation for Senior Wellbeing	<u>**P</u>

INTERFAITH COMMUNITY SERVICES				
FY 2016 BUDGET				
(Excludes Inkind)			Fav / (Unfav)	
In \$	FY 2016 Budget	FY 2015 Forecast	Amount	%
Revenues				
Government Grants and Contracts	7,531,933	5,722,362	1,809,571	32%
Contributions and Private Grants	3,000,000	2,739,253	260,747	10%
Rental Income	394,800	394,584	216	0%
Interest income	228,500	217,016	11,484	5%
Other Income	114,553	105,826	8,727	8%
Total Revenues	11,269,786	9,179,041	2,090,745	23%
Expenses				
Personnel & Related	7,450,407	5,890,994	(1,559,413)	(26%)
Program Services	1,861,281	1,396,229	(465,052)	(33%)
Occupancy Expense	920,096	927,165	7,069	1%
Professional Fees	256,956	199,784	(57,172)	(29%)
Business Insurance	74,930	69,657	(5,273)	(8%)
Interest Expense	146,700	79,690	(67,010)	(84%)
Depreciation Expense	504,232	447,699	(56,533)	(13%)
Other Expenses	639,248	559,040	(80,208)	(14%)
Total Expenses	11,853,850	9,570,258	(2,283,592)	(24%)
Gain/(Loss) from Operations	(584,065)	(391,217)	(192,848)	(49%)



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550286
June 03, 2013 LTR 4168C 0
95-3837714 000000 00

00032869
BODC: TE

INTERFAITH COMMUNITY SERVICES INC
550 W WASHINGTON AVENUE
ESCONDIDO CA 92025-1643



005682

Employer Identification Number: 95-3837714
Person to Contact: Vaida Singleton
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 08, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 1984.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077550286
June 03, 2013 LTR 4168C 0
95-3837714 000000 00
00032870

INTERFAITH COMMUNITY SERVICES INC
550 W WASHINGTON AVENUE
ESCONDIDO CA 92025-1643

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

Sincerely yours,

Cindy Thomas

Cindy Thomas
Manager, EO Determinations



Entity Status Letter

Date: 11/13/2013

ESL ID: 6041986171

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

Entity ID: 1120020

Entity Name: INTERFAITH COMMUNITY SERVICES, 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.

Internet and Telephone Assistance

Website: **ftb.ca.gov**

Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States

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

Bill Baker Retired

Laurie Burt Retired

Rabbi David Castiglione Rabbi, Temple Adat Shalom

CHAIR Christine Carrick Owner, Youngdale Manufacturing

Rev. Meg Decker Reverend, Trinity Church

David Dollins Retired

Gene Evenskaas Retired

Michael Friedrichs Attorney, White and Bright

VICE CHAIR Silas Harrington Attorney, Tax Law

Jeff Jones Union Bank

George Liggins Retired

Jesse Longacre Retired

TREASURER Gary Luoto Retired

Manny Martinez Financial Planner at Martinez, Winter & DeLaRosa

Mike Meziere Owner, Meziere Enterprises

Paul Polito Partner, Polito Eppich, CPA and Business Advisors

Jinda Schatz Retired

Tim Sharon Retired

Secretary Stephen Smith Attorney/Partner, Lewis Brisbois Bisgaard & Smith LLP

Jeff Vistica Financial Planner, Vistica Wealth Advisors

Chris Weigel-Schwan Retired

Current Needs of Vulnerable North County Seniors

As seniors age, their sense of “social capital,”-connection, trust, and participation to those around them, decreases and they tend to feel isolated and alone. Decreased social capital may also affect nutritional intake as well, which may in turn, cause or aggravate health issues. Studies have revealed that, those seniors who have a greater sense of social capital live healthier, happier lives. According to a recent study conducted by the University of California, San Francisco (UCSF), isolated seniors are more likely to experience life-threatening health issues. The study also found that seniors 60-years-old and older who reported feelings of loneliness and isolation, saw a 45% increase in their risk for death. Isolated seniors also had a 59% greater risk of mental and physical decline than their more social counterparts. Moreover, in 2012, a San Diego County HHSA report estimated that 84,000 San Diegans will be 85 years and older by 2030.

As the senior population in San Diego County continues to rapidly increase, the need for accessible resources and services specifically geared to the senior population is in high demand. Interfaith Community Services’ (Interfaith) Senior Services program works to effectively respond to these growing needs by providing a variety of support and services to seniors throughout San Diego’s North County region. Interfaith’s comprehensive services empower low-income, frail and disabled seniors to live independently.

Senior Services Program

Interfaith Community Services is extremely grateful for the previous support from the San Marcos Community Foundation, increased funding enabled Interfaith’s Senior Services to provide services to 164 isolated, frail, and vulnerable seniors from February until August 2015. Of those 164 seniors served, 59 were San Marcos residents. Although previous support enabled Interfaith to successfully provide services to vulnerable seniors, there is still an existing funding gap in regard to the overall personnel costs associated with operating the Senior Services program. Increased funding from the San Marcos Community Foundation will enable Interfaith to provide support to at least 300 San Marcos seniors through its Senior Services Program over the next year. This funding opportunity will be used to support the overall personnel costs associated with operating the programs senior emergency account, minor home repairs, nutritional assistance and supportive services for vulnerable, isolated, and frail seniors over the next year.

Interfaith is uniquely positioned to effectively meet the needs of the target population as a result of the existing organization’s capacity, comprehensive social services, and existing presence in the North County region. Interfaith Community Services was founded in 1979 by a handful of diverse faith communities to address the needs of low-income, homeless, and under-served neighbors in North San Diego County. By creating Interfaith they were able to collaborate to make a bigger impact on the needs of people in our community. As participation grew, Interfaith evolved into a broad continuum of programs and services that provide the tools and resources people in crisis need to stabilize and rebuild their lives.

These programs are organized into five clusters: Nutrition and Basic Needs, Housing, Employment, Self-Sufficiency and Support as well as Behavioral Health and Recovery. Through these priority areas, Interfaith provides numerous programs covering a broad spectrum of support. Programs are designed to overlap so that each client receives as many services as necessary to improve their independence and self-sufficiency. With more than 300 member faith centers, and more than 130 dedicated staff, Interfaith served over 16,000 unique individuals last year alone.

Interfaith's Senior Services Program offers the following supportive services to vulnerable North County seniors:

Minor Home Repairs: Staff, volunteers, and local business groups assist in completing free minor home repairs for qualified seniors. These repairs make it easier and safer for caregivers to manage daily caregiving activities. Services include such repairs as: leaky faucets, repairing screen doors and windows, and installing grab bars and smoke detectors. Over the past year, 319 vulnerable seniors have received minor home repairs and modifications, including 77 San Marcos residents.

Information and Referrals: Staff and volunteers provide information and referrals to seniors to help them navigate the maze of health and social services, enabling seniors to access the services they need to remain in their homes.

Senior Emergency Fund: Funds provided by a local foundation are utilized to empower low-income seniors to return to stability after experiencing an unexpected financial setback or crisis. Over the past year, 26 seniors were provided with emergency support to prevent homelessness, assist in relocation, cover medical co-pays, purchase medical equipment, and pay for needed auto repairs.

Senior Connections Program: The Senior Connections program seeks to improve the nutritional security of vulnerable seniors by providing seniors with easily accessible and nutritious lunches through a food truck. In partnership with local mobile homes and faith centers, lunches are served in community-based locations and include senior outreach and support services including; socialization, informational presentations and performers, and connections to social service resources. Lunches and accompanying activities are held Monday through Friday every week at five mobile home parks and faith center sites along the Rte. 78 corridor, including three sites within San Marcos. In partnership with Rancho Santa Fe Foundation and Dreams for Change, Interfaith provided supportive services, as well as information and referrals, to 1,186 seniors between November 2014 and August 2015. Through the Senior Connections program's three San Marcos sites, Interfaith proudly served 581 San Marcos senior community members.

The overarching goal of Interfaith's Senior Services program is to enhance the wellness, self-sufficiency, and food security of North County seniors as they age in place. Funding from the San Marcos Community Foundation, will enable Interfaith to close an existing funding gap for personnel services associated with operating the Senior Services program. Specifically, funding will be used to support personnel costs associated with operating the Senior Services program's variety of senior services including its senior emergency account, minor home repairs, nutritional assistance, information and referrals, as well as supportive services. This grant is expected to help improve the lives and wellbeing of at least 300 vulnerable San Marcos seniors over the next year.

Program Evaluation Process

Through monthly surveys and assessments, Interfaith tracks the effectiveness of programs and outreach efforts. Interfaith will internally evaluate and share results of its long-term effectiveness in supporting the needs of underserved seniors in North County. Our internal evaluation process includes pre-and post-service results, as well as participant feedback to determine the effectiveness of our programs. Similarly, results will be shared through communications to the public which include, Interfaith's newsletter, website, blog, and social media pages. The success of this grant's outcome will be evaluated in the form of a detailed report to the San Marcos Community Foundation, which will clearly state how the funds were expended, along with an evaluation of the program effectiveness.

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)

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

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

A For the **2013** calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">INTERFAITH COMMUNITY SERVICES, INC.</div> Doing Business As <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">550 W WASHINGTON AVE B</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code</div> <div style="border: 1px solid black; padding: 2px;">ESCONDIDO, CA 92025</div> F Name and address of principal officer: GREG ANGLEA <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">95-3837714</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">760-489-6380</div> G Gross receipts \$ 10,698,892. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.INTERFAITHSERVICES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1979 M State of legal domicile: CA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SOCIAL SERVICES TO ADDRESS THE NEEDS OF LOW-INCOME, HOMELESS, AND UNDERSERVED POPULATIONS.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	216
6	Total number of volunteers (estimate if necessary)	6	700
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.
8	Contributions and grants (Part VIII, line 1h)	8	18
9	Program service revenue (Part VIII, line 2g)	9	18
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	216
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	700
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 633,011.	b	633,011.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	4,007,461.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	4,511,013.
19	Revenue less expenses. Subtract line 18 from line 12	19	9,267,504.
20	Total assets (Part X, line 16)	20	10,201,554.
21	Total liabilities (Part X, line 26)	21	3,488,769.
22	Net assets or fund balances. Subtract line 21 from line 20	22	-328,818.

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 <div style="border: 1px solid black; padding: 2px;">JOSEPH STEMMLER, DIRECTOR OF FINANCE</div> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">ROBERT C. GELLMAN</div> Preparer's signature <div style="border: 1px solid black; padding: 2px;">Preparer's signature</div> Date <div style="border: 1px solid black; padding: 2px;">Date</div> Check <input type="checkbox"/> if self-employed PTIN <div style="border: 1px solid black; padding: 2px;">P00183739</div> Firm's name ▶ CBIZ MHM, LLC Firm's EIN ▶ 01-0826173 Firm's address ▶ 10616 SCRIPPS SUMMIT COURT, STE 100 <div style="border: 1px solid black; padding: 2px;">SAN DIEGO, CA 92131</div> Phone no. 858-795-2000	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

TO IMPLEMENT PROGRAMS FOR BASIC NEEDS, SOCIAL SERVICES, AND PERSONAL ECONOMIC DEVELOPMENT, WHICH WILL EMPOWER THE DISADVANTAGED IN OUR COMMUNITY. SHARE MEMBER CONCERNS WITH ISSUES AND DEAL WITH PROBLEMS, WHICH AFFECT THE RELIGIOUS COMMUNITY WHEN BY COMMON CONSENT, THE

2 Did the organization undertake any significant program services during the year which were not listed on

the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

4a (Code:) (Expenses \$ 1,166,067. including grants of \$) (Revenue \$ 693,736.)
SHELTERS AND HOMES - INTERFAITH COMMUNITY SERVICES, INC (ICS) PROVIDES SOBERING AND REHABILITATION PROGRAMS AND HOUSING, PROVIDES EMERGENCY HOUSING AND CARE FOR THE MENTALLY ILL HOMELESS WOMEN AND MEN. THESE PROGRAMS INCLUDE CASE MANAGEMENT, SCREENING, AND REFERRALS FOR OTHER PROGRAMS AND SERVICES.

4b (Code:) (Expenses \$ 2,195,238. including grants of \$) (Revenue \$ 738,591.)
SOCIAL SERVICES - ICS PROVIDES LOW INCOME AND UNEMPLOYED INDIVIDUALS AND FAMILIES EMERGENCY FOOD, BASIC EMPLOYMENT SERVICES, FREE TAX PREPARATION, RENTAL ASSISTANCE, UTILITIES ASSISTANCE AND REFERRALS FOR OTHER SERVICES. ICS ALSO SUPPLIES DAILY BREAKFAST AND LUNCH, AND BASIC SERVICES, SUCH AS SHOWERING, LAUNDRY FACILITIES AND MAIL RECEIPT FOR THE HOMELESS.

4c (Code:) (Expenses \$ 3,109,814. including grants of \$) (Revenue \$ 2,895,165.)
VETERANS' SERVICES - ICS PROVIDES VETERANS WITH THE RESOURCES NECESSARY TO REGAIN SELF-SUFFICIENCY THROUGH TEMPORARY HOUSING, JOB SEARCH, JOB TRAINING, COUNSELING, AND HELP APPLYING FOR FEDERAL BENEFITS, SUCH AS SOCIAL SECURITY AND VETERANS ADMINISTRATION BENEFITS. ICS ALSO PROVIDES RECUPERATIVE CARE SERVICES FOR RECENTLY RELEASED HOSPITALIZED VETERANS.

4d Other program services (Describe in Schedule O.)(Expenses \$ 2,290,717. including grants of \$) (Revenue \$ 1,686,502.)**4e** Total program service expenses **8,761,836.**Form **990** (2013)



SAN MARCOS COMMUNITY FOUNDATION
Grant Cover Page

(Choose one) ☐ **MINI-GRANT** (Choose one) ☒ **REGULAR GRANT**

Project Name: Fortissimo Orchestra Program SMUSD Date Submitted: 9/30/15	Total # of people served: 50 Total # of San Marcos residents served: 100	Amount Requested: \$ 10,000
Non-Profit Organization Name and Address, Website Kid's College 570 Rancheros Drive, Suite 270 San Marcos, CA 92069 www.thekidscollge.org		Contact Person – Name, Title & Phone, email Carole Beeson, Program Director cbeeson21@gmail.com 858-922-7401
Briefly describe your request for funds (to be expanded upon in narrative for regular grant): <p>Funds are requested to sustain and grow the "Fortissimo" Orchestra Program at Joli Ann Leichtag Elementary School (SMUSD) which started in January 2015 with 25 3rd grade students. These students are continuing at the 4th grade and a new 3rd class is scheduled to begin. Requested Grant Funds will be used for instructors, instruments and program management. Please see the enclosed Program Plan for details.</p>		
Briefly describe the significance of your request to the San Marcos community: <p>This program as a model and forerunner of an orchestral program in all of the SMUSD Title I schools and beyond is demonstrating that it is transformational for students in low socio-economic circumstance by measured improvement academically, behaviorally, and socially. Our first class has brought the students, parents and community together with both participation and direct program support. As in other similar programs world-wide these young students will become better citizens as they grow to adulthood.</p>		
Please attach the following items. Both Mini-Grant & Regular: <ol style="list-style-type: none"> Budget for request (use SMCF Budget Worksheet) Annual Operating budget for the organization or unit Federal & State Tax ID numbers Board of Directors listing with affiliations Signature of President or Authorized Officer on Application- <i>If using a fiscal sponsor, the signature must come from the President or an Authorized Officer of that organization.</i> 6. Regular Grants Only: <ol style="list-style-type: none"> 1-2 page narrative First 2 pages of Federal 990 Most recent year-end Statement or Audit including any management letters associated with Audit. Optional: letters of support 		Expected date project will begin/end: 7/1/15-6/30/16 Date by which funds will be expended: 6/16 Signature of President or Authorized Officer <div style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></div> 9/30/15 Name, Title <i>Program Director</i> Date
		Submit Via Mail, In Person or Via Email to: San Marcos Community Foundation c/o City of San Marcos 1 Civic Center Drive San Marcos, CA 92069 Email (PDF Format): wkaserman@san-marcos.net

SAN MARCOS COMMUNITY FOUNDATION
Budget Worksheet

Provide an itemized list of expenses for this project:
(example – 72 bicycle helmets at \$7.80 each including tax = \$561.60)

<u>25 Instruments (violins, violas, cellos)</u>	\$ <u>9,224</u>
<u>Instrument Maintenance</u>	\$ <u>2,172</u>
<u>Music Books</u>	\$ <u>250</u>
<u>Program Director</u>	\$ <u>6,000</u>
<u>Instructors</u>	\$ <u>16,840</u>
<u>Music Stands</u>	\$ <u>875</u>
<u>Admin (Payroll, accounting, insurance)</u>	\$ <u>3,336</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total budget for this PROJECT: \$ 38,897

Grant Request Amount: \$ 10,000
(Mini-grants not to exceed \$1,500, Regular grants not to exceed \$10,000.)

Is this a challenge grant?

Could it be?

Please list any other funding sources for this project.

**Indicate if funds are committed (C), conditional (CD), or pending (P).

\$ <u>5,000</u>	(Name of source)	<u>SD County Community Reinvestment</u>	<u>Program</u>	<u>** P</u>
\$ <u>5,000</u>	(Name of source)	<u>Classics for Kids Foundation</u>	<u>**</u>	<u>P</u>
\$ <u>5,000</u>	(Name of source)	<u>Yardsons</u>	<u>**</u>	<u>P</u>
\$ <u>5,000</u>	(Name of source)	<u>Sunwest Bank</u>	<u>**</u>	<u>P</u>
\$ <u>10,000</u>		<u>Mission Federal Credit</u>		<u>P</u>

Expenses

August

Expected Revenue in August	\$	3,300.00	Revenue from JA BizTown Summer
	\$	3,500.00	Beginning of Fall I Session Revenue
rent & utilities			Paid
Salaries & Taxes	\$	9,600.00	
Room Fees	\$	1,538.40	VUSD Room Fees - Have not been invoiced
Instructor July Camps Payment	\$	3,816.37	Instructors - July camps
Web Registration System	\$	335.00	
Bank Charges	\$	150.00	
Cox monthly	\$	80.00	
Tech / Phone	\$	140.00	
Miscellaneous	\$	100.00	
Total August	\$	15,759.77	
Total at end of August	\$	2,222.02	

September

Expected Revenue in September	\$	55,000.00	Fall I and Special Programs Revenue
rent & utilities	\$	330.00	
Salaries & Taxes	\$	9,600.00	
Web Updates	\$	200.00	new sliders and info for Fall
Web Registration System	\$	335.00	
Instructor Orientation	\$	150.00	
Materials	\$	500.00	
Bank Charges	\$	150.00	
Cox monthly	\$	80.00	
Tech / Phone	\$	140.00	
Miscellaneous	\$	100.00	
Total September Expenses	\$	11,585.00	
Total at end of September	\$	45,637.02	

October

Expected Revenue in October	\$	15,000.00	Fall I and Special Programs Revenue
rent & utilities	\$	330.00	
Salaries & Taxes	\$	9,600.00	
Web Registration System	\$	335.00	
On-Boarding New Instructors	\$	575.00	includes fingerprinting
Instructor Pay for September	\$	7,750.00	
Bank Charges	\$	400.00	
Cox monthly	\$	80.00	
Tech / Phone	\$	140.00	
Miscellaneous	\$	250.00	
Total October Expenses	\$	19,460.00	
Total at end of October	\$	41,177.02	

Notes:

Fortissimo Orchestra Program

Revenue	April	May	June	July	August	September	October	November	December	Total	Notes
Actual	\$ 2,179.70	\$ 2,763.20	\$ 3,693.32	\$ 364.00	\$ 2,050.00						
Projected From the District											
Projected Fundraising											
Total Actual & Projected Revenue	\$ 2,179.70	\$ 2,763.20	\$ 3,693.32	\$ 364.00	\$ 2,050.00					\$ 29,422.22	
Expenses											
Actual Expenses											
Fingerprinting											
Printing											
Personnel Costs	\$ 2,263.20	\$ 2,091.00	\$ 1,992.60	\$ 1,182.00	\$ 1,207.00	\$ 690.00					Personnel Costs paid in the following month (i.e. December hours paid in January)
Kid's College Personnel Time	\$ 50.00	\$ 50.00	\$ 100.00	\$ 50.00	\$ 50.00	\$ 30.00					
Materials											
LEGOLAND Performance Tickets	\$ 300.00										
WebFront End / Logo											
Other Fortissimo				\$ 183.17							
Total Actual Expenses	\$ 2,613.20	\$ 2,141.00	\$ 2,092.60	\$ 1,415.17	\$ 1,257.00	\$ 720.00				\$ 16,785.81	
Projected Expenses											
Printing							\$ 250.00				
Personnel Costs							\$ 1,500.00	\$ 2,000.00	\$ 2,000.00		Personnel Costs paid in the following month (i.e. December hours paid in January)
Kid's College Personnel Time							\$ 150.00	\$ 50.00	\$ 150.00		
Materials							\$ 1,000.00				
WebFront End / Logo											
Other Fortissimo											
Total Projected Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,900.00	\$ 2,050.00	\$ 2,150.00	\$ 4,950.00	
Total Actual & Projected Expenses	\$ 2,613.20	\$ 2,141.00	\$ 2,092.60	\$ 1,415.17	\$ 1,257.00	\$ 720.00	\$ 2,900.00	\$ 2,050.00	\$ 2,150.00	\$ 21,735.81	
Net	\$ (433.50)	\$ 622.20	\$ 1,600.72	\$ (1,051.17)	\$ 793.00	\$ (720.00)	\$ (2,900.00)	\$ (2,050.00)	\$ (2,150.00)	\$ 5,536.41	
Rolling	\$ 11,391.66	\$ 12,013.86	\$ 13,614.58	\$ 12,563.41	\$ 13,356.41	\$ 12,636.41	\$ 9,736.41	\$ 7,686.41	\$ 5,536.41		

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

DEPARTMENT OF THE TREASURY

Date: SEP 27 2006

KIDS COLLEGE
18010 CALLE ESTEPONA
SAN DIEGO, CA 92126

Employer Identification Number:

33-0933622

DLN:

17053217704006

Contact Person:

DAN W BERRY

ID# 31122

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

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

Dear Applicant:

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

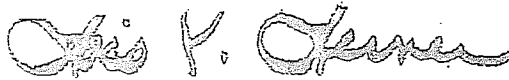
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of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

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

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

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 1286
RANCHO CORDOVA CA 95741-1286

In reply refer to
755:G :SIK

June 6, 2002

KID'S COLLEGE
CAROLE T BEESON
18010 CALLE ESTEPONA
SAN DIEGO CA 92128-1553

Purpose : CHARITABLE, EDUCATIONAL
Code Section : 23701d
Form of Organization : Corporation
Accounting Period Ending: June 30
Organization Number : 2288505

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address must also be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012(a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. Please see annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax

June 6, 2002
KID'S COLLEGE
ENTITY ID : 2288505
Page 2

under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

Please note that an exemption from federal income or other taxes and other state taxes requires separate applications.

A copy of this letter has been sent to the Registry of Charitable Trusts.

M SIKICH
EXEMPT ORGANIZATIONS
BUSINESS ENTITIES SECTION
TELEPHONE (916) 845-4092
FAX NUMBER (916) 845-0800

EO :



KID'S COLLEGE
BOARD OF DIRECTORS
SEPTEMBER 1, 2015

Chairman of the Board: Joe Longo – Management Consultant, Businessman

Board Secretary: Tami Noorzay – Art Instructor

Board Members:

Carole Beeson – Founder/Program Director

Glenda Cuevas – Principal (Oceanside High School)

Joanne Tawfilis – Commissioner/Public Institution

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____.

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2014**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

KIDS COLLEGE**33-0933622**

Name and title of officer

ANN LITTLE**EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>311,811.</u>
2 a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ORTEGA & ASSOCIATES CPA to enter my PIN 93362 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

33522823206

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.Form **8879-EO** (2014)

Return of Organization Exempt From Income Tax

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

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

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending ,							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> C KIDS COLLEGE 570 RANCHEROS DRIVE #270 SAN MARCOS, CA 92069 </td> <td style="width:40%; vertical-align: top;"> D Employer identification number 33-0933622 E Telephone number 760-798-4064 G Gross receipts \$ 311,811. </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: SAME AS C ABOVE </td> </tr> <tr> <td colspan="2"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> </table>	C KIDS COLLEGE 570 RANCHEROS DRIVE #270 SAN MARCOS, CA 92069	D Employer identification number 33-0933622 E Telephone number 760-798-4064 G Gross receipts \$ 311,811.	F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ▶	
C KIDS COLLEGE 570 RANCHEROS DRIVE #270 SAN MARCOS, CA 92069	D Employer identification number 33-0933622 E Telephone number 760-798-4064 G Gross receipts \$ 311,811.						
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H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) H(c) Group exemption number ▶							
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
J Website: ▶ THEKIDSCOLLEGE.ORG							
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2002 M State of legal domicile: CA							

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PROVIDE QUALITY EDUCATIONAL ENRICHMENT PROGRAMS FOR ELEMENTARY AND MIDDLE SCHOOL CHILDREN FOCUSING ON VISUAL ART, PERFORMING ART, SCIENCE AND ENGINEERING, LIFE SKILLS AND FINANCIAL MANAGEMENT.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 4
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 3
	6	Total number of volunteers (estimate if necessary)	6 65
	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.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 69,705. Current Year 95,951.
	9	Program service revenue (Part VIII, line 2g)	289,090. 215,842.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22. 18.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	358,817. 311,811.
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)	81,790. 107,211.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,957.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	249,034. 223,316.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	330,824. 330,527.
	19	Revenue less expenses. Subtract line 18 from line 12	27,993. -18,716.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 90,217. End of Year 71,501.
	21	Total liabilities (Part X, line 26)	0. 0.
	22	Net assets or fund balances. Subtract line 21 from line 20	90,217. 71,501.

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 _____ ANN LITTLE Type or print name and title. EXECUTIVE DIRECTOR									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Print/Type preparer's name</td> <td style="width:20%;">Preparer's signature</td> <td style="width:10%;">Date</td> <td style="width:10%;">Check <input checked="" type="checkbox"/> if self-employed</td> <td style="width:30%;">PTIN</td> </tr> <tr> <td>MARIO G. ORTEGA</td> <td></td> <td>9/19/15</td> <td></td> <td>P00232069</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	MARIO G. ORTEGA		9/19/15	
Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN						
MARIO G. ORTEGA		9/19/15		P00232069						
Paid Preparer Use Only	Firm's name ▶ ORTEGA & ASSOCIATES CPA Firm's address ▶ 5151 SHOREHAM PL., SUITE 100 SAN DIEGO, CA 92122									
	Firm's EIN ▶ 20-0311474 Phone no. (858) 623-2786									

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 05/28/14

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission:

PROVIDE QUALITY EDUCATIONAL ENRICHMENT PROGRAMS FOR ELEMENTARY AND MIDDLE SCHOOL CHILDREN FOCUSING ON VISUAL ART, PERFORMING ART, SCIENCE AND ENGINEERING, LIFE SKILLS AND FINANCIAL MANAGEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 238,261. including grants of \$) (Revenue \$)
 PROVIDED QUALITY EDUCATIONAL ENRICHMENT PROGRAMS FOR ELEMENTARY AND MIDDLE SCHOOL CHILDREN FOCUSING ON VISUAL ART, PERFORMING ART, SCIENCE AND ENGINEERING, LIFE SKILLS AND FINANCIAL MANAGEMENT.

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

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

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

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

4e Total program service expenses **238,261.**



September 30, 2015

Colleen Lukoff
Chair
San Marcos Community Foundation
1 Civic Drive
San Marcos, CA 92069

Dear Colleen and Board Members,

As we submit this Grant Application for your continued support of the Fortissimo Orchestra Program we do want to thank you, and your Board, for your support last year – it really allowed us to start the program. As I think you know, the program has been very successful with the 3rd grade class of 25 at Joli Ann Leichtag excelling and performing at a level that has been truly transformational for the students and their parents – grades are up, behavior has improved and attitudes have become more positive toward school. Also very encouraging has been the return of all (100%) of the students as 4th graders with a waiting list clamoring to join Fortissimo as the new 3rd grade beginner orchestra.

Our Fortissimo Program is the first step in bringing an expanded and more robust music education program into the SMUSD. With Kevin Holt's leadership and the School Boards support this program is designed to expand into all of the Title I Elementary Schools in the SMUSD and then into all of our schools, including Middle and High schools.

We, of course, hope you will give our application your favorable consideration as we continue with wonderful community support to create a musical renaissance in the SMUSD. If you should need additional information please call (or e-mail).

Best Regards,

Carole Beeson
Carole Beeson
Program Director



September 20, 2015

Colleen Lukoff
San Marcos Community Foundation
1 Civic Drive
San Marcos, CA 92069

Dear Ms. Lukoff,

Please consider increasing the San Marcos Community Foundation's support of the Fortissimo after-school strings program. Under the leadership of Carole Beeson, Fortissimo launched in January and achieved remarkable results in just a few months.

We have been advising and consulting with Carole and San Marcos Superintendent Kevin Holt since the summer of 2013 on the design and implementation of Fortissimo. Since that time, San Marcos Unified has passed a Visual and Performing Arts Strategic Plan and community support for arts education is growing. Fortissimo plays an important role in returning music education to the schools.

SDYS has been engaged in running programs similar to Fortissimo in other San Diego County communities since 2010. This transition from a start-up program to year two is a critical testing time. Will the families and musicians return? Will the community maintain and increase its support? Will the full potential for rebuilding music education be realized?

Thus far, Fortissimo is proving itself. 100% of the musicians have returned for the new school year. This is a testament to the quality of instruction and successful engagement with parents. Now it is up to the San Marcos community to meet these families enthusiasm with the necessary support to continue the program.

When communities do rally behind an after school program like Fortissimo, the ripple effect can be immense. In Chula Vista where we run our very similar Community Opus Project, the school district just invested \$5 million dollars to return arts education to all of its 45 campuses and 29,000 students. It takes a program like Fortissimo to build community commitment to providing arts education for all children while the school system rebuilds its capacity to deliver such a promise.

I urge the San Marcos Community Foundation to reinvest in Fortissimo. Not only will you support the children currently enrolled in Fortissimo. You will add weight and importance to the goal of bringing music education to all children of San Marcos.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dalouge", followed by a long horizontal flourish.

Dalouge Smith
President and CEO

August 18, 2015

San Marcos Community Foundation

Dear Colleen Lukoff and Foundation Members,

I am writing this letter in support of Fortissimo and the San Marcos Unified School District's goal to develop, implement and conduct a youth orchestral music program in San Marcos' disadvantaged elementary schools modeled after "El Sistema", which originated in Venezuela.

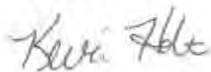
At the heart of El Sistema is a simple idea: using the classical music ensemble experience to promote positive social and academic change in youth.

In order to make this program possible, we will need the resources to fund music instructors and purchase string instruments, music stands, and method books.

We are excited by their first few months of existence and are well aware of the impact your first grant made in their ability to begin. We hope, since they have proven their success with the first group, you will continue to support them. Our district is financially committed currently, but it is my plan to be able to fund them in another year.

In the meantime, it is my hope that our community, businesses and foundations will stand alongside Fortissimo and The Kid's College and assist us in providing this transformational program to our most disadvantaged students.

Sincerely,



Kevin Holt, Ed.D Superintendent

Governing Board: Beckie Garrett Pam Lindamood Janet McClean Jay Petrek Randy Walton

Kevin D. Holt, Ed.D. Superintendent

FORTISSIMO
SAN MARCOS UNIFIED SCHOOL DISTRICT
ORCHESTRAL PROGRAM
TITLE I ELEMENTARY SCHOOLS
September 1, 2015

CONTRIBUTORS/SUPPORTERS:

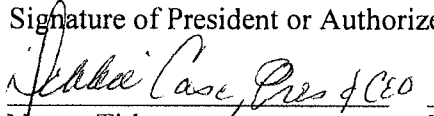
- San Marcos Unified School District Superintendent/Board (Authorized program/advocates and provides logistical support)
- San Diego Youth Symphony (Advisors and the loan of any string instrument needed as well as training our teaches and consulting—instruments valued at \$12,000)
- Classics for Kids Foundation (\$5,000 matching grant received in Jan. 2014 for our own instruments)
- Supervisor Bill Horn Community Reinvestment grant (\$5,000match grant for instruments) received June 2014
- San Marcos Community Foundation (\$5,000 donation)
- Hitzke Development Corporation (\$500 donation)
- Altman Nursery (\$200 donation)
- San Marcos Kiwanis Club (Hosted a \$200 Kick off Luncheon)
- Cal State University San Marcos Center/Artes (Advisors and coaches)
- Palomar College Music Department (Music students will receive credit for serving as coaches)
- San Marcos Historical Society hosted fundraiser
- Kid's College (Program development)
- Stone Brewery fund raiser support - \$300
- San Marcos Arts Council \$750
- Greg and Betty Evans Family \$1,400
- Dr. Ingrid Sharpf \$250
- Mission Federal Credit Union \$2,500
- Ann Hunter (Hunter Industries) - \$10,000
- Jim Desmond - \$250
- Charlie/Jane McGee - \$2,000
- Kiwanis Lake San Marcos - \$500
- Steve/DeeDee Beeson - \$200

- David/Laura Collins - \$250
- James Meade - \$250
- Larry/Linda Loughnane - \$100
- Pinkas Family Foundation - \$5,000
- San Marcos Rotary Club - \$250
- Roberto Mendoza (Parent) - \$20
- Belem & Gael Medina (Parents) - \$44
- Aaron Eighmey Memorial Foundation - \$2,300
- Sunwest Bank - \$2,000



SAN MARCOS COMMUNITY FOUNDATION
Grant Cover Page

(Choose one) ☐ **MINI-GRANT** (Choose one) ☒ **REGULAR GRANT**

Project Name: Senior Hunger Date Submitted: 10-5-15	Total # of people served: 3,023 Total # of San Marcos residents served: 165	Amount Requested: \$8,000
Non-Profit Organization Name and Address, Website Meals-on-Wheels Greater San Diego, Inc. 2254 San Diego Avenue, #200 San Diego, Ca 92110 www.meals-on-wheels.org		Contact Person – Name, Title & Phone, email Heidi Kone – Development Manager – Grants 619-278-4012 hkone@meals-on-wheels.org
<p><u>Briefly</u> describe your request for funds (to be expanded upon in narrative for regular grant):</p> Meals-on-Wheels Greater San Diego, Inc. (MOWGSD) is requesting \$8,000 in funding to help subsidize the cost of rent at its North County Service Center located at 930 Boardwalk Street, Unit C, San Marcos, Ca 92078. Savings in operating funds will help MOWGSD serve the growing number of homebound seniors in the City of San Marcos. Expected meal delivery and corresponding services is forecasted to increase from 20,046 to 23,854 in 2016 (19% increase).		
<p><u>Briefly</u> describe the significance of your request to the San Marcos community:</p> As of today's date, MOWGSD is serving 165 unduplicated homebound seniors in the City of San Marcos (92069, 92078, 92079, 92096) with a total of 18,025 meals and 13,446 beverages. MOWGSD forecasted a 19% increase in the number of meals served and/or 20,046 meals by the end of 2015. Based on the current service numbers in the San Marcos areas, MOWGSD is on track to meet these numbers by the end of December 2015. Of all clients currently being served, 52% are over the age of 85 and approximately 40% are considered extremely low-income, 47% low income, and 13% moderate income (Department of Housing and Urban Development income guidelines for all cities in San Diego County). MOWGSD expects another 19% increase in demand for its services which would equate to the delivery of 23,854 meals and corresponding services in the City of San Marcos by the end of 2016.		
Please attach the following items. Both Mini-Grant & Regular: 1. Budget for request (use SMCF Budget Worksheet) 2. Annual Operating budget for the organization or unit 3. Federal & State Tax ID numbers 4. Board of Directors listing with affiliations 5. Regular Grants Only: a. 1-2 page narrative b. First 2 pages of Federal 990 c. Most recent year-end Statement or Audit including any management letters associated with Audit. d. Signature of President or Authorized Officer on Application e. Optional: letters of support		Expected date project will begin/end: 10/1/15 Date by which funds will be expended: 9/30/16 Signature of President or Authorized Officer  Name, Title _____ Date <u>10-5-15</u>
		Submit Via Mail, In Person or Via Email to: San Marcos Community Foundation c/o City of San Marcos 1 Civic Center Drive San Marcos, CA 92069 Email (PDF Format): wkaserman@san-marcos.net

MEALS-ON-WHEELS GREATER SAN DIEGO, INC.

FISCAL YEAR 2016 BUDGET*Final Approved*

A/C #	Line Item	2016 TOTALS
4300	Program service fees	\$ 1,703,581
4000	Contributions	1,157,250
4003	Gifts in Kind*	334,813
4050	Bequests	-
4100	Private Grants	464,500
4200	Government Grants	78,230
4900	Community Outreach	220,000
4910	Investment Income*	164,000
4750	Cause Marketing	18,000
4800	Special Events	420,225
4940	Other Income	10,595
	TOTAL REVENUE	\$ 4,571,193
5000	Salary & wage expense	\$ 1,780,612
5100	Employee benefits	213,547
5200	Pension expense	-
5300	Payroll taxes	160,892
5400	Workers compensation	101,121
5600	Fee for services (non-employee)	130,430
5500	Staff & Board development	5,500
	TOTAL HUMAN RESOURCES	2,392,101
7000	Food & Packaging	\$ 957,655
	TOTAL FOOD	\$ 957,655
6000	Supplies	34,760
6050	Contracts & leases	96,079
6100	Telecommunications	30,783
6200	Postage & shipping	66,229
6300	Occupancy	208,447
6400	Printing & copying	73,541
6500	Travel	72,566
6605	Donor development	7,500
6650	Volunteer program	9,112
6700	Advertising & marketing	9,697
6800	Equipment < \$1000	2,000
6900	Repair & maintenance	60,410
6920	Special Events	113,405
6925	Gifts in Kind Expense	334,813
6930	General Insurance	52,795
6950	Bank Charges	27,239
6980	Bad Debt Acct.	21,850
7200	Projects Materials & Supplies	-
	TOTAL OPERATING	\$ 1,221,226
	TOTAL EXPENSE	\$ 4,570,983
	NET REV + /< - > EXP	\$ 211

AMENDMENT TO LEASE

THIS AMENDMENT, is made this 10th day of DEC., 2014 by and between WCSU INC. ("Lessor") and MEALSON WHEELS ("Lessee").
OF GREATER SAN DIEGO INC.

WITNESSETH:

WHEREAS, Lessor and Lessee are parties to that certain Lease dated 12-15-97 for the premises located at 930 BONDWALK #2 SAN ANTONIO, TX in the state of California at the rental and upon the terms and conditions therein set forth, and

WHEREAS, Lessor and Lessee are desirous of amending said Lease in the manner set forth below:

1. The term of said Lease shall be extended for 2 YEAR commencing 1-15-15 and ending on 1-14-16.
2. Effective 1-15-14, the base rent for the premises shall increase to REMAIN THE SAME (\$ 8500.00) per month.

WHEREAS, Lessor and Lessee are in agreement that all of the terms, covenants, provisions and agreements of the Lease dated 12-15-97 shall remain in full force and effect.

IN WITNESS WHEREOF, this agreement to Lease has been duly executed by the parties hereto

ACCEPTED AND AGREED

"LESSOR"

"LESSEE"

by WCSU INC.
[Signature]
Title: PRESIDENT
Date: 12-10-14

by DEBBIE CASE-MEALSON-WHEELS
[Signature]
Title: PRESIDENT & CEO
Date: 12-15-14

Meals-on-Wheels Greater San Diego, Inc.

Federal Tax I.D. No. 952660509

State Tax I.D. No. 0602451

Name	Committee	Home Address	Company	Title
Belmer, Ryan	Audit Chair	8537 Mapleton Ct. San Diego, CA 92127	UBS Financial Services Inc.	First VP Investments Portfolio Manager
Bernal, Amy			Intuit	PM, Event Technology
Browning-Baity, Clara	Finance Committee Member	9439 Gold Coast Dr., #1 San Diego, CA 92126	N/A	Retired Registered Dietitian
Dathe, Stephanie	Marketing & RDC Chair	3043 Meadow Grove Drive San Diego, CA 92110	Encompass	Event Planner
Dethloff, Tyson	Finance Chair	1246 Trieste Dr San Diego, CA 92107	Allenbrooke Insurance Services, Inc.	Vice President
English, John	Marketing & RDC Member	3409 Addison Street San Diego, CA 92106	NuVasive, Inc.	Director, Legal Affairs
Ives, Gail	Chair	3096 Evergreen St. San Diego, CA 92110	Union Bank	Sr. Vice President
North, Tom	Marketing & RDC Member	11223 Corte Playa Madera San Diego, CA 92124	North Properties	Realtor
Pavao, Peter	Board Development Chair	1750 Plum St., San Diego, CA 92106	SDG & E	Technical Analysis Manager
Pieper, Kristi	Secretary & Board Development Member	5937 La Jolla Corona Dr La Jolla, CA 92037	Five K Family Trust	Property Manager
Porter, Nanci	Services Chair & Vice Chair	1711 Calle de Cinco La Jolla, CA 92037	Talent Port Consulting	Founder
Ramirez, Diana	Marketing & RDC Committee Member	3609 Wawona Dr. San Diego, CA 92106	Care Innovations	Vice President. Marketing
Robinson, Jennifer			Mission Healthcare	Director

Rodriguez, Tom	Services Committee Member	710 Gretchen Rd Chula Vista, CA 91910	The Men's Wearhouse	General Manager
Thomas, Peter	Finance Committee Member	11098 Via Temprano San Diego, CA 92124	Retired	Physician
Valone, Sandy				
Alumni Council (non-voting members)			Company	Title
Baddour, Daralyne			Daralyne Baddour, CPA	CPA
Burzynski, Bill		4660 Sunburst Rd. Carlsbad, CA 92008	Bank of the West	Vice President
Gramling, Gary		1150 J St, #506 San Diego, CA 92101	In-Depth Real Estate Services CO.	President
Hage, Bonnie		1125 Savoy St San Diego, CA 92107	Philanthropist	
Katsell, Noah		5268 Pearlman Way San Diego, CA 92130	DLA Piper	Partner
Levin, Jason			Dos Gringos	Founder/President
McMahon, Kevin		912 Rawhide Court Bonita, CA 91902	McMahon Steel	Vice President/CFO
Morse, Karen		485 Zuni Dr. Del Mar, CA 92014	N/A	Retired Pharmacist
Stirling, Jason		12856 Luiseno St Poway, CA 92064	Pillsbury Law	Senior Associate
Stratton, Cindi		2944 Bayside Walk San Diego, CA 92109	Stratton & Green	Partner
Wichard, Christine		2660 St. Tropez Pl. La Jolla, CA 92037	N/A	Retired
Woods, Hon. Margie G.		3582 Garrison St. San Diego, CA 92106	San Diego Superior Court	Judge
Trustee Emeritus (non-voting members)				
Hermann, John		707 Orange Ave. #B Coronado, CA 92118	N/A	Retired Real Estate
Kronemyer, Nancy		7717 Ludington Pl. La Jolla, CA 92037	N/A	N/A

Ledford, Joy		3336 Curtis San Diego, CA 92106		
Staff			Company	Title
Case, Debbie		3183 Turnberry Way Jamul, Ca 91935	MOWGSD	President/CEO

Objectives and Challenges due to the Tremendous Demand for 2015 and 2016 - According to the San Diego County Senior Health Report prepared by the County of San Diego Health and Human Services Agency (June 2015), the number of seniors aged 65 and older living in San Diego is expected to double between 2010 and 2030. The most significant factor in this growth is the fact that seniors over the age of 85 will be the fastest growing population. This corresponds with the San Diego Association of Governments (SANDAG) most recent statistics for 2015 which shows a 21% growth for seniors aged 60 to 84 years and a 47% growth for seniors aged 85 years and older. ***As a result of the changing demographics in San Diego County, MOWGSD has experienced a 32% growth over the last 6 years and 15% of that growth was experienced in 2014. The North County Service Center alone has experienced a 33% increase in the last 12 months. The organization is projecting a 19% increase overall in demand for its services by the end of 2015 and another 19% increase in 2016.***

Based on the changing demographics, MOWGSD's biggest challenge is expanding services and building organizational capacity to meet the growing demand for its services. This challenge requires growth in funding and infrastructure. Philanthropic giving in San Diego County is not keeping pace or fully recognizing the significant challenges that occur with an aging population. The goal is to build the capacity of the entire organization in order to make the biggest social impact.

Mission Statement - MOWGSD's mission is to support the independence and well-being of seniors by providing the delivery of affordable fresh meals to homebound seniors throughout San Diego County. In addition to meal delivery, MOWGSD volunteers are specially trained to provide other important services that include a wellness check with each delivery, referrals to other providers when necessary, and daily social interaction with each senior to promote their physical, emotional, and cognitive health. Of all seniors served, 84% are considered extremely low to moderate income (according to the Department of Housing and Urban Development for all cities in San Diego County). As a result, ***MOWGSD subsidizes 60% of the costs for all services provided, regardless of a senior's ability to pay. Further subsidies are provided for seniors who are experiencing severe financial difficulties.***

Why Fund - In 2014 for the North County specifically, MOWGSD served 921 unduplicated homebound seniors with 116,793 meals accompanied by regular wellness checks and social interaction with a caring volunteer. The forecasted growth by the San Diego Association of Governments (SANDAG) for 2015 was an increase of approximately 7% in the number of seniors living in the East, West, and the Central areas of North County. Compareably, by 2020, the population of older adults over 65 will have grown in the Central areas of North County by 47%, the North County West by 30% and the North County East by 10%. The North County areas will experience some of the most substantial growth in terms of older adults in all of San Diego County.

According to the Robert Wood Johnson Foundation, approximately 70% of Americans who reach age 65 will need some form of long-term service and support. Currently, less than 8% of Americans have long-term care insurance due to high cost and 67% of individuals age 65 and older do not have sufficient financial assets to pay for even one year of nursing home services (Long-Term Care: What Are the Issues? Feb 2014. www.rwjf.org). As a result, the long-term care services delivery system is moving toward a home-and community-based alternative. ***MOWGSD's program is a critical support service for the aging population who choose to age in their home or have to remain in their home due to the inability to afford long-term care.***

Sustainability Plan - MOWGSD has incorporated additional delivery models to expand services while also creating new initiatives to maintain and develop adequate funding to accomplish the organization's social mission. They include the following:

Rural Initiative - Currently there is limited or no access to senior nutrition programs in the rural and unincorporated areas of San Diego County. As a result, MOWGSD expanded its meal delivery service to include 3,049 sq. miles of these remote communities and partnered with Feeding America and the San Diego Food Bank to provide a twice monthly supply of fresh fruit and vegetables and a monthly supply of shelf-stable foods at no cost to seniors using the MOWGSD delivery service personnel.

Contracts With Health Plans - MOWGSD recently contracted with three Health Plans to provide home-delivered meals for low-income seniors and disabled individuals who are a high risk of hospital readmission due to age, disability, and lack of care in the home. MOWGSD continues to work closely with health organizations as a support network for the elderly.

New Models Of Care – A unique "Walk-In" concept was initiated in the new El Cajon Service Center located in the retail space of the senior-affordable Solterra Housing Complex and the Senior Center at the Norman Parks Center in Chula Vista. This delivery model allows seniors and the surrounding neighborhood to easily access daily food essentials.

The Fresh Initiative - The Fresh Initiative is a project with multiple goals which include improving the MOWGSD property at 2254 San Diego Avenue in Old Town San Diego while simultaneously transforming the ineffective and costly landscape and space into a productive on-site urban garden. The harvest of the gardens will be utilized in meals prepared by MOWGSD for homebound seniors. In addition, the project will incorporate on-site educational programs designed to foster community engagement and attract funding.

Mergers – MOWGSD has recently acquired senior clients from Rancho Bernardo Senior Services and Sharp Coronado Hospital. The meal delivery model will expand to these clients to include the transport of fresh meals daily for everyday of the week accompanied by daily wellness checks with referrals and engagement with seniors in their home on a daily basis.

MOWGSD continues to recruit, train, and maintain a strong base of committed volunteers which allows the organization to save over \$2,000,000 annually in operating expenses. MOWGSD also continues to be the only organization in San Diego County that delivers meals to seniors for every day of the year, including holidays, and provides services to all areas of San Diego County, including the 3,049 square miles of rural areas.

City of San Marcos - As stated above, the North County will experience the most significant growth in seniors than any other area in San Diego County. For the City of San Marcos, MOWGSD is forecasting another 19% increase in demand for its services with other cities in the North County following the same growth pattern. MOWGSD is looking to its North County partners in particular, to support the growth and the corresponding needs of homebound seniors in their areas. ***Funding of \$8,000 will be utilized to subsidize the rent at the North County Service Center, allowing MOWGSD to reduce operating expenses and serve an additional 19% for 2016 which would equate to the delivery of 23,854 meals and corresponding services to homebound seniors in the City of San Marcos.***

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**2013****Open to Public
Inspection**

A For the 2013 calendar year, or tax year beginning <u>10/01</u> , 2013, and ending <u>09/30</u> , 20 <u>14</u>																											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>MEALS-ON-WHEELS GREATER SAN DIEGO INC</u></td> </tr> <tr> <td colspan="2">Doing Business As _____</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><u>2254 San Diego Avenue Suite 200</u></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td colspan="2"><u>San Diego, CA, 92110</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: <u>Deborah Case</u> <u>2254 San Diego Avenue, Suite 200, San Diego, CA 92110</u></td> </tr> <tr> <td colspan="2"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="2"> J Website: <u>www.meals-on-wheels.org</u> </td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> </tr> <tr> <td colspan="2"> L Year of formation: <u>1970 M State of legal domicile: <u>CA</u> </u></td> </tr> <tr> <td colspan="2"> G Gross receipts \$ <u>4,802,008</u> </td> </tr> </table>	C Name of organization <u>MEALS-ON-WHEELS GREATER SAN DIEGO INC</u>		Doing Business As _____		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u>2254 San Diego Avenue Suite 200</u>		City or town, state or province, country, and ZIP or foreign postal code		<u>San Diego, CA, 92110</u>		F Name and address of principal officer: <u>Deborah Case</u> <u>2254 San Diego Avenue, Suite 200, San Diego, CA 92110</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: <u>www.meals-on-wheels.org</u>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1970 M State of legal domicile: <u>CA</u> </u>		G Gross receipts \$ <u>4,802,008</u>	
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G Gross receipts \$ <u>4,802,008</u>																											

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Meals-on-Wheels supports the independence and well-being of seniors by providing regular nutrition and daily contact with a caring volunteer. Meals prepared using Area Agency on Aging Nutrition Center guidelines are delivered to seniors homes throughout San Diego County.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>19</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>19</u>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) <u>5</u> <u>92</u>
	6	Total number of volunteers (estimate if necessary) <u>6</u> <u>2,659</u>
		7a
b		Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1h) <u>2,484,273</u> <u>2,385,745</u>
	9	Program service revenue (Part VIII, line 2g) <u>1,373,242</u> <u>1,440,473</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>116,851</u> <u>207,201</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>-50,813</u> <u>-41,520</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>3,923,553</u> <u>3,991,899</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>0</u> <u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u> <u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>1,992,001</u> <u>2,062,686</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u> <u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>450,934</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>1,945,452</u> <u>1,958,244</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>3,937,453</u> <u>4,020,930</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 <u>-13,900</u> <u>-29,031</u>
	20	Total assets (Part X, line 16) <u>5,319,788</u> <u>5,379,593</u>
	21	Total liabilities (Part X, line 26) <u>162,262</u> <u>206,010</u>
	22	Net assets or fund balances. Subtract line 21 from line 20 <u>5,157,526</u> <u>5,173,583</u>

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

Deborah Case, President and CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

The mission of Meals-on-Wheels Greater San Diego, Inc. is to support the independence and well-being of seniors.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 3,280,464 including grants of \$ 0) (Revenue \$ 1,440,473)

Meals-on-Wheels prepares and home-delivers two meals a day, for seven days a week (including holidays), and provides modified diets to seniors age 60 and older throughout San Diego County. Meals, specially formulated for senior nutrition using Area Agency on Aging Nutrition Center guidelines are delivered to seniors' homes by volunteers. Frequently the volunteer may be the only person the senior sees all day, providing human contact and a safety net, particularly for those seniors living alone. Diabetic friendly, reduced fat/reduced sodium, easy to chew and regular healthy meals are available diet options. 2,659 volunteers delivered 395,428 meals and our service area expanded into more rural and remote areas of the county during fiscal year 2014.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 3,280,464



SAN MARCOS COMMUNITY FOUNDATION
Grant Cover Page

(Choose one) ☐ **MINI-GRANT** (Choose one) ☒ **REGULAR GRANT**

Project Name: ArtQuest Date Submitted: September 29, 2015	Total # of people served: 3,000 Total # of San Marcos residents served: 250	Amount Requested: \$8,680
Non-Profit Organization Name and Address, Website Oceanside Museum of Art (OMA) 704 Pier View Way Oceanside, CA 92054 www.oma-online.org	Contact Person – Name, Title & Phone, email Sandra Chanis, Interim Executive Director (760) 435-3721 (Office) (760) 712-7841 (Cell) sandra@oma-online.org	
<p><u>Briefly</u> describe your request for funds (to be expanded upon in narrative for regular grant):</p> <p>Oceanside Museum of Art (OMA) is excited to have major contemporary exhibitions in 2016 by such world renowned artists as Ruben Ochoa, Russell Forester, and Irving Gill. It is our intention in 2016 to engage 3000 students from Title I schools through our ArtQuest Program. We endeavor to increase the exposure to the arts in a museum setting for the north County San Diego community. OMA respectfully requests partnership funding to expand ArtQuest into San Marcos schools. OMA expects to engage 250 students who attend San Marcos schools in the Art Quest Program this year.</p>		
<p><u>Briefly</u> describe the significance of your request to the San Marcos community:</p> <p>San Marcos is a migrant and military community with little exposure to the arts in their schools. OMA's ArtQuest Program is designed to engage students at a museum to increase exposure, awareness, and connection to the arts. OMA has enjoyed 5 years of success in the ArtQuest Program in Oceanside, Carlsbad, and Vista (with a focus on Title I schools). Providing arts in the school curriculum has been shown to increase academic performance, critical thinking, and self-confidence. OMA would like to include students from the San Marcos School District in this endeavor.</p>		
<p>Please attach the following items.</p> <p><u>Both</u> Mini-Grant & Regular:</p> <ol style="list-style-type: none">1. Budget for request (use SMCF Budget Worksheet)2. Annual Operating budget for the organization or unit		<p>Expected date project will begin/end: 12/1/2015</p> <p>Date by which funds will be expended: 9/30/2016</p>

- a. 1-2 page narrative
- b. First 2 pages of Federal 990
- c. Most recent year-end Statement or Audit including any management letters associated with Audit.
- d. Signature of President or Authorized Officer on Application
- e. Optional: letters of support

Date

Email (PDF Format): wkaserman@san-marcos.net

OMA's Arts education program was launched five years ago during the 2010/11 school year. OMA's 'ArtQuest' goals are to provide fifth grade students exposure to OMA, to give them a personal connection to the arts through a museum visit and experience success in a creative activity. With encouragement and financial support from the community, ArtQuest has grown to serve every 5th grade class, over 1,700 students, in the Oceanside Unified School District, including elementary schools on Camp Pendleton, as well as students from Carlsbad Unified School District. The majority of the children served by this program have never been to a museum and have had little art instruction or exposure. Due to the severe lack of arts education in local public schools OMA has made it a priority over the past 5 years to facilitate free art education for its local youth.

Fully 68% of schools in San Diego County have Title 1 designation along with a high level of racial/ethnic diversity among students of low socio-economic backgrounds. OMA has designed a year of exhibitions supported by application technology geared toward inclusiveness to engage these students in art and museums. OMA will secure the artworks, plan the exhibitions, research the pieces, tailor the educational offerings, supply the verified information for the technological and website Application, provide the Application to support outreach to engage 3,000 students from Title 1 schools in the museum along with a live docent. OMA has reached out to the San Marcos Superintendent of schools and will engage up to 250 San Marcos fifth graders in Title I and other elementary schools into the Art Quest Program. OMA has scheduled exhibits of excellence and merit to engage these students who would otherwise eschew attending places for art.

Background and import: Recent publications show a marked discomfort among people of color participating in museum exhibits and educational offerings. OMA seeks to change that paradigm with our 2016-17 schedule of exhibits, supporting technology, publications, engagement and education by explicitly addressing engagement of students of color, students of low socio-economic background, and military families in museum showings. OMA will be completely inclusive in audience, programming, artists included in exhibits, and governance. Engagement of students who learn in Title I schools expands the audience for the arts.

The goal is to educate students regarding the intrinsic value of art while imparting an understanding of each work of art. Engaging students in the primary grades instills a comfort with museums, art works, and other cultures. OMA's education department will work closely with 5th grade teachers in participating schools to engage students with OMA to close knowledge and opportunity gaps and give all children a strong start in learning. Specifically this program will teach them to appreciate art, discuss, think critically, listen and learn, and explore works of art through themes.

OMA phone/tablet applications that provides both online and in-museum access to exhibits, providing background on the artist, art work, influences, and enable a virtual tour of the museum that enhances knowledge transfer. Use of an iPad to scan the bar code next to the art work will bring up a wealth of information for student edification and ensure the piece of work comes to life. With background and context, students begin to understand an artist's viewpoint and integrate it into their worldview.

OMA is intentional about engaging students who would otherwise not be exposed to a museum and the arts. Nationally, museums reach millions of parents and children each year as trusted and welcoming spaces where children "make discoveries, deepen common interests, expand words and knowledge, and connect their natural curiosity to the wider world" (IMLS, 2015). Learning is self-directed, experiential, content-rich and promotes executive function skills that shape a child's success in school and life. OMA will create experiences and interactions to build brains and fuel a love for learning.

The 2016 Art Quest program features a pre-visit PowerPoint presentation for teachers to introduce ArtsQuest and the museum to the students. This visit prepares students for the museum experience with an introduction to the museum and relevant arts standards, as well as museum etiquette. Teachers receive CA State Content Standards-based pre- and post-visit curriculum materials and project suggestions to prepare students for the museum visit and deepen student learning after their visit to OMA.

The students in each class brought to OMA participate in an interactive tour and discussion on a major exhibition with OMA's staff and volunteer educators. During this visit students experience hands-on exposure to relevant art media. Students are encouraged to make their experience relevant to their own lives by creating art of their own inspired by the current educational topic and OMA exhibitions. At the conclusion of the visit students receive free passes for a second visit to the museum with their families, as well as a drawing pad and customized 'OMA' drawing pencil to take and use at home.

OMA will engage with the 5th grade teachers at Joli Ann Leichtag, San Marcos, Alvin Dunn, Knob Hill, and Richland Elementary schools. As this program gains success in San Marcos, we will work to engage the other six elementary schools. In this first year, our goal is to reach 250 students.

About OMA...

The Oceanside Museum of Art (OMA) is celebrating 20-years on the North Coastal region of San Diego County. OMA is known for its community educational programs and special events for youth, young professionals, adults and seniors in its 9,500 square foot gallery. With over 25,000 visitors annually, OMA is a bastion of culture strategically located between the museums of Balboa Park and Orange County. OMA has become known for its vanguard artistic and educational programming, its strong commitment to local artists, and the presentation of over 150 exhibitions of national and international interest.

Each year, OMA holds over 50 events including a monthly community Art Walk, lectures, panel discussions, youth art camps, art classes, performances and more. OMA serves visitors from five Southern California Counties (San Diego, Orange, Riverside, Los Angeles and San Bernardino), with the majority from San Diego County. Fully 18% of visitors are tourists from more distant locations. OMA serves a diverse demographic with 1,400 members, free admission to students and the military, as well as reduced admission to seniors.

OMA has achieved a stellar reputation through building strong collaborative and programmatic partnerships with artists and arts organizations throughout the arts community of the region. OMA's leadership regards one of its primary priorities over the coming years to function as an important and catalytic arts organization, as a "beacon of culture" for the region and collaborative leader in building the appreciation for and support of the arts.

Need for OMA

In San Diego County, there are no art museums of note north of the City and nearly one-third of the County population resides in the North Regions. There are 99 elementary schools in the North Regions of San Diego County and we have found our niche in bringing 5th graders into the museum to expose them to arts and culture. Expanding the Art Quest program to include San Marcos Elementary schools will increase student participation by 250 fifth graders, and engage a wider audience into the arts. As art is one of those interest areas eliminated in public school education, it is incumbent on OMA to provide opportunity to learn, observe, and participate in the visual arts.

SAN MARCOS COMMUNITY FOUNDATION

Budget Worksheet

Provide an itemized list of expenses for this project:
(example – 72 bicycle helmets at \$7.80 each including tax = \$561.60)

<u>Education Director at 10% FTE</u>	<u>\$ 3,600.00</u>
<u>250 Canvas Art Bags at \$.99 each</u>	<u>\$ 247.50</u>
<u>250 sets art pencils at \$1.95 each set</u>	<u>\$ 487.50</u>
<u>250 Sketch/Watercolor Pads</u>	<u>\$ 737.50</u>
<u>250 Marker Sets</u>	<u>\$ 612.50</u>
<u>Busing costs</u>	<u>\$ 3,000.00</u>

NOTE: The request is only for art bags/education for students in San Marcos Schools to participate. Total project reach is estimated at 3,000 students this year.

<u> </u>	<u>\$</u>
<u> </u>	<u>\$</u>
<u> </u>	<u>\$</u>
<u> </u>	<u>\$</u>
<u> </u>	<u>\$</u>
<u> </u>	<u>\$</u>

Total budget for this PROJECT: **\$40,000.00**

Grant Request Amount: **\$ 8,685.00**
(Mini-grants not to exceed \$1,500, Regular grants not to exceed \$10,000.)

Is this a challenge grant? No. Could it be? No.

Please list any other funding sources for this project.

****Indicate if funds are committed (C), conditional (CD), or pending (P).**

<u>\$ 15,000</u>	<u>(Name of source) County of San Diego</u>	<u>**</u>	<u>P</u>
<u>\$ 10,000</u>	<u>(Name of source) Foster Family Foundation</u>	<u>**</u>	<u>P</u>
<u>\$ 5,000</u>	<u>(Name of source) Ackerman Foundation</u>	<u>**</u>	<u>P</u>
<u>\$ 3,000</u>	<u>(Name of source) The Country Friends</u>	<u>**</u>	<u>P</u>

2015 Budget

account not used in QuickBooks so far in 2014

		<u>TOTAL</u>
	Ordinary Income/Expense	
	Income	
	40300 · POS Income	0.00
	41000 · Contributed Income	
	41050 · Art Sales	12,000.00
	41060 · Annual Campaign	18,000.00
	41070 · Auction & Raffles	85,000.00
used for general donations	41100 · Contributed Income - Other	360,000.00
	41150 · Donation Box	1,000.00
	41160 · Grants	210,000.00
	41180 · Memorial	0.00
	42000 · Sponsor - Event	80,000.00
	42160 · Sponsor - Program and Exhibit	80,000.00
only used for audit adjustment	41000 · Contributed Income - Other	2,000.00
	Total 41000 · Contributed Income	848,000.00
	43000 · Earned Income	
	43040 · Admissions & Fees	
	43060 · Artists Entry Fees	3,500.00
	43070 · Facility Rental	15,000.00
	43100 · Major Travel-contracted agency	18,000.00
	43150 · Museum Admissions	23,500.00
	43160 · Ticket Sales	112,000.00
	43170 · Tuition	0.00
	Total 43040 · Admissions & Fees	172,000.00
	43180 · Merchandise Sales (Net)	
mostly used this acct instead of CoGS	42050* · Merchandise Cost	-29,500.00
	42060* · Merchandise Income	61,600.00
	Total 43180 · Merchandise Sales (Net)	32,100.00
	Total 43000 · Earned Income	204,096.00
	43000* · Membership Income	
	43050* · Artist Alliance	5,000.00
	43060* · Basic	82,000.00
	43070* · Business	8,000.00
	43080* · Founder	10,000.00
	43090* · Millenium	49,000.00
	Total 43000* · Membership Income	154,000.00
	44000 · Other Income	
	46000 · Interest	15,000.00
	48000 · Miscellaneous Income	2,000.00
	49000 · Rent in-kind - building	120,000.00
	Total 44000 · Other Income	137,000.00
	Total Income	1,343,100.00
	Cost of Goods Sold	
	50000 · Cost of Goods Sold	

	50100 · POS Inventory Adjustments	0.00
	50200 · Purchases - Resale Items	0.00
is this for different use than 42050?	50000 · Cost of Goods Sold - Other	0.00
	Total 50000 · Cost of Goods Sold	18,000.00
	Total COGS	0.00
	Gross Profit	1,325,100.00

Expense

Freight and Shipping Costs

60000 · Contracts

60030 · Computer Software	3,000.00
60040 · Custodial	12,500.00
60050 · Elevator	4,000.00
60060 · Entertainment	1,000.00
60070 · Equipment Maintenance	1,000.00
60080 · HVAC	0.00
60100 · Security	6,000.00

Total 60000 · Contracts **27,500.00**

61000 · Depreciation Expense **158,527.00**

62000 · General & Administrative

62010 · Professional Development	2,000.00
62020 · Advertising	3,500.00
62030 · Bank Charges	2,500.00
62040 · Credit Card Discount	8,000.00
62050 · Dues & Subscriptions	3,500.00
62060 · Exhibit/Program Supplies	24,000.00
62070 · Office Supplies	6,000.00
62080 · Other	
62090 · Furniture/Equipment	1,500.00
62100 · Lodging	7,000.00
62110 · Transportation	9,000.00

Total 62080 · Other **17,500.00**

62120 · Postage **9,000.00**

62130 · Printing **25,000.00**

62140 · Shipping **4,000.00**

62000 · General & Administrative - Other **1,000.00**

Total 62000 · General & Administrative **106,000.00**

63000 · Insurance

63100 · Directors & Officers	1,000.00
63200 · Fine Arts Insurance	4,000.00
63300 · Liability	16,000.00
63400 · Workmans Comp.	11,000.00

Total 63000 · Insurance **32,000.00**

65000 · Other Expenses

65400 · Food & Beverage	56,000.00
65500 · Interest Expense	0.00
65600 · Miscellaneous Expense	2,000.00

65700 · Special Event Expenses	54,500.00
65800 · Taxes - Federal, State	0.00
Total 65000 · Other Expenses	112,500.00
67000 · Professional Fees	
67010 · Audit	12,000.00
67020 · Accounting	18,000.00
67050 · Artist's Fee	10,000.00
67070 · Contractor	48,000.00
67080 · Curator	20,000.00
67090 · Grant Writing Consultant	5,000.00
67100 · Honoraria	2,000.00
67400 · Musician's Fee	6,000.00
67500 · Permits & Fees	2,000.00
67600 · Photography	600.00
67700 · Professional Fees-Other	5,000.00
67800 · Teaching	1,500.00
Total 67000 · Professional Fees	130,100.00
68000 · Rental - building	120,000.00
69000 · Rentals	
69100 · Exhibit Rental	
69200 · Rental - Fundraising	4,000.00
69400 · Rental - Program	3,500.00
Total 69000 · Rentals	7,500.00
70000 · Salaries	
70100 · Administration	0.00
70200 · Benefits 403(b)	0.00
70500 · Hourly	0.00
70600 · Ins - Health	0.00
70700 · Payroll Expenses	0.00
70900 · Accrued Vacation	0.00
Total 70000 · Salaries	487,100.00
72000 · Utilities & Maintenance	
72010 · Water	3,000.00
72020 · Gas & Electric	31,000.00
72030 · Repairs & Maintenance	3,500.00
72040 · Telephone	5,500.00
72050 · Web Site	4,500.00
Total 72000 · Utilities & Maintenance	47,500.00
Total Expense	1,228,727.00
Net Ordinary Income	96,373.00

Net Operating Income	(Minus Depreciation: \$158,527)	256,900
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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 27 2002

OCEANSIDE MUSEUM OF ART
704 PIER VIEW WAY
OCEANSIDE, CA 92054-0000

Employer Identification Number:
33-0653905
DLN:
17053089780092
Contact Person:
MICHAEL A LUDWIG ID# 31470
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
December 1997
Addendum Applies:
No

Dear Applicant:

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

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

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

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

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

Letter 1050 (DO/CG)



Entity Status Letter

Date: 9/23/2015

ESL ID: 3589302993

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

Entity ID: 1754895

Entity Name: OCEANSIDE MUSEUM OF ART

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

The above information does not necessarily reflect:

- The entity's status with any other agency of the State of California, or other government agency.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or the entity did business in California at a time when it was not qualified or not registered to do business in California:
 - The status or voidability of any contracts made in California by the entity at a time when the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
 - For entities revived under R&TC Section 23305b, any time limitations on the revivor or limitation of the functions that can be performed by the entity.

Internet and Telephone Assistance

Website: **ftb.ca.gov**

Telephone: 800.852.5711 from within the United States

916.845.6500 from outside the United States

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

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. By law, the IRS generally cannot redact the information on the form.
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

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

C Name of organization OCEANSIDE MUSEUM OF ART		D Employer identification number 33-0653905
Doing Business As		
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
704 PIER VIEW WAY		(760) 435-3721
City or town, state or province, country, and ZIP or foreign postal code OCEANSIDE, CA 92054		G Gross receipts \$ 1,173,448

F Name and address of principal officer DANIEL FOSTER 704 PIER VIEW WAY OCEANSIDE, CA 92054	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions). H(c) Group exemption number ▶
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I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.OMA-ONLINE.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation 1998 **M** State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO BE A PREMIER REGIONAL ART MUSEUM FOR SAN DIEGO AND SOUTHERN CALIFORNIA AND A LEADER OF ARTS & CULTURE IN NORTH COUNTY SAN DIEGO. OMA FOSTERS AND PROMOTES THE STUDY, APPRECIATION AND UNDERSTANDING OF ART, WITH SPECIAL FOCUS ON REGIONAL ART, THROUGH ITS EXHIBITIONS, COLLECTIONS, EDUCATION PROGRAMS AND SOCIAL EXPERIENCES FOR THE CULTURAL ENHANCEMENT OF PEOPLE IN NORTH SAN DIEGO COUNTY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	140
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 461,237	Current Year 864,067
	9 Program service revenue (Part VIII, line 2g)	109,363	50,947
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100	90
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,828	57,320
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	536,872	972,424
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	371,020	400,911
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,520		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	497,590	478,939
	18 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)	868,610	879,850
	19 Revenue less expenses—Subtract line 18 from line 12	-331,738	92,574
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,175,373
21 Total liabilities (Part X, line 26)		83,731	54,462
22 Net assets or fund balances—Subtract line 21 from line 20		5,091,642	5,184,216

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including 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 DANIEL FOSTER EXECUTIVE DIRECTOR	
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name PAUL REDFERN CPA	Preparer's signature
	Firm's name ▶ REDFERN & COMPANY	
	Firm's address ▶ 631 3RD ST STE 102 ENCINITAS, CA 920246776	

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code	(Expenses \$	740,844	including grants of \$	(Revenue \$	50,947)
	<p>TO BE A PREMIER REGIONAL ART MUSEUM FOR SAN DIEGO AND SOUTHERN CALIFORNIA AND A LEADER OF ARTS & CULTURE IN NORTH COUNTY SAN DIEGO OMA FOSTERS AND PROMOTES THE STUDY, APPRECIATION AND UNDERSTANDING OF ART, WITH SPECIAL FOCUS ON REGIONAL ART, THROUGH ITS EXHIBITIONS, COLLECTIONS, EDUCATION PROGRAMS AND SOCIAL EXPERIENCES FOR THE CULTURAL ENHANCEMENT OF PEOPLE IN NORTH SAN DIEGO COUNTY OMA HAS INCREASED THE QUALITY AND QUANTITY OF EXHIBITION PROGRAMMING IN THE PAST YEAR, OPENED NEW PROGRAM SPACES (DEL MAR SATELLITE AND LOWER LEVEL MUSEUM CLASSROOM), EXERTED CONVENING AND COLLABORATION-BUILDING LEADERSHIP IN OCEANSIDE (FORMATION OF OCEANSIDE CULTURAL CONSORTIUM) AND NORTH COUNTY SAN DIEGO (FORMATION OF THE NORTH COUNTY ARTS NETWORK), EXPANDED ADULT AND YOUTH ARTS EDUCATIONAL PROGRAMS, AND WORKED TOWARDS LAUNCHING SOME NEW ARTS COMMUNITY EVENTS FOR THE REGION (FIRST FRIDAY OCEANSIDE ART WALK, MINGAFEST, ANNUAL ART AUCTION)</p>					

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses ▶	740,844
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SAN MARCOS COMMUNITY FOUNDATION
Grant Award History FY2015-2016

Sort Name	Type	Granted	Date	Name of Project	Summary of Project
Meals-On-Wheels	Mini-Grant	\$ 1,500.00	7/8/2015	Senior Hunger in San Marcos	To purchase food and disposable packaging for meals delivered to homebound seniors living in the City of San Marcos. Serves 181 San Marcos residents.
Solutions for Change, Inc.	Mini-Grant	\$ 1,500.00	7/8/2015	Solutions Youth Programs	To help fund their Child Development Specialist who will orchestrate field trips, coordinate childcare, and provide a supportive environment for children from birth through age 18. Serves 24 San Marcos residents.
Casa de Amparo	Regular Grant	\$ 5,000.00	8/18/2015	Residential Services Program	To support their Residential Services Program which improves the quality of life for children and teens who have been removed from their homes due to child abuse or neglect. Serves 85 San Marcos residents.
North County Health Services	Regular Grant	\$ 3,452.57	8/18/2015	Vaccine Refrigeration	To replace a vaccine refrigerator at NCHS San Marcos Pediatrics (shared with NCHS QuickCare) that is out of compliance with Centers for Disease Control Standards. Serves 13,325 San Marcos residents.
The Angel's Depot	Mini-Grant	\$ 1,500.00	9/9/2015	Senior Emergency Meal Boxes	To support their continued efforts to feed up to 60 seniors living in poverty in San Marcos.
The Escondido Creek Conservancy	Mini-Grant	\$ 1,498.00	9/9/2015	Elfin Forest Docent Program	To support the costs of uniforms for the organization's volunteer docent program. Serves 28 San Marcos residents.
Kiwanis Club of San Marcos Foundation	Mini-Grant	\$ 500.00	11/12/2015	Holiday Parade	To support the annual San Marcos Holiday Parade. Serves 8,000 San Marcos residents.

Words Alive	Mini-Grant	\$ 500.00	11/12/2015	Adolescent Book Group	To help support their Adolescent Book Group (ABG) program's San Marcos locations serving underserved and at risk teens. Serves 80 San Marcos residents.
Total Grants Awarded FY15-16 \$ 15,450.57					

SMCF Resolution No 2015-134

**A RESOLUTION OF THE SAN MARCOS COMMUNITY FOUNDATION
BOARD OF DIRECTORS AUTHORIZING THE AWARD OF GRANT
MONIES TO CERTAIN NON-PROFIT ORGANIZATION APPLICANTS**

-- FALL QUARTER 2015 --

WHEREAS, the San Marcos Community Foundation Board of Directors is authorized, pursuant to its adopted articles and bylaws, to entertain proposals for non-profit activities from qualified public and charitable groups; and

WHEREAS, a total of eight (8) proposals were received by the Foundation prior to the October 7, 2015, submittal deadline established for the 2015 Fall quarter; and

WHEREAS, the Board of Directors did, at its quarterly meeting on November 17, 2015, consider such proposals and oral arguments pertaining to such proposals in a public meeting duly advertised and held in the manner required by law.

NOW, THEREFORE, BE IT RESOLVED, that the San Marcos Community Foundation Board of Directors does hereby authorize funding of the following grant proposals in the amounts specified:

<u>REQUESTING ORGANIZATION</u>	<u>GRANT AWARD</u>
Canine Companions for Independence	\$2,500.00
Charity Wings Art & Craft Center	\$2,500.00
Foundation for Animal Care & Education	\$0
Interfaith Community Services, Inc.	\$0
Kid's College	\$2,500.00
Meals-On-Wheels Greater San Diego, Inc.	\$1,000.00
Oceanside Museum of Art	\$0

BE IT FURTHER RESOLVED, that actual award of the above grants shall be contingent upon satisfactory compliance with all preconditions to funding specified.

BE IT FURTHER RESOLVED, that the Board's decision is based upon its determination that the above-referenced requests meet applicable legal requirements for funding as a non-profit activity and conform to Foundation policies pertaining to grant awards.

PASSED AND ADOPTED by the San Marcos Community Foundation Board of Directors, at a regular meeting thereof, this 17th day of November, 2015, by the following roll call vote:

AYES: BOARD MEMBERS:
NOES: BOARD MEMBERS:
ABSENT: BOARD MEMBERS:

APPROVED:

Colleen Lukoff, President

ATTEST:

Wendy Kaserman, Secretary

I certify that the foregoing Resolution was duly adopted by the San Marcos Community Foundation Board of Directors on November 17, 2015.

Dated:

Wendy Kaserman, Recording Secretary

**MINUTES
SAN MARCOS COMMUNITY FOUNDATION
COUNCIL CHAMBER
1 CIVIC CENTER DRIVE
SAN MARCOS, CA 92069**

August 18, 2015, MEETING

CALL TO ORDER: BOARD PRESIDENT LUKOFF called the meeting to order at 6:00 PM.

ROLL CALL:

PRESENT: BOARD MEMBERS: BURTON, HALL, LUKOFF, WASCO

ABSENT: BOARD MEMBERS: NAJERA, NUTTALL, WILLIAMS

ALSO PRESENT: Board Secretary Wendy Kaserman, City Staff Member Michael Gordon, Recording Secretary Julia Covert

1. PRESIDENT'S REPORT

BOARD PRESIDENT LUKOFF gave an update on the Guidestar Charity Check purchase. It has already been used for several grant applicants and is a fairly easy-to-use tool to insure that grant applicants are legitimate. Staff will send log-in information to all Board members.

BOARD PRESIDENT LUKOFF reported that the zero8hundred website is operational. She will contact the program leaders and see if someone would like to talk to the Board about the success of the program.

BOARD PRESIDENT LUKOFF gave an update on the advocacy letter she discussed at the last Board meeting. BOARD SECRETARY KASERMAN clarified the process for obtaining approval by the City Council. She explained that the City Council adopts an annual legislative agenda with specific priorities on an annual basis. Because the San Marcos Community Foundation is a commission appointed by the City Council, if the Board wanted to advocate on a specific legislative issue, it would need to go to the City Council first to make sure that the Council was okay with the position the Board would be advocating and that it is in line with their adopted legislative agenda. The legislative agenda has both state and federal priorities. The letter encouraging support of local 501(c)3s who are supporting military families that was brought up at the last meeting would fall under the Federal legislative agenda. BOARD PRESIDENT LUKOFF will go back to the San Diego Grantmakers to see if they've made any progress and get specifics before the Board asks for the City Council's approval.

2. SAN MARCOS COMMUNITY FOUNDATION FUNDS – INVESTMENT POOL OPTIONS

Jeremy Pearl, Chief Financial Officer of the Jewish Community Foundation, gave the BOARD an overview of their investment program. He discussed both the Long Term Pool, which is designed for donors or nonprofits with long-term investment horizons (7+ years) and a modest, fixed, annual spending objective, and the Endowment Pool, which is designed for donors or nonprofits with endowment-like investment horizons (20+ years), willing to accept moderate liquidity and a modest, fixed, annual spending objective. After a question and answer session regarding the Long Term Pool vs. the Endowment Pool, a motion was made.

BOARD PRESIDENT LUKOFF ASKED FOR A MOTION TO MOVE ONE-HALF OF THE FUNDS FROM THE LONG-TERM POOL INTO THE ENDOWMENT POOL. BOARD MEMBER WASCO MOTIONED. BOARD MEMBER BURTON SECONDED. THE MOTION PASSED BY UNANIMOUS VOICE VOTE.

3. SELECTION OF TAX PREPARER

The BOARD discussed the proposal from Polito Eppich CPAs and Business Advisors for Tax Return Preparation Services for the year ending June 30, 2015.

BOARD MEMBER BURTON MOTIONED TO ACCEPT THE PROPOSAL FROM POLITO EPPICH CPAs. BOARD MEMBER WASCO SECONDED. THE MOTION PASSED BY UNANIMOUS VOICE VOTE.

4. SMCF GRANT FUNDING COMMITTEE RECOMMENDATION

BOARD PRESIDENT LUKOFF introduced the Grant Funding Committee Regular Grant recommendations. Board members agreed to accept the slate of recommended grants as presented.

BOARD MEMBER BURTON MOTIONED TO APPROVE RESOLUTION NO. 2015-133, APPROVING FUNDING FOR SUMMER QUARTER 2015 REGULAR GRANTS: 1) CASA DE AMPARO IN THE AMOUNT OF \$5,000; AND 2) NORTH COUNTY HEALTH SERVICES IN THE AMOUNT OF \$3,452.57. BOARD MEMBER WASCO SECONDED. THE MOTION PASSED BY UNANIMOUS VOICE VOTE.

CONSENT CALENDAR

BOARD MEMBER BURTON MOTIONED TO APPROVE THE CONSENT CALENDAR. BOARD MEMBER WASCO SECONDED. THE MOTION PASSED BY UNANIMOUS VOICE VOTE.

5. **WAIVER OF TEXT** – Waived
6. **APPROVAL OF MINUTES** SMCF Board Meeting May 19, 2015 – Approved
7. **REPORT: FY 14/15 SUMMARY OF TRANSACTIONS** – Noted and Filed
8. **REPORT: FUND STATEMENT AND ASSETS AVAILABLE FOR DISTRIBUTION**
– Noted and Filed
9. **ORAL COMMUNICATIONS** – No members of the public requested to speak.

ITEMS FOR THE GOOD OF THE ORDER

10. **MISCELLANEOUS**

(a) Selection of next quarter's Grant Funding Committee

BOARD MEMBER LUKOFF will serve as Chair for the next quarter. BOARD MEMBERS NAJERA and WASCO will serve as the additional committee members, and BOARD MEMBER BURTON as alternate.

12. **ADJOURNMENT**

BOARD MEMBER BURTON MOTIONED TO ADJOURN THE MEETING, SECONDED BY BOARD MEMBER HALL. MOTION PASSED BY UNANIMOUS VOICE VOTE.

Meeting adjourned at 7:15 p.m.

Wendy Kaserman, Board Secretary

Colleen Lukoff, President

ATTEST:

Julia Covert, Recording Secretary

Return of Organization Exempt From Income Tax

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

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

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2014 calendar year, or tax year beginning **7/01**, 2014, and ending **6/30**, 2015**B** Check if applicable:

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

C
 SAN MARCOS COMMUNITY FOUNDATION
 1 CIVIC CENTER DRIVE
 SAN MARCOS, CA 92069

D Employer identification number

33-0259068

E Telephone number**G** Gross receipts \$ **42,444.****F** Name and address of principal officer: **COLLEEN LUKOFF**

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: ▶ **N/A****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1987****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO SUPPORT ORGANIZATIONS AND CHARITIES SPECIALIZING IN PROGRAMS TO BENEFIT SAN MARCOS COMMUNITY</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	11
	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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,195.	800.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,505.	41,644.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,700.	42,444.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	62,597.	62,860.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,154.	9,514.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	71,751.	72,374.	
19	Revenue less expenses. Subtract line 18 from line 12	-21,051.	-29,930.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,300,822.	1,244,693.
	22	Net assets or fund balances. Subtract line 21 from line 20	0.	13,988.
			1,300,822.	1,230,705.

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		
	COLLEEN LUKOFF		PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JESSICA M. DORSETT		11/12/15		P00874090
	Firm's name ▶	POLITO, EPPICH ASSOCIATES, LLP		Firm's EIN ▶ 32-0076871	
	Firm's address ▶	100 E. SAN MARCOS BLVD., #100 SAN MARCOS, CA 92069		Phone no. (760) 599-9900	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

ENRICH THE QUALITY OF LIFE FOR THE COMMUNITY OF SAN MARCOS BY SERVING AS A NONPROFIT
PUBLIC BENEFIT CORPORATION PROVIDING FINANCIAL AND OTHER ASSISTANCE PROGRAMS
BENEFITING THE CITY OR ITS RESIDENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 63,610. including grants of \$ 62,860.) (Revenue \$)

ALL GRANTS MADE BY THE SAN MARCOS COMMUNITY FOUNDATION MUST SUPPORT SAN MARCOS
RESIDENTS. APPLYING NON-PROFITS ARE ENCOURAGED TO ASK FOR WHAT THEY NEED, AND ALL
COMPLETED APPLICATIONS ARE CAREFULLY REVIEWED. BOARD MEMBERS ROTATE SERVING ON THE
GRANTS COMMITTEE, AND GO ON SITE VISITS FOR GRANTS UNDER CONSIDERATION.
GRANTS ARE MADE TO A VARIETY OF NON-PROFIT ORGANIZATIONS SERVING THE COMMUNITY, WITH
A BRIEF FOLLOW-UP REPORT REQUIRED. REQUESTS EXCEED AVAILABLE FUNDS. MINI-GRANTS (UP
TO \$1,500) ARE DECIDED 11 TIMES PER YEAR, BASED ON A ONE-PAGE APPLICATION PLUS
DOCUMENTATION. REGULAR GRANTS (UP TO \$10,000) ARE DECIDED QUARTERLY, BASED ON THE
ABOVE PLUS A TWO-PAGE NARRATIVE.
THE ADVISORY BOARD PROVIDES ADDITIONAL INSIGHTS REGARDING COMMUNITY NEEDS AND TRENDS,
AND MEETS WITH THE BOARD AT LEAST ANNUALLY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ▶ 63,610.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.		X
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1 b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. 15 a		X
b Other officers or key employees of the organization. 15 b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

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

LAURA ROCHA 1 CIVIC CENTER DRIVE SAN MARCOS CA 92069 760-744-1050

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COLLEEN LUKOFF PRESIDENT	5 0	X		X				0.	0.	0.
(2) LIONEL BURTON DIRECTOR	1 0	X						0.	0.	0.
(3) DONALD HALL DIRECTOR	1 0	X						0.	0.	0.
(4) CRYSTAL NAJERA DIRECTOR	1 0	X						0.	0.	0.
(5) DAVE NUTTALL DIRECTOR	1 0	X						0.	0.	0.
(6) TERRI WILLIAMS VICE PRESIDENT	1 0	X		X				0.	0.	0.
(7) MICHAEL WASCO DIRECTOR	1 0	X						0.	0.	0.
(8) BEN MICAL DIRECTOR	1 0	X						0.	0.	0.
(9) LAURA ROCHA CFO	5 40			X				0.	117,000.	0.
(10) WENDY KASERMAN SECRETARY	5 40			X				0.	102,248.	0.
(11)										
(12)										
(13)										
(14)										

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TEEA0107L 02/27/14

Form 990 (2014)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									
1 b Sub-total								0.	219,248.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	219,248.	0.

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes' complete Schedule J for such individual.*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.*

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 800.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		800.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		41,644.			41,644.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including.. \$					
	of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		42,444.	0.	0.	41,644.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	62,860.	62,860.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	595.		595.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	7,046.		7,046.	
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.	273.		273.	
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ASSOCIATION FEES	770.		770.	
b GUIDESTAR	750.	750.		
c TAX FILING FEE	80.		80.	
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	72,374.	63,610.	8,764.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	281.	1	
	2 Savings and temporary cash investments	1,300,541.	2	1,244,693.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,300,822.	16	1,244,693.	
Liabilities	17 Accounts payable and accrued expenses		17	750.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	13,238.
	26 Total liabilities. Add lines 17 through 25	0.	26	13,988.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	291,735.	27	221,218.
	28 Temporarily restricted net assets	5,407.	28	5,407.
	29 Permanently restricted net assets	1,003,680.	29	1,004,080.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,300,822.	33	1,230,705.
	34 Total liabilities and net assets/fund balances	1,300,822.	34	1,244,693.

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Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,444.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,374.
3	Revenue less expenses. Subtract line 2 from line 1	3	-29,930.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,300,822.
5	Net unrealized gains (losses) on investments	5	-40,187.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,230,705.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

SAN MARCOS COMMUNITY FOUNDATION

Employer identification number

33-0259068

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	3,359.	410.		5,195.	800.	9,764.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.	8,000.	11,000.	11,000.	11,000.	16,000.	57,000.
4 Total. Add lines 1 through 3.	11,359.	11,410.	11,000.	16,195.	16,800.	66,764.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						66,764.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4.	11,359.	11,410.	11,000.	16,195.	16,800.	66,764.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	41,076.	37,416.	73,785.	45,505.	41,644.	239,426.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI			165.			165.
11 Total support. Add lines 7 through 10.						306,355.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)).	14	21.79 %
15 Public support percentage from 2013 Schedule A, Part II, line 14.	15	20.50 %
16a 33-1/3% support test – 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3% support test – 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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Schedule A (Form 990 or 990-EZ) 2014

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶ ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐**b 33-1/3% support tests – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer (b) below.</i>		
b Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. **Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2014

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in Part VI). See instructions.....	
7 Total annual distributions. Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.....	
9 Distributable amount for 2014 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013.....			
f Total of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2014 distributable amount.....			
i Carryover from 2009 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years.....			
b Applied to 2014 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013.....			
e Excess from 2014.....			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2014	2013	2012	2011	2010
MISC			\$ 165.		
TOTAL	\$ 0.	\$ 0.	\$ 165.	\$ 0.	\$ 0.

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCES TEST - CURRENT YEAR

IN ACCORDANCE WITH TREASURY REGULATION SECTION 1.170A-9(F) (10), THE FOUNDATION IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS.

PART II, LINE 17B - 10% FACTS AND CIRCUMSTANCES TEST - PRIOR YEAR

IN ACCORDANCE WITH TREASURY REGULATION SECTION 1.170A-9(F) (10), THE FOUNDATION IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Employer identification number

SAN MARCOS COMMUNITY FOUNDATION

33-0259068

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

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

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

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

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

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

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

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....	1,003,680.	1,000,000.	1,000,000.	1,000,000.	1,000,000.
b Contributions.....	400.	3,680.			
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....					
g End of year balance.....	1,004,080.	1,003,680.	1,000,000.	1,000,000.	1,000,000.

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 100.00 %

c Temporarily restricted endowment ▶ _____ %

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

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

(i) unrelated organizations.....

(ii) related organizations.....

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....				
e Other.....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				0.

BAA

Schedule D (Form 990) 2014

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶		

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

N/A

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO OTHER FUNDS	13,228.	
(3) INTEREST PAYABLE	10.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	13,238.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2 a	
b	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
c	Other losses	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

INVESTMENT GROWTH ON ENDOWMENT FUND IS USED FOR THE FOUNDATION'S ONGOING GRANT MAKING PROGRAM.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

SAN MARCOS COMMUNITY FOUNDATION

Employer identification number

33-0259068

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VARIOUS - SEE ATTACHED SCH VARIOUS SAN MARCOS, CA 92069			62,860.	0.			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 23
- 3 Enter total number of other organizations listed in the line 1 table 23

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

TEEA3901L 06/19/14

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

GRANTS ARE MADE TO A VARIETY OF NON-PROFIT ORGANIZATIONS SERVING THE COMMUNITY, WITH
A BRIEF FOLLOW-UP REPORT REQUIRED.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

ALL GRANTS MADE BY THE SAN MARCOS COMMUNITY FOUNDATION MUST SUPPORT SAN MARCOS
RESIDENTS. APPLYING NON-PROFITS ARE ENCOURAGED TO ASK FOR WHAT THEY NEED, AND ALL
COMPLETED APPLICATIONS ARE CAREFULLY REVIEWED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

SAN MARCOS COMMUNITY FOUNDATION

33-0259068

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFT OF THE RETURNS ARE REVIEWED BY THE PRESIDENT, CFO AND SECRETARY FOR APPROVAL.

A FILING COPY IS PROVIDED TO THE BOARD BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICTS OF INTERESTS (ANNUAL DISCLOSURE) ARE COMPLETED BY DIRECTORS AND OFFICERS.

THE ANNUAL DISCLOSURE IS REPORTED TO THE GOVERNING BODY AND APPROPRIATE REVIEW IS
ENSURED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

IN FULL TRANSPARENCY, ALL COMMITTEE AND BOARD PACKETS ARE POSTED ONLINE, AND ALL
MEETINGS ARE OPEN TO THE PUBLIC. REPORTS ON ALL GRANTS ARE MADE TO THE CITY COUNCIL,
AND ARE POSTED ON OUR WEBSITE. ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL
STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

City of San Marcos Community Foundation
FY 15/16 Summary of Transactions

204-160100

Date	Check #	Payee	Description	Revenues	Expenditures	Balance
7/1/2015				Beginning Balance		1,226,190.02
<u>SM Community Foundation</u>						
7/16/2015	125136	Solutions for Change	SMCF Grant Award		(1,500.00)	
7/16/2015	125128	Meals-On-Wheels City of San Marcos	SMCF Grant Award		(1,500.00)	
7/22/2015	125205	SM Chamber	2016 Membership Renewal		(249.00)	
8/24/2015	125725	Casa de Amparo	SMCF Grant Award		(5,000.00)	
8/24/2015	125780	North County Health Services	SMCF Grant Award		(3,452.57)	
9/15/2015	126078	The Escondido Creek Concervancy	SMCF Grant Award		(1,498.00)	
9/15/2015	126055	The Angel's Depot	SMCF Grant Award		(1,500.00)	
		Interest Earnings (Charges) Qtr Ended 9/30/15	Cash held at City	6.71		
		Interest Earnings Qtr Ended 9/30/15	SD Jewish Foundation	(26,761.31)		
		SD Jewish Foundation	Qtr Ended 9/30/15 Management Fee		(1,669.00)	
		Unrealized Gain/(Loss) Qtr ended 9/30/15		(40,503.08)		
				(67,257.68)	(16,368.57)	
<u>SM Wildlife Fund</u>						
				-	-	Balance of Wildlife Fund: 5,407.49
<u>25th Anniversary Event</u> 204-250001						
				-	-	Balance of 25th Anniversary Event Fund: 34.55
<u>Now & Forever</u> 204-250550						
9/18/2015	CR #56498	Terri Williams	Now & Forever donation	1,500.00		
				1,500.00	-	Balance of Now & Forever Fund: 5,980.00
				Ending Balance 9/30/15		<u><u>1,142,563.77</u></u>

(1) The management fee is calculated based on the average balance for the quarter. The fee is 0.5% of the average balance up to the first \$1,000,000 plus 0.25% of the average balance above \$1,000,000.

(2) The Jewish Foundation allocates interest received on a monthly basis.

**SAN MARCOS COMMUNITY FOUNDATION
TREASURER'S INVESTMENT REPORT
SEPTEMBER 30, 2015**

TYPE OF INVESTMENT	INSTITUTION	YIELD	MATURITY DATE	MARKET/FAIR VALUE	% OF PORTFOLIO
Cash and Investments - Pooled with the City	Various	0.78%	(1)	7,441	0.65%
Deposit with Jewish Community Foundation - Endowment	Various	(2)	(1)	1,137,278	99.02%
Deposit with Jewish Community Foundation - Now & Forever Fund	Various	(2)	(1)	<u>3,859</u>	0.34%
Total Cash and Investments:				<u><u>\$ 1,148,578</u></u>	100.00%

(1) Liquid and currently available.

(2) See attached reports provided by the Jewish Community Foundation.



Wendy Kaserman
San Marcos Community Foundation
1 Civic Center Drive
San Marcos, CA 92069-2918

FUND STATEMENT

**San Marcos Community Foundation Fund
For the Quarter Ending 9/30/2015**



4950 Murphy Canyon Road
San Diego, CA 92123
(858) 279-2740 tel
(858) 279-6105 fax
www.jcfsandiego.org

San Marcos Community Foundation Fund
Fund ID: Sanm
For the Quarter Ending 9/30/2015

ASSETS AND LIABILITIES

Market Value as of 09/30/2015

Long Term Pool	\$	570,193.03
Endowment Pool		567,085.28
Total Assets	\$	<u>1,137,278.31</u>

Liabilities and Fund Balance

Fund Balance	\$	1,137,278.31
Total Liabilities and Fund Balance	\$	<u>1,137,278.31</u>



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FUND ACTIVITY SUMMARY

	Current Period	Year-To-Date
	<u>07/01/2015 - 09/30/2015</u>	<u>07/01/2015 - 09/30/2015</u>
BEGINNING FUND BALANCE	\$ 1,241,014.36	\$ 1,241,014.36
Contributions		
Additions	\$ 0.00	\$ 0.00
Total Contributions	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Investment Activity		
Interest & Dividends	\$ 1,770.97	\$ 1,770.97
Realized Gains (Losses)	(28,537.60)	(28,537.60)
Unrealized Gains (Losses)	(40,305.57)	(40,305.57)
Investment Expenses	(265.39)	(265.39)
Total Investment Activity	<u>\$ (67,337.59)</u>	<u>\$ (67,337.59)</u>
Disbursements		
Custodial Withdrawals	(35,000.00)	(35,000.00)
Foundation Support	(1,398.46)	(1,398.46)
Total Disbursements	<u>\$ (36,398.46)</u>	<u>\$ (36,398.46)</u>
Net Change	(103,736.05)	(103,736.05)
ENDING FUND BALANCE	<u><u>\$ 1,137,278.31</u></u>	<u><u>\$ 1,137,278.31</u></u>



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FUND ACTIVITY DETAIL

Custodial Withdrawals

07/27/2015	San Marcos Community Foundation	\$	20,000.00
09/03/2015	San Marcos Community Foundation		15,000.00
Total Custodial Withdrawals		\$	35,000.00



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San Marcos, CA 92069-2918

FUND STATEMENT

**S.M. Community Found - Now & Forever Fund
For the Quarter Ending 9/30/2015**



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S.M. Community Found - Now & Forever Fund
Fund ID: Sanma
For the Quarter Ending 9/30/2015

ASSETS AND LIABILITIES

Market Value as of 09/30/2015

Long Term Pool	\$	3,859.25
Total Assets	\$	<u>3,859.25</u>

Liabilities and Fund Balance

Fund Balance	\$	3,859.25
Total Liabilities and Fund Balance	\$	<u>3,859.25</u>



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S.M. Community Found - Now & Forever Fund
Fund ID: Sanma
For the Quarter Ending 9/30/2015

FUND ACTIVITY SUMMARY

	Current Period	Year-To-Date
	<u>07/01/2015 - 09/30/2015</u>	<u>07/01/2015 - 09/30/2015</u>
BEGINNING FUND BALANCE	\$ 3,678.39	\$ 3,678.39
Contributions		
Additions	\$ 400.00	\$ 400.00
Total Contributions	<u>\$ 400.00</u>	<u>\$ 400.00</u>
Investment Activity		
Interest & Dividends	\$ 5.26	\$ 5.26
Realized Gains (Losses)	0.06	0.06
Unrealized Gains (Losses)	(219.31)	(219.31)
Investment Expenses	(0.92)	(0.92)
Total Investment Activity	<u>\$ (214.91)</u>	<u>\$ (214.91)</u>
Disbursements		
Foundation Support	(4.23)	(4.23)
Total Disbursements	<u>\$ (4.23)</u>	<u>\$ (4.23)</u>
Net Change	180.86	180.86
ENDING FUND BALANCE	<u><u>\$ 3,859.25</u></u>	<u><u>\$ 3,859.25</u></u>



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FUND ACTIVITY DETAIL

Additions

08/18/2015	Wendy Kaserman	\$	400.00
	Total Additions	\$	400.00
