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## SAN MARCOS COMMUNITY FOUNDATION GRANT FUNDING SUBCOMMITTEE SPECIAL MEETING AGENDA

Wednesday, February 7, 2024 – 6:00 PM  
San Marcos Room – 2<sup>nd</sup> Floor

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

**Americans with Disabilities Act:** If you need special assistance to participate in this meeting, please contact the Board Secretary at (760) 744-1050, ext. 3137. 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. 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.

**Meeting Schedule:** Regular San Marcos Community Foundation Board meetings are generally held on the third Tuesday in the month of February, May, August and November. The Agenda's are posted on the City website at: [www.san-marcos.net](http://www.san-marcos.net).

**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. Any agenda-related writings or documents provided to a majority of the San Marcos Community Foundation after distribution of the agenda packet are available for public inspection at the same time at the Administration Department.

### CALL TO ORDER

### ROLL CALL

### NEW BUSINESS

1. **MINI GRANT APPLICATION PROPOSALS** – There are one (1) application for consideration from non-profit organization requesting Foundation funds.
2. **REGULAR GRANT APPLICATION PROPOSALS** – Consider five (5) proposals from non-profit organizations requesting Foundation funds.



## San Marcos Community Foundation

1 Civic Center Drive  
San Marcos, CA 92069

SMCF GRANT FUNDING SUBCOMMITTEE MEETING AGENDA  
February 7, 2024  
Page 2 of 2

	Nonprofit	Program	# San Marcos Residents Served	Request
1	San Marcos Promise	Future Center Career-Based Mentoring Programs	40	\$1,500 (Funded)
2	Bithiah's Family Services- San Marcos Resource Center	San Marcos Resource Center	350	\$10,000
3	Casa de Amparo	Food for Residential Services Youth	75	\$8,400
4	Classics 4 Kids	Equal Access to Music Education for San Marcos Students	450	\$5,000
5	Senior Veteran Home Solutions,	Home Sweet Home	2	\$10,000
6	North County Buckeyes Basketball	2024 Basketball Season Project	25	\$10,000

### ORAL COMMUNICATIONS –

Speakers are limited to five minutes. 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 recommendation.

### ITEMS FOR THE GOOD OF THE ORDER

**NEXT MEETING DATE** –The next meeting of the SMCF Board is scheduled for Tuesday, February 20, 2024.

### **MISCELLANEOUS**

### **ADJOURNMENT**

### **AFFIDAVIT OF POSTING**

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

I, Phil Scollick, hereby certify that I caused the posting of this Agenda in the glass display case at the north entrance of City Hall and on the City website on Monday, February 5, 2024, prior to 5:30 pm.

  
Phil Scollick, Recording Secretary

## WINTER Quarter Grant Requests 2023-24

Asset Balance on 7/1/2023: \$ 1,237,558

Total Available for Distribution for FY 2023-24: \$ 61,878 \$ 49,502

Total FY 2023-24 Distributions Year to Date: \$ 30,000

**Total Funds Available for Quarter if Awarding Grants at 4% of Assets: \$ 12,375**

**Total Funds Available for Quarter if Awarding Grants at 5% of Assets: \$ 15,469**

Nonprofit	Program	# San Marcos Residents Served	Summary	Lead	Request	Recommend	Approved
			<b>Mini-grants</b>				
San Marcos Promise	Future Center Career-Based Mentoring Programs	40	We request \$1,500 for a portion of our Program Director's time to provide college and career readiness coaching to SMUSD students participating in the two career-based mentoring programs now offered through our Future Centers.		\$ 1,500	\$ 1,500	\$ 1,500
			<b>Regular-grants</b>				
Bithiah's Family Services- San Marcos Resource Center	San Marcos Resource Center	350	Bithiah's Family Services is requesting \$10,000 to be used for rent support in 2024 to continue to keep our Resource Center open to the San Marcos community.	Carol	\$ 10,000		
Casa de Amparo	Food for Residential Services Youth	75	Casa de Amparo respectfully requests \$8,400.00 to support the purchase of food items eaten and prepared by Residential Services youth seven days per week.		\$ 8,400		
Classics 4 Kids	Equal Access to Music Education for San Marcos Students	450	Classics 4 Kids (C4K) will provide access to our innovative educational orchestra concerts by funding 5 school buses and ticketing to bring students from Title 1 elementary schools in San Marcos on field trips to downtown San Diego's Balboa Theatre or City Heights' Joan B. Kroc Theatre. Approximately 360 elementary students can benefit from this project, of the programs in our 2024-2025 season.		\$ 5,000		
Senior Veteran Home Solutions,	Home Sweet Home	2	Home Sweet Home is one of the programs with Senior Veteran Home Solutions that assists low-income elderly veterans to find housing and pay for the upfront expenses surrounding moving costs.	Gary	\$ 10,000		
North County Buckeyes Basketball	2024 Basketball Season Project	25	funds to cover costs such as player registration fees, uniforms, equipment, liability insurance, and coaching fees. The organization aims to secure grant funding of \$2,500.00 - \$10,000.00 to alleviate this financial burden, ensuring the organization can continue its vital work without financial constraints.	Jen	\$ 10,000		
					<b>\$ 44,900</b>	<b>\$ 1,500</b>	<b>\$ 1,500</b>



Joseph & Lenka Finci  
Jewish Community Building  
4950 Murphy Canyon Road  
San Diego, CA 92123

(858) 279-2740 tel  
(858) 279-6105 fax

[www.jcfsandiego.org](http://www.jcfsandiego.org)

January 4, 2024

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Leo Spiegel  
Janet Acheatel  
*\*of blessed memory*

President and  
Chief Executive Officer  
Miriam and Jerome Katzin  
Presidential Chair  
Beth Sirull

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

Dear Phil,

Enclosed please find the Winter 2024 grants package, containing full applications for the San Marcos Community Foundation grant opportunity. The applicants include:

Bithiah's Family Services  
Casa de Amparo  
Classics 4 Kids  
North County Buckeyes Basketball  
Senior Veteran Home Solutions  
The San Marcos Promise dba Project Next

Best wishes,

A handwritten signature in blue ink that reads "Jessica Ludwig".

Jessica Ludwig  
Grants Officer



## **BITHIAH'S FAMILY SERVICES**

12345 MOUNTAIN AVE. SUITE N #208  
CHINO, CA 91710

**San Marcos Community Foundation,**

I am the CoFounder and Executive Director of Bithiah's Family Services. I am authorized and fully support the submission of this grant request. Feel free to contact me if you have any follow up questions.



**Michelle Thompson**  
**Executive Director**  
**Bithiah's Family Services**  
**mthompson@bithiahs.org**

Title	<b>Bithiah's Family Services- San Marcos Resource Center</b>	12/30/2023
	by <b>Dyanna Sousa</b> in <b>San Marcos Community Foundation</b>	id. 45049694
	on behalf of <b>Bithiahs Family Services</b>	
	1030 La Bonita Dr #334 San Marcos , California 92078 United States 951 370 5625 dsousa@bithiahs.org	

<b>Original Submission</b>	12/30/2023
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General Project Information	
Please enter your organization's name and project name.	Bithiah's Family Services- San Marcos Resource Center
Are you applying for the Mini Grant or the Regular Grant?	Regular Grant (\$1,500 - \$10,000)
Project Name	San Marcos Resource Center
Project Start Date	1/1/2024
Project End Date	1/1/2025
Date by Which Funds Will Be Expended:	3/1/2024
Total Number of People Served by this Project	400.0
Total Number of People Served by this Project in San Marcos Only	350.0
Grant Amount Requested	10000.0
Organization Details	

Organization Name	Bithiah's Family Services
Organization Street Address	1030 La Bonita Dr #334
Organization City	San Marcos
Organization State	CA
Organization Zip Code	92078
Organization Website	<a href="https://bithiahsfamilyservices.org">https://bithiahsfamilyservices.org</a>
Organization's EIN	47-3251661 200 Bithiahs Family Services a4a7e86d-d6ce-4dd2-8eb8-1faa21420c49 12345 Mountain Ave Ste N208 Chino CA 91710 This organization was not included in the Office of Foreign Assets Control Specially Designated Nationals(SDN) list. true false 2022-12-12T00:00:00 2023-01-09T00:00:00 501(c)(3) Public Charity A public charity (50% deductibility limitation). Section 509(a)(1) organization as referred to in Section 170(b)(1)(A)(vi) 2022-12-12T00:00:00 2015 05
Contact Information	
Contact First Name	Dyanna
Contact Last Name	Sousa
Contact Title	San Marcos Program Manager
Contact Phone	+19518188033
Contact Email	<a href="mailto:dsousa@bithiahs.org">dsousa@bithiahs.org</a>
Project Details	

<p>Briefly describe your request for funds.</p>	<p>Bithiah's Family Services is requesting \$10,000 to be used for rent support in 2024 to continue to keep our Resource Center open to the San Marcos community.</p> <p>Previously we were awarded the mini endowment grant to fully stock the San Marcos Resource Center with tangible items to support Foster and Adoptive families and to furnish our court approved visitation space. Since this reward, we have created partnerships in the community to get monthly donations of tangible necessities and the visitation room has been used to support children welfare services in San Diego County. We have been able to give away hundreds of diapers and wipes to high-need families, and strive to continue our services as long as they are needed.</p> <p>This Resource Center has become a cost-free support system for underprivileged families involved in the child welfare system in San Marcos. We have created support groups, provided individualized therapy, hosted seasonal events for Foster families and children, and supplied tangible necessities to any family who needs them.</p> <p>Bithiah's is seeking rent support to remain in our current building for the the 2024 calendar year and continue to provide resources to the San Marcos community.</p>
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<p>Briefly describe the significance of your request to the San Marcos community, including anticipated numbers served.</p>	<p>San Diego County currently has 3,500 kids in the foster care system (according to Voices for Children, 2019). San Diego County is the USA's hotspot for human trafficking. The FBI has rated San Diego as one of the top 13 worst regions with 8,000 victims per year. The hidden victims are homeless, LGBTQIA+ youth, with a history of foster care, under the age of 17. (According to San Diego's Human and Health Service Agency). 50-90% of trafficked children have been in the foster care system at some point in their life. (according to Voices for Children and HHS administration on Children and Youth). 1,800 former foster youth sleep on the streets of San Diego every night (according to Street Sleep San Diego,2021).</p> <p>The statistics are clear, San Diego County and San Marcos need the support of Bithiah's Family Services to meet tangible and mental health needs. This funding will be crucial in helping Bithiah's to continue to serve San Diego County and the community of San Marcos.</p>
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<p>Do you collaborate with other organizations to achieve your mission? If so, briefly describe those partnerships highlighting any that are located in or serve San Marcos residents.</p>	<p>Currently we collaborate with Baby2baby for cost-free diapers and wipes, in December we receive clothes and toy donations from Walmart, and we provide free therapy with clinicians from Azuza Pacific.</p>
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Has your organization received funding from the San Marcos Community Foundation in the past? If yes, please briefly describe the most recent project which received funding and the outcomes you achieved. If you have not received funding in the past, you can leave this section blank.

Yes, since we have received the funds we furnished our entire Resource Center and created an interactive visitation space and purchased tangible necessities as we waited to receive donations.

Please provide a detailed narrative of your organization's mission and impact to the community. Include details such as strategic objectives, milestone achievements, and testimonials.

Since its beginnings in 2015, Bithiah's Family Services has served the vulnerable youth in Southern California primarily targeting children in the Foster Care system through a variety of services. From its original mission, Bithiahs has expanded to support Foster, Adoptive, Kinship and Biological families in addition to children in the Foster Care system. This is done through 3 specific methods which are training and education, the resource and visitation centers in Pomona and San Marcos and a retreat specifically designed for Foster, Adoptive and Kinship moms.

Bithiah's supports children and families on all sides of the child welfare system-parents working to get their children back into their home, Foster and Kinship parents working with children and helping them heal, and Adoptive parents raising children on the other side of the trauma. Bithiahs is committed to family preservation, mental health support and equipping parents to connect and thrive with their children. Foster families are stretched thin and the burnout rate is sky high. All of these circumstances pose a huge challenge within the space of mental health equity. Access to affordable mental health services is a huge barrier to youth in care and parents working a case plan to get their children back. With reunification and family preservation being our top priority, Bithiahs is committed to offering the community we serve free and convenient access to mental health services. This includes free therapy with clinicians well versed in trauma informed care, free support groups led by clinicians, free tangible necessities (such as diapers, carseats, clothing ,etc.), and wraparound services to offer support on all sides of the reunification process.

Our mission is rooted in ensuring that individuals from all backgrounds have equal access to mental health resources and tangible support, regardless of their socioeconomic status, ethnicity, gender, or any other characteristic that may lead to disparities in mental health care. We are deeply committed to ensuring equal opportunities, rights, and access to resources for individuals of all races, ethnicities, and sexualities.

Ebony's testimonial perfectly encapsulates all-sides Bithiah's mission. Ebony was separated from her kids in 2019 for neglect and they were placed into the Foster Care System. Bithiah's was able to offer the

Pomona resource center as a safe space for court ordered visitations. Ebony was also offered court approved parenting classes and we helped her furnish an apartment so she could get her children back. After two years of working hard with the court system, Ebony successfully gained custody of her two children. Bithiah's family services is committed to supporting Ebony to this day in her parenting journey by providing her with free necessities; therapy, parenting classes, diapers, car-seats, clothes and toys. We aim to see biological parents succeed in reunifying with their children and use our resources to learn more about parenting.

Since opening our San Marcos Resource Center we have aimed to continue to serve all communities involved with the child welfare system; pouring into reunified parents, parents who have lost their kids, foster families, kinship families, adoptive families, social workers, foster children, and even teens who have aged out of the foster care system. In San Marcos we have focused on community engagement and inclusivity to ensure that community voices are heard and play a significant role in influencing agency decisions. We firmly believe that communities should be active participants in shaping the policies and programs that directly affect them. In June we had a Foster mom we serve reach out to us about creating a women only, Foster mom, support group to create a sense of community amongst the women in our organization. We embraced this idea with open arms, started the planning process, and hosted our first session one month later with success. We believe in co-creating programs and services with the communities we serve. This collaborative approach ensures that our programs and services are relevant, culturally sensitive, and responsive to the unique needs and aspirations of our community.

This year a major objective for the San Marcos Resource Center was to provide toys, clothes, and necessities during the holiday season to as many families as possible. At our Christmas event last week we were able to serve 150 children, aprox. 35 families, with a cost-free shopping experience to give each child the best Christmas possible. Parents were invited into the center where they picked out gifts for our team to wrap, and we provided childcare outside so each present was a surprise to the children on Christmas morning. At this event we were able to give away 100 packs of diapers, as well as soaps and shampoos, dental hygiene kits, and wipes, so each family would be stocked up on supplies for the new year.

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Please upload any community letters or media in support of this project.

[\*\*BithiahsFlyer.pdf\*\*](#)

[\*\*Brochure2.pdf\*\*](#)

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Please upload the annual operating budget for your organization.

[\*\*BFS.Current.Operating.Budget.pdf\*\*](#)

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Please upload your most recent year-end audited financial statements, including any management letters associated with the audit.

[\*\*BFS.Financial.Stmt2021.pdf\*\*](#)

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Please attach the first two pages of your Federal 990.

Please upload a letter, signed by your organization's president or authorized officer on this application, supporting the submission of this grant.

[Auth.\\_Letter.pdf](#)

Funding

Budget Worksheet

[San Marcos Community Foundation - Budget Worksheet.xlsx](#)

Project Budget Total 13800.0

Is this a Challenge or No  
Matching Grant?

Could this be a  
Challenge or  
Matching Grant?

Additional Funding

[SMCF Budget Worksheet 2.xlsx](#)

Please provide a brief narrative for your budget and funding sources for this project. If you don't receive your full grant request, will you still be able to run the project?	We have received funding to pay for the first half of the calendar year in rent, but we are seeking funding to support rent for the remaining 6 months of 2024.
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Provide an itemized list of expenses for this project. Please ensure the totals are calculated correctly.

Item	Cost	Notes (optional)
Monthly Rent for our San Marcos Resource Center	\$2,300.00	Includes Utilities and Tax
<b>Total budget for this PROJECT:</b>	13800	6 months of rent

	Source Name	Amount	C / CD / P
Additional Funding Source 1	Tri-City Grant	10000	
Additional Funding Source 2	Individual donor	2000	
Additional Funding Source 3			
Additional Funding Source 4			
Additional Funding Source 5			
Additional Funding Source 6			
Additional Funding Source 7			
Additional Funding Source 8			
Additional Funding Source 9			
Additional Funding Source 10			

# Bithiah's Operational Budget 2023

PROJECTED ANNUAL INCOME	Grants	\$255,000
	Monthly Donors/Fundraisers	\$125,000
	<b>Total annual income</b>	<b>\$380,000</b>
ACTUAL ANNUAL INCOME	Grants	\$88,400
	Monthly Donors/Flat Donations/Fundraisers	\$28,000
	<b>Total annual income</b>	<b>\$116,400</b>

Visitation Center (Pomona)	Projected Cost	Actual Cost	Difference
Rent	\$31,200		\$31,200
Utilities	\$3,600		\$3,600
Community Events	\$20,000		\$20,000
Cleaning	\$2,400		\$2,400
Diaper/Wipes/Clothing	\$12,000		\$12,000
Gala	\$8,000		\$8,000
Training Resources/Curriculum	\$6,000		\$6,000
Food, snacks for visitations	\$1,400		\$1,400
Mentorship license/supplies	\$2,000		\$2,000
Alarm, Security	\$1,000		\$1,000
Retreat	\$20,000		\$20,000
Maintenance/Repairs	\$3,000		\$3,000
Transportation/Travel	\$1,000		\$1,000
Pest Control	\$1,000		\$1,000
Uniforms	\$1,500		\$1,500
Toys/ Furniture	\$7,000		\$7,000
<b>Total</b>	<b>\$121,100</b>	<b>\$0</b>	<b>\$121,100</b>

INSURANCE	Projected Cost	Actual Cost	Difference
Workmans Comp	\$5,000		\$5,000
Liability	\$1,200		\$1,200
<b>Total</b>	<b>\$6,200</b>	<b>\$0</b>	<b>\$6,200</b>

PAYROLL	Projected Cost	Actual Cost	Difference
Director, Training Coordinator, Donor Liason	125,000.00		\$125,000
<b>Total</b>	<b>\$379,600</b>	<b>\$0</b>	<b>\$379,600</b>



# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2022 calendar year, or tax year beginning , 2022, and ending , 20		<b>D</b> Employer identification number 47-3251661
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> BITHIAH'S FAMILY SERVICES 12345 N MOUNTAIN AVE SUITE N #208 CHINO, CA 91710	<b>E</b> Telephone number 909-631-8677
<b>F</b> Name and address of principal officer: KEITH THOMPSON SAME AS C ABOVE		<b>G</b> Gross receipts \$ 217,592.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>J</b> Website: BITHIAHSHOUSE.ORG		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 2015 <b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: BITHIAH'S FAMILY SERVICES PROVIDE SUPPORTIVE SERVICES INCLUDING TRAININGS TO EDUCATORS, FOSTER, ADOPTIVE, KINSHIP AND BIRTH FAMILIES. TRAUMA INFORMED RETREAT AND CONFERENCE FOR FOSTER, ADOPTIVE AND KINSHIP MOMS. SUPPORT GROUPS FOR FOSTER, ADOPTIVE AND KINSHIP PARENTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	1
	6	Total number of volunteers (estimate if necessary)	60
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 100,985. Current Year 217,184.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,826. 408.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,812. 217,592.
	<b>Expenses</b>	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)	9,330. 30,035.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25)	18,595.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,283. 144,623.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,613. 174,658.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	37,199. 42,934.
	20	Total assets (Part X, line 16)	Beginning of Current Year 56,580. End of Year 99,514.
	21	Total liabilities (Part X, line 26)	0. 0.
	22	Net assets or fund balances. Subtract line 21 from line 20	56,580. 99,514.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer KEITH THOMPSON		Date PRESIDENT	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name PATRICK S. GUZMAN, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00354029
	Firm's name GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS			
	Firm's address 4510 E. PACIFIC COAST HIGHWAY, SUITE 270 LONG BEACH, CA 90804	Firm's EIN 33-0302407		
		Phone no. (562) 498-0997		

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:

SEE SCHEDULE O

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 \$ 143,100. including grants of \$ ) (Revenue \$ )

BITHIAH'S FAMILY SERVICES PROVIDE SUPPORTIVE SERVICES INCLUDING TRAININGS TO EDUCATORS, FOSTER, ADOPTIVE, KINSHIP AND BIRTH FAMILIES. TRAUMA INFORMED RETREAT AND CONFERENCE FOR FOSTER, ADOPTIVE AND KINSHIP MOMS. SUPPORT GROUPS FOR FOSTER, ADOPTIVE AND KINSHIP PARENTS.

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

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

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

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

4e Total program service expenses 143,100.



**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 .....	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .....	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .....	5	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 .....	6	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 .....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V .....	10	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 .....	11a	X
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....	11b	X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....	11e	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 .....	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .....	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions .....	17	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 .....	18	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 .....	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	21	X



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 <b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. ....	2a 1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b		X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year. ....	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the sponsoring organization make any taxable distributions under section 4966? .....	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12. ....	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a Gross income from members or shareholders .....	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. ....	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state? .....	13a		
<b>Note:</b> 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 .....	13b		
c Enter the amount of reserves on hand .....	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	14b		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .....	17		
If "Yes," complete Form 6069.			



**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 on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	4											
b Enter the number of voting members included on line 1a, above, who are independent . . . . .		4										
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? . . . . . SEE SCHEDULE O			X									
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .				X								
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .					X							
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .					X							
6 Did the organization have members or stockholders? . . . . .					X							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .					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? . . . . .					X							
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body? . . . . .			X									
b Each committee with authority to act on behalf of the governing body? . . . . .				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 on Schedule O . . . . .					X							

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

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

**Section C. Disclosure**

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 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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.

TREASURER 12345 N MOUNTAIN AVE SUITE N #208 CHINO CA 91710 909-631-8677



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events	4,300.			
	1d	Related organizations				
	1e	Government grants (contributions)				
	1f	All other contributions, gifts, grants, and similar amounts not included above	212,884.			
	1g	Noncash contributions included in lines 1a-1f				
	h	<b>Total.</b> Add lines 1a-1f	217,184.			
<b>Program Service Revenue</b>	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	<b>Total.</b> Add lines 2a-2f				
	<b>Other Revenue</b>	3		Investment income (including dividends, interest, and other similar amounts)		
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real (ii) Personal			
6b		Less: rental expenses				
6c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
7b		Less: cost or other basis and sales expenses				
7c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ 4,300. of contributions reported on line 1c). See Part IV, line 18				
8b		Less: direct expenses				
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities. See Part IV, line 19				
9b		Less: direct expenses				
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances				
10b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	11a		MISC INCOME	408.	408.	
	b					
	c					
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a-11d	408.			
	12	<b>Total revenue.</b> See instructions	217,592.	408.	0.	0.



**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.				
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.	2,200.	2,200.	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.	22,070.	17,656.	4,414.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	5,765.	2,882.	2,883.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.	1,125.	1,125.		
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	961.	769.	192.	
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.	4,063.	2,031.	2,032.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>PROGRAM EXPENSES</u>	79,829.	79,829.		
b <u>CONTRACT SERVICES</u>	23,956.	23,956.		
c <u>GALA</u>	18,595.			18,595.
d <u>MISCELLANEOUS</u>	4,269.	3,842.	427.	
e All other expenses.	11,825.	8,810.	3,015.	
25 Total functional expenses. Add lines 1 through 24e.	174,658.	143,100.	12,963.	18,595.
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 Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash — non-interest-bearing .....	44,512.	1	20,554.
	2 Savings and temporary cash investments .....	12,068.	2	78,960.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	56,580.	16	99,514.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....		17	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		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	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	0.	26	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	56,580.	27	99,514.
	28 Net assets with donor restrictions .....		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 <b>Total net assets or fund balances.</b> .....	56,580.	32	99,514.
33 <b>Total liabilities and net assets/fund balances.</b> .....	56,580.	33	99,514.	



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	217,592.
2	Total expenses (must equal Part IX, column (A), line 25)	2	174,658.
3	Revenue less expenses. Subtract line 2 from line 1	3	42,934.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,580.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,514.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	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? .....	2b	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? .....	2c	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	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 on Schedule O and describe any steps taken to undergo such audits .....	3b	



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	762,085.	516,343.	13,823.	100,985.	217,184.	1,610,420.
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						0.
4 <b>Total.</b> Add lines 1 through 3	762,085.	516,343.	13,823.	100,985.	217,184.	1,610,420.
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)						17,547.
6 <b>Public support.</b> Subtract line 5 from line 4						1,592,873.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	762,085.	516,343.	13,823.	100,985.	217,184.	1,610,420.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6.		1.	1.		8.
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	2,889.	842.	1,259.	6,826.	408.	12,224.
11 <b>Total support.</b> Add lines 7 through 10						1,622,652.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First 5 years.</b> 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 <b>stop here.</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.16 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.26 %
16a <b>33-1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test—2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>	



# Bithiah's Family Services

## Annual Operational Budget

January - December 2021

	TOTAL
Revenue	
4 Contributed Income	
4010 Individual contribution	43,992.69
4020 Corporate contributions	32,258.03
4140 Gifts in kind	-80.80
4510 Agency (government) grants	15,000.00
Retreat Donation	2,850.00
<b>Total 4 Contributed Income</b>	<b>94,019.92</b>
46400 Other Types of Income	
46430 Miscellaneous Revenue	132.26
<b>Total 46400 Other Types of Income</b>	<b>132.26</b>
47200 Program Income	1,575.00
5 Earned Revenue	
5310 Interest on savings	0.55
<b>Total 5 Earned Revenue</b>	<b>0.55</b>
Gala Donation	2,451.51
Gala Ticket	27,265.00
Sales of Product Revenue	74.65
Services	215.48
Trauma Informed Care Education	-75.83
Uncategorized Revenue	3,134.52
<b>Total Revenue</b>	<b>\$128,793.06</b>
<b>GROSS PROFIT</b>	<b>\$128,793.06</b>
Expenditures	
69800 Uncategorized Expenses	5,196.32
7500 Contract Services	11,047.00
7520 Accounting Fees	1,155.00
<b>Total 7500 Contract Services</b>	<b>12,202.00</b>
8100 Nonpersonnel expenses	393.36
8110 Supplies	1,150.84
8120 Donated materials & supplies	164.26
8140 Postage, shipping, delivery	215.48
8170 Printing & copying	25.96
8180 Books, subscriptions, reference	686.00
Bank Fees	301.00
<b>Total 8100 Nonpersonnel expenses</b>	<b>2,936.90</b>
8200 Facility & equipment expenses	
8210 Rent & parking	10,156.00
8260 Equip rental & maintenance	649.00
<b>Total 8200 Facility &amp; equipment expenses</b>	<b>10,805.00</b>



# Bithiah's Family Services

## Annual Operational Budget

January - December 2021

	TOTAL
8300 Travel & meetings expenses	
8320 Conferences, meetings	284.24
<b>Total 8300 Travel &amp; meetings expenses</b>	<b>284.24</b>
8500 Other expenses	1,069.80
8520 Insurance	703.15
8570 Advertising	29.65
8590 Other costs	100.50
8591 Refund and Bank Fee	4,499.55
Promotional/Gifts- Staff	332.62
<b>Total 8500 Other expenses</b>	<b>6,735.27</b>
Administration	
65000 Operations	
65010 Books, Subscriptions, Reference	560.95
65020 Postage, Mailing Service	25.00
65030 Printing and Copying	72.97
65040 Supplies	389.87
65050 Telephone, Telecommunications	40.34
<b>Total 65000 Operations</b>	<b>1,089.13</b>
65100 Other Types of Expenses	
65120 Insurance - Liability, D and O	1,528.09
<b>Total 65100 Other Types of Expenses</b>	<b>1,528.09</b>
8600 Business Expenses	1,325.00
60920 Business Registration Fees	31.00
<b>Total 8600 Business Expenses</b>	<b>1,356.00</b>
<b>Total Administration</b>	<b>3,973.22</b>
clothes	308.41
Gala	8,326.22
Groceries/Food	702.04
Medical Supplies	31.80
Office Supplies	3,380.66
Payroll Expenses	
Taxes	663.02
Wages	8,667.00
<b>Total Payroll Expenses</b>	<b>9,330.02</b>
Program Expenses	
62800 Facilities and Equipment	
62840 Equip Rental and Maintenance	2,278.42
<b>Total 62800 Facilities and Equipment</b>	<b>2,278.42</b>
Kid Supplies	438.86

# Bithiah's Family Services

## Annual Operational Budget

January - December 2021

	TOTAL
Program Services	1,534.76
<b>Total Program Expenses</b>	<b>4,252.04</b>
Refund Gala Ticket	15,100.00
Refund Trauma Informed Care	900.00
Trauma Informed Care Education Program	5,097.64
Retreat	-3,413.30
Retreat Supplies	3,641.84
Training for Foster Parents	140.29
<b>Total Trauma Informed Care Education Program</b>	<b>5,466.47</b>
Uncategorized Expenditure	322.97
<b>Total Expenditures</b>	<b>\$90,253.58</b>
NET OPERATING REVENUE	<b>\$38,539.48</b>
NET REVENUE	<b>\$38,539.48</b>

# BITHIAH'S FAMILY SERVICES

1035 SOUTH GAREY AVE.  
POMONA, 91766



1030 LA BONITA DRIVE #334  
SAN MARCOS, CA



Our visitation center offers a therapeutic, interactive space for parents and their children to connect during visits. A foam pit, trampoline, rock wall and teen area offer space to play and heal.

**Our storage area provides tangible items for Foster, Adoptive, Kinship & Reunifying families**

CLINICIAN-LED SUPPORT GROUPS, COURT APPROVED PARENT REUNIFICATION CLASSES AND TRAININGS ARE AVAILABLE AT THE RESOURCE CENTER & VIA ZOOM.

- ✓ Foster, Adoptive & Kinship Support Group
- ✓ LGBTQIA+ Support Group for Youth Experiencing Foster Care
- ✓ De-escalation Training
- ✓ Connected Parenting Class



## CONTACT US



909.671.4113



info@bithiahs.org



www.bithiahsfamilyservices.org





## Warehouse

Bithiah's keeps a stock of emergency supplies to support social workers, resource families, and youth. Tangible needs are met through diapers, placement kits and living necessities.

## Events

The Resource Center hosts monthly events to support the community and those involved in the Foster Care system.

- Summer Celebration
- Trunk or Treat
- Holidays with Intention Event
- Social Worker Appreciation Event
- Holiday Boutique
- Baby Showers for Pregnant Youth experiencing Foster Care



## Classes & Trainings

Clinician-led support groups, court approved parent reunification classes and trainings are available at the Resource Center and via zoom.



Available Topics:



- Foster, Adoptive & Kinship Support Group
- LGBTQIA+ Support Group for Youth Experiencing Foster Care
- De-escalation Training
- Parent Reunification Class
- Connected Parenting Class
- Trauma Informed Educator Class



## Visitation Center

Our visitation center offers a therapeutic, interactive space for parents and their children to connect during visits. A foam pit, trampoline, rock wall and teen area offer space to play and heal.



Each visitation room is stocked with board games, age appropriate toys and plenty of activities. For longer visits, the kitchen is available for food prep and storage. A large, gated outdoor space is available for outdoor play during visits.





December 21, 2023

Kathy Karpé  
Director of Development  
Casa de Amparo  
325 Buena Creek Road  
San Marcos, CA, 92069

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

Dear San Marcos Community Foundation:

On behalf of the children and youth we serve and our dedicated staff and Board of Directors, Casa de Amparo extends our gratitude for your past support and the opportunity to request funding from the San Marcos Community Foundation again through the Regular Grants cycle.

**Proposed Project**

Casa de Amparo respectfully requests \$8,400.00 to support food eaten and prepared by the youth served through our Residential Service program.

With your support, Casa de Amparo will ensure the 24 hour, seven-days-per-week availability of food that reflects the nutritional needs, cultural tastes, and dietary restrictions of the diverse foster youth we serve. Providing consistent availability of food for our youth not only creates an environment where they never feel deprived of basic needs but also allows those recovering from past food insecurity to heal and gain culinary independence and skills to ensure they can meet their basic needs after transitioning out of Residential Services into independent living.

Thank you for your consideration of this request.

Sincerely,

*Katherine M. Karpé*

Katherine Karpé, CFRE  
Director of Development

*Serving all of San Diego County with locations in Oceanside and San Marcos*

325 Buena Creek Road, San Marcos, CA 92069

Phone: 760-754-5500 • Fax: 760-566-3569 • [www.casadeamparo.org](http://www.casadeamparo.org)

*Casa de Amparo is a 501 (c)(3) nonprofit organization. Federal Tax I.D. #95-3315571*



Title	<b>Casa de Amparo—Food for Residential Services Youth</b>	12/22/2023
	by <b>Heather Jenkins</b> in <b>San Marcos Community Foundation</b>	id. 45014236
	on behalf of <b>Casa de Amparo</b>	
	<a href="mailto:hjenkins@casadeamparo.org">hjenkins@casadeamparo.org</a>	

<b>Original Submission</b>	12/22/2023
----------------------------	------------

	General Project Information
Please enter your organization's name and project name.	Casa de Amparo—Food for Residential Services Youth
Are you applying for the Mini Grant or the Regular Grant?	Regular Grant (\$1,500 - \$10,000)
Project Name	Food for Residential Services Youth
Project Start Date	7/1/2024
Project End Date	6/30/2025
Date by Which Funds Will Be Expended:	6/30/2025
Total Number of People Served by this Project	75.0
Total Number of People Served by this Project in San Marcos Only	75.0
Grant Amount Requested	8400.0
	Organization Details
Organization Name	Casa de Amparo
Organization Street Address	325 Buena Creek Road

Organization City	San Marcos
Organization State	California
Organization Zip Code	92069
Organization Website	<a href="http://www.casadeamparo.org">http://www.casadeamparo.org</a>
Organization's EIN	95-3315571 200 Casa de Amparo 15a5d7cf-5c0a-49a5-b35f-6ed347499177 325 Buena Creek Road San Marcos CA 92069 This organization was not included in the Office of Foreign Assets Control Specially Designated Nationals(SDN) list. true false 2023-03-13T00:00:00 2023-04-03T00:00:00 501(c)(3) Public Charity A public charity (50% deductibility limitation). Section 509(a)(1) organization as referred to in Section 170(b)(1)(A)(vi) 2023-03-13T00:00:00 1979 08
Contact Information	
Contact First Name	Heather
Contact Last Name	Jenkins
Contact Title	Director of Donor Relations
Contact Phone	+17605663582
Contact Email	<a href="mailto:hjenkins@casadeamparo.org">hjenkins@casadeamparo.org</a>
Project Details	



Briefly describe your request for funds.	<p>Casa de Amparo respectfully requests \$8,400.00 to support the purchase of food items eaten and prepared by Residential Services youth seven days per week. With weekly grocery bills costing \$1,500/week, funding from the San Marcos Community Foundation will help ensure the availability of food that reflects the nutritional needs, cultural tastes, and dietary restrictions of the diverse foster youth we serve, fostering an environment where they never feel deprived. With many of our youth rehabilitating from a history of food insecurity, it is essential that we make food readily available and accessible to each youth we serve to further promote their overall healing.</p> <p>Residential Services goes beyond just providing food for our youth, as the program encourages culinary independence by offering cooking classes, allowing youth to prepare cooked meals for themselves and their peers, and facilitating grocery shopping trips. Many of our youth have also identified cooking and baking as effective coping skills, as these activities allow them to exercise control over their food and reach predictable and rewarding outcomes that provide comfort from their experiences of chaos and trauma.</p>
Briefly describe the significance of your request to the San Marcos community, including anticipated numbers served.	<p>Inadequate access to nutritious food poses multifaceted challenges for foster youth. Physically, it may lead to malnutrition, compromising immune systems and overall health. Emotionally, food insecurity contributes to stress and anxiety, affecting mental well-being and potentially manifesting in behavioral issues that hinder academic focus and social engagement. Educationally, hunger and malnutrition impede cognitive function, impacting learning and academic success. Socially, foster youth experiencing food insecurity may face stigma and isolation due to financial constraints, exacerbating their sense of exclusion.</p> <p>To ensure that the youth in our care can overcome past experiences of food insecurity and develop the life skills necessary to support their long-term health and nutrition, Residential Services provides all daily meals and snacks for 50–75 youths per year. As these youth transition to independent living, persistent challenges around food insecurity can amplify difficulties during this critical period. Addressing this issue requires comprehensive support systems and interventions to meet their unique needs and mitigate long-term adverse consequences on their health, education, and social integration.</p>
Do you collaborate with other organizations to achieve your mission? If so, briefly describe those partnerships highlighting any that are located in or serve San Marcos residents.	<p>We collaborate with San Diego County Child Welfare Services, Juvenile/Family Court, law enforcement, schools, and school-based resource officers and have partnerships with 35+ local organizations.</p>

Has your organization received funding from the San Marcos Community Foundation in the past? If yes, please briefly describe the most recent project which received funding and the outcomes you achieved. If you have not received funding in the past, you can leave this section blank.

We received a mini-grant of \$1,500 which helped purchase tickets for youth ages 12–18 years living at Casa de Amparo's Casa Kids Campus in San Marcos, CA to attend pro-social, recreational activities.

Please provide a detailed narrative of your organization's mission and impact to the community. Include details such as strategic objectives, milestone achievements, and testimonials.

Casa de Amparo was founded in 1978 by a group of local San Diego County women concerned about domestic violence and the welfare of children. Initially guided by the Women's Resource Center with support from law enforcement, these founders championed the creation of a haven for youth affected by or at risk of abuse and neglect known as The Crisis Center—now Casa de Amparo's Residential Services program. In 2012, Casa de Amparo relocated from Old Mission San Louis Rey in Oceanside, CA to our current 11.4-acre Casa Kids Campus in San Marcos, CA. Through significant developments in 2014, we expanded services to include support for pregnant and parenting foster girls and their infants—making us the only provider of this specialized service in San Diego County. Today, we remain committed to adapting and growing to meet the unique and evolving needs of each person we serve throughout their various life stages.

Casa de Amparo's mission is to support those affected by and at risk of child abuse and neglect, through a range of programs and services that promote healing, growth, and healthy relationships. The organization works to accomplish the following goals: (1) Break the cycle of family violence by nurturing and healing abused children, providing life skills to reduce the impact of abuse, and supporting families through positive problem resolution and (2) Implement culturally sensitive programs, educating youth and families to prevent child abuse, and collaborating with like-minded organizations to fulfill our mission.

Casa de Amparo delivers services through two programs, Residential Services and New Directions—both of which include supplementary programming and therapeutic activities intended to enhance wraparound services that empower children and young adults to thrive now and in the future.

Licensed in 2019 as a California Community Care Short-Term Residential Therapeutic Program (STRTP), Casa de Amparo's Residential Services program provides trauma-informed, intensive residential care to youth dependents of Child Welfare Services and wards from county probation. The program serves youth and adolescents ages 12–18 from various

ethnic backgrounds, as well as homeless and LGBTQIA youth and youth with disabilities, who have been impacted by Adverse Childhood Experiences (ACES) and trauma, including severe neglect, domestic violence, gang activity, substance abuse, and/or exposure to violence in the community. Additionally, we serve girls with special health care needs, who are pregnant and/or parenting, and/or involved in or at risk of involvement in commercial sexual exploitation (CSE). This component of the program provides the girls with a designated space to experience pregnancy and motherhood in home-like cottages separate from our other on-site residential cottages. We provide 24-hour supervised care for all residents, including medical treatment, meals, transportation, recreation, counseling, life skills (including money management) and social skills development, education coordination, and case management.

Over fiscal year 2022/23, Residential Services provided 10,763 sheltered bed nights for foster youth and daily care for 69 foster youths (29% African American, 36% Caucasian, 29% Hispanic, 3% Cambodian, and 6% Bi-racial). Residential Services has many individual stories of youth making strides. We celebrate every success, no matter how small. The following story highlights our work in providing wraparound services that encourage our youth to set their own goals, engage with their communities (family, school representatives, teachers, workplaces, and other support networks), and develop self-advocacy, self-sufficiency, and resilience skills through their healing process.

Lucian\* navigated a pathway to graduate high school early and secured a steady job working at a local dessert store. She came to Casa de Amparo in a cycle of chronic self-harming behaviors, but after developing safe relationships and connections with trusted on-site counselors, she no longer engages in self-harming behaviors. Having developed good boundaries with others and skills in self-advocacy, she is preparing for a warm transition to our wraparound independent living program, New Directions, when she turns 18. \*Name changed to protect the identity of this minor.

Our New Directions transitional housing program serves adolescents and young adults ages 18–25 who are transitioning from the foster care system, including those who are pregnant and/or parenting, and equips them with the necessary skills and resources to successfully transition to independent living. Supports include intensive case management; stable housing with subsidized rent (off-site from Casa de Amparo's campus); furnishings and basic necessities; support for overall medical and mental health; employment, education, and career planning; money management; life skills training; relationship mediation; monthly gift cards for groceries and transportation; emancipation funds available upon high school graduation; optional matched personal savings program; and parenting skill-building for residents with children.

Over fiscal year 2022/23, New Directions provided 16,042 sheltered bed nights for transitional foster youth and daily care for 71 transitional foster youth and six of their children (28% African American, 30% Caucasian, 32% Hispanic, 3% Native American/Alaskan Native, 4% Bi-racial, and 3% Native Hawaiian). New Directions has received recognition from San Diego

County as the program with participants achieving the highest productivity levels among its peers. This year, we received a letter from a past participant of both New Directions and Residential Services that shared the youths' experience of finding a place to call home in Casa de Amparo. Once lost in the struggles of transitioning into and out of foster care, they forged bonds here that have persisted after their departure. Over seven transformative years, from 2015 to 2022, they overcame adversity, discovered their worth, and embarked on a fulfilling career in the Behavioral Health field.

Casa de Amparo's recent accomplishments include:

- 2016: Expanded counseling wing and Residential Services' parenting cottage, enabling services for more youth and introducing advanced therapeutic practices.
- 2018: Integrated TPP into Residential Services, granting progressing residents earlier access to independent living education.
- 2019: Attained California licensure as a Short-Term Therapeutic Program, ensuring the highest level of behavioral and mental health care for foster youth in residential settings.
- 2022: Launched on-campus TrueCare & Lennar Foundation Health Center for consistent and secure medical care.
- 2023: Enhanced residential spaces with behavioral health-grade furnishings, painting, and mattress replenishment; established on-campus EOS gym for safe youth access to physical fitness supporting overall wellness.

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Please upload any community letters or media in support of this project.

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Please upload the annual operating budget for your organization.

[FY23-24\\_Operating\\_Budget.pdf](#)

---

Please upload your most recent year-end audited financial statements, including any management letters associated with the audit.

[FY2122\\_Audited\\_Financial\\_Statement.pdf](#)

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Please attach the first two pages of your Federal 990.

[SMFC\\_990.pdf](#)

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Please upload a letter, signed by your organization's president or authorized officer on this application, supporting the submission of this grant.

[2023\\_SMCF\\_Letter-FINAL.pdf](#)

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Funding

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Budget Worksheet

San Marcos Community Foundation - Budget Worksheet.xlsx

Project Budget Total 8400.0

Is this a Challenge or No  
Matching Grant?

Could this be a No  
Challenge or  
Matching Grant?

Additional Funding

SMCF Budget Worksheet 2.xlsx

Please provide a brief narrative for your budget and funding sources for this project. If you don't receive your full grant request, will you still be able to run the project?	We will use \$700/month of the \$8,400 award to help purchase groceries for Residential Services youth for 12 months. In case of no award, alternative resources will be used for youth food supplies.
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Provide an itemized list of expenses for this project. Please ensure the totals are calculated correctly.

Item	Cost	Notes (optional)
Groceries—Jul 2024	\$700.00	Food items TBD based on need
Groceries—Aug 2024	700	Food items TBD based on need
Groceries—Sep 2024	700	Food items TBD based on need
Groceries—Oct 2024	\$700.00	Food items TBD based on need
Groceries—Nov 2024	\$700.00	Food items TBD based on need
Groceries—Dec 2024	\$700.00	Food items TBD based on need
Groceries—Jan 2025	\$700.00	Food items TBD based on need
Groceries—Feb 2025	\$700.00	Food items TBD based on need
Groceries—Mar 2025	\$700.00	Food items TBD based on need
Groceries—Apr 2025	\$700.00	Food items TBD based on need
Groceries—May 2025	\$700.00	Food items TBD based on need
Groceries—Jun 2025	\$700.00	Food items TBD based on need
<b>Total budget for this PROJECT:</b>		

	Source Name	Amount	C / CD / P
Additional Funding Source 1	Bangs Family Foundation	25000	C
Additional Funding Source 2	City of San Marcos	9466	C
Additional Funding Source 3	Donner Family Foundation	60000	C
Additional Funding Source 4	Rest Haven Children's Health F	8000	C
Additional Funding Source 5	San Marcos Community Founda	1500	C
Additional Funding Source 6	The TJX Foundation	10000	C
Additional Funding Source 7	CDBG San Diego	100000	P
Additional Funding Source 8	CECO San Diego	1800	P
Additional Funding Source 9	Nordstrom Cares	10000	P
Additional Funding Source 10	Ed Block Foundation Courage A	10000	P

Casa de Amparo  
FY23/24 Budget Summary

Operational Revenues	
Contributions	2,000,000
Grant Revenue	9,150,568
Miscellaneous Income	268,453
Total Operational Revenues	<u>11,419,022</u>
Non-Operational Revenues	0
Total Revenues	<u>11,419,022</u>
Operational Expenditures	
Personnel	5,711,693
Employee Benefits	1,471,631
Occupancy	1,342,290
Program Expense	311,387
Supplies	351,014
Professional Services	536,004
Transportation	119,003
Equipment Expense	151,281
Training, Meetings, Other	107,069
Telephone	91,631
Advertising & Promotion	33,510
Bank and other Fees	23,401
Postage, Printing, and Shipping	41,607
Casa Fund Raising Expense	209,430
Miscellaneous	0
Total Operational Expenditures	<u>10,500,951</u>
Change in Net Assets before Non-Cash Expenses	<u>918,070</u>
Non-Operational Expenditures	457,215
Total Expenditures	<u>10,958,166</u>
Net Gain/(Loss)	<u><u>460,855</u></u>

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CASA DE AMPARO Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 325 BUENA CREEK ROAD City or town, state or province, country, and ZIP or foreign postal code SAN MARCOS, CA 92069 <b>F</b> Name and address of principal officer: MICHAEL BARNETT 325 BUENA CREEK ROAD, SAN MARCOS, CA 92069	<b>D</b> Employer identification number 95-3315571 <b>E</b> Telephone number 760-754-5500 <b>G</b> Gross receipts \$ 11,053,762. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ WWW.CASADEAMPARO.ORG <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: 1979 <b>M</b> State of legal domicile: CA		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: TO SUPPORT THOSE AFFECTED BY AND AT RISK OF CHILD ABUSE AND NEGLECT, (CONTINUED ON SCHEDULE O)		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	178
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	100
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	13,221,907.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	25,913.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	15,221.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	13,263,041.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	0.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	7,436,635.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 581,199.	<b>16b</b>	581,199.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	3,611,165.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	11,047,800.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	2,215,241.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	23,249,439.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	4,022,335.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	19,227,104.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MICHAEL BARNETT, CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KRISTEN BASS Preparer's signature Date 05/13/23 Check if self-employed <input type="checkbox"/> PTIN P01247587 Firm's name ▶ CBIZ MHM, LLC Firm's EIN ▶ 34-1884125 Firm's address ▶ 4722 N 24TH ST, STE 300 PHOENIX, AZ 85016 Phone no. 602-264-6835	

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



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

CASA DE AMPARO IS RECOGNIZED AS A MAJOR FORCE IN THE FIELD OF CHILD ABUSE PREVENTION. PARTNERING WITH THE GREATER SAN DIEGO COMMUNITY, WE ASSURE THAT CHILDREN AND THEIR FAMILIES RECEIVE UNIQUE AND INNOVATIVE SERVICES FOR HEALING, FOR STOPPING CHILD (CONTINUED ON SCHEDULE O)

**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 \$ 5,353,128. including grants of \$ ) (Revenue \$ )

RESIDENTIAL SERVICES - IN FISCAL YEAR 2021-2022, CASA DE AMPARO'S RESIDENTIAL SERVICES PROGRAM PROVIDED 24-HOUR SHORT AND LONG-TERM RESIDENTIAL GROUP HOME CARE AND SUPPORTIVE SERVICES FOR 73 CHILDREN, AGES BIRTH TO EIGHTEEN, INCLUDING PREGNANT AND PARENTING TEENS AND THEIR BABIES AND THOSE WITH SPECIAL HEALTHCARE NEEDS, WHO HAD BEEN REMOVED FROM THEIR HOMES DUE TO ABUSE OR NEGLECT. CHILDREN BENEFIT FROM A RESIDENTIAL ENVIRONMENT WHICH FOCUSES ON HEALTHY INTERACTIONS WITH PEERS AND CAREGIVERS. SERVICES INCLUDE NURSING AND HEALTHCARE, CASE MANAGEMENT, INDIVIDUAL AND GROUP COUNSELING, RECREATION, NUTRITION, INDEPENDENT LIVING AND SOCIAL SKILLS TRAINING, EDUCATION EVALUATION AND INDIVIDUALIZED SUPPORT. THE CHILDREN ARE ROUTINELY PROVIDED GROUP, FAMILY AND INDIVIDUAL COUNSELING, CRISIS INTERVENTION, THREE NUTRITIOUS

**4b** (Code: ) (Expenses \$ 1,883,935. including grants of \$ ) (Revenue \$ )

NEW DIRECTIONS TRANSITIONAL HOUSING AND SUPPORT PROGRAM - IN FISCAL YEAR 2021-2022 CASA DE AMPARO'S NEW DIRECTIONS PROGRAM PROVIDED JOB READINESS TRAINING AND EMPLOYMENT, CASE MANAGEMENT, HIGHER EDUCATION ACCESS/SUPPORT, FINANCIAL LITERACY & SOCIAL SKILLS EDUCATION, HEALTHY LEISURE AND TRANSPORTATION ASSISTANCE, TO HELP 77 FORMER FOSTER YOUTH, AGES 18 TO 24 AND THEIR CHILDREN. THE GOAL OF THE PROGRAM IS TO HELP CLIENTS MAKE A SUCCESSFUL TRANSITION FROM FOSTER CARE TO INDEPENDENT LIVING. SUPPORTIVE INTERVENTION IS PROVIDED BASED ON INDIVIDUAL NEEDS, TO FOSTER SKILL DEVELOPMENT, SELF-DIRECTION AND PARENTING SKILLS THAT WILL SUSTAIN THEM ONCE THEY ARE ON THEIR OWN. ASSISTANCE THAT WOULD TYPICALLY BE PROVIDED BY PARENTS, SUCH AS VEHICLE REPAIR, DENTAL/HEALTHCARE EMERGENCIES, COLLEGE APPLICATION FEES, ETC. IS

**4c** (Code: ) (Expenses \$ 1,199,230. including grants of \$ ) (Revenue \$ )

COUNSELING SERVICES PROGRAM - PROVIDES TRAUMA-INFORMED THERAPY AND CASE MANAGEMENT FOR CHILDREN AND FAMILIES EXPERIENCING OR AT RISK OF CHILD ABUSE. IN FISCAL YEAR 2021-2022 COUNSELING SERVICES PROVIDED SUPPORT TO 73 CHILDREN AND FAMILIES. IN FISCAL YEAR 2021-2022 PROVIDED APPROXIMATELY 6,200 HOURS OF INDIVIDUAL, GROUP, FAMILY AND AGE-APPROPRIATE PLAY THERAPY TO CHILDREN. SUPPORT ALSO INCLUDES FACILITATION OF PSYCHIATRIC AND PSYCHOLOGICAL SERVICES AND OTHER SPECIALIZATIONS SUCH AS SPEECH THERAPY. ALL SERVICES ARE TAILORED TO THE INDIVIDUAL STRENGTHS AND NEEDS OF EACH FAMILY SYSTEM (INDIVIDUAL CHILD, INTACT FAMILY, SINGLE, YOUNG ADULT, COUPLE, ETC.).

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

(Expenses \$ 479,421. including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **8,915,714.**Form **990** (2021)

Title	<b>Classics 4 Kids - Equal Access to Music Education for San Marcos Students</b>	12/15/2023
	by <b>Kelly Makley</b> in <b>San Marcos Community Foundation</b> on behalf of <b>Classics 4 Kids</b> kmakley@classics4kids.org	id. 44961334

Original Submission

12/15/2023

General Project Information	
Please enter your organization's name and project name.	Classics 4 Kids - Equal Access to Music Education for San Marcos Students
Are you applying for the Mini Grant or the Regular Grant?	Regular Grant (\$1,500 - \$10,000)
Project Name	Equal Access to Music Education for San Marcos Students
Project Start Date	9/1/2024
Project End Date	6/14/2025
Date by Which Funds Will Be Expended:	6/14/2025
Total Number of People Served by this Project	450.0
Total Number of People Served by this Project in San Marcos Only	450.0
Grant Amount Requested	5000.0
Organization Details	
Organization Name	Classics 4 Kids

Organization Street Address	3033 Fifth Ave, Ste 227
Organization City	San Diego
Organization State	CA
Organization Zip Code	92103
Organization Website	www.classics4kids.org
Organization's EIN	33-0706949 200 Classics 4 Kids 7d5253a9-3af1-4788-af86-55fe8a20e989 3740 Fourth Avenue San Diego CA 92103 This organization was not included in the Office of Foreign Assets Control Specially Designated Nationals(SDN) list. true false 2023-05-08T00:00:00 2023-05-22T00:00:00 501(c)(3) Public Charity A public charity (50% deductibility limitation). Section 509(a)(1) organization as referred to in Section 170(b)(1)(A)(vi) 2023-05-08T00:00:00 1996 09
Contact Information	
Contact First Name	Kelly
Contact Last Name	Makley
Contact Title	Development Manager
Contact Phone	+16192312311
Contact Email	kmakley@classics4kids.org
Project Details	

Briefly describe your request for funds.	Classics 4 Kids (C4K) will provide access to our innovative educational orchestra concerts by funding 5 school buses and ticketing to bring students from Title 1 elementary schools in San Marcos on field trips to downtown San Diego's Balboa Theatre or City Heights' Joan B. Kroc Theatre. Approximately 360 elementary students can benefit from this project, and they can select from any of the programs in our 2024-2025 season.
Briefly describe the significance of your request to the San Marcos community, including anticipated numbers served.	Your funding can improve educational issues and the health and well-being of elementary students from San Marcos Unified School District elementary schools by enabling access to live music education. Numerous studies show strong correlations between exposure to music and increased scores in science, math and reading, as well as decreased stress, improved social skills, and enhanced academic engagement. Additionally, music education programs are critically underfunded due to budget cuts, further widening the academic achievement gap during the pandemic. This project will affect the San Marcos community by reaching young students at a critical time with important music education - improving youth academic achievement, behavioral health and character development.
Do you collaborate with other organizations to achieve your mission? If so, briefly describe those partnerships highlighting any that are located in or serve San Marcos residents.	Your support is shared with a variety of organizations, including The Musicians' Association of San Diego County, independent musicians, schools, principals, teachers, families and students.
Has your organization received funding from the San Marcos Community Foundation in the past? If yes, please briefly describe the most recent project which received funding and the outcomes you achieved. If you have not received funding in the past, you can leave this section blank.	Yes. In 2023 C4K received funding for tickets and 4 school buses to benefit 216 4th/5th graders from San Marcos Elementary (Title 1) to experience "The Conductor's Spellbook" at the Balboa Theatre.
Please provide a detailed narrative of your organization's mission and impact	OVERVIEW: C4K has been serving San Diego County students since its inception in 1994. Our mission is to inspire children through the experience of music, generating creativity, academic success and cultural understanding. C4K is dedicated to addressing educational inequities by

to the community. Include details such as strategic objectives, milestone achievements, and testimonials.

educating students and our diverse communities through music. We provide critical music education for grades TK to 6 through professional orchestra concerts designed for elementary students. The Classics Philharmonic Orchestra features 26 professional musicians with Conductor Dana Zimbric.

We incorporate science, physics, literacy and math as well as represent equity, diversity and inclusion in all of our programs. These connections deepen understanding through meaningful, engaged learning. We provide lesson plans and evaluate outcomes with post-discussion and teacher feedback. We have a robust Docent Program with volunteers trained in music education. They support foundational skills in the classrooms they visit with engaging, firsthand previews of upcoming concerts.

During our 2022/2023 season, C4K served over 40,000 students, teachers and families. Nearly 28,000 of those qualified as attending Title 1, low-income schools. We are grateful for previous funding from the San Marcos Community Foundation in 2023, which enabled us to provide free access to "The Conductor's Spellbook" on November 7, 2023 for 216 students from San Marcos Elementary (a Title 1 school). The population in need of support is expanding and we seek funding to continue our outreach to elementary schools in the San Marcos Unified School District.

NEED: Schools are grappling with profound shifts and academic challenges. Notably, our youngest learners have suffered significant learning setbacks, exacerbating inequities, with low-income and english-learning students bearing the brunt. Educators, especially in underprivileged areas, are valiantly combating this learning crisis. Resources are urgently needed to support these students in their education.

The compelling link between music exposure and elevated academic performance is well-documented: enhanced achievement in science, math, and reading, reduced stress, improved social skills, and heightened academic engagement. Music education taps into the vast potential of the brain, making it an educational keystone for underserved students. Moreover, it aligns seamlessly with the California Arts Standards' elementary curriculum.

Despite these benefits, schools continue to struggle with underfunding of music programs, particularly in low-income, Title 1 schools. The 2022 Arts Education Data Project revealed that nearly 4 million U.S. students lack access to music in their schools. Classics 4 Kids aims to bridge the gap and support disadvantaged elementary schools with our unique music education.

SOLUTION: Research shows that learning music can help disadvantaged students thrive due to educational, cognitive, social, emotional, and physical benefits. Music education programs are linked to greater academic performance, which correlates to boosted self-esteem and creativity. Neurobiologist Nina Kraus found that tapping into the brain's potential for music learning supports overall learning, and is most critical for underserved students. Furthermore, music is an integral component of the CA Art Standards' recommendations for elementary curriculum.

Social and Emotional learning is an important concept we design into our programming to impact our participants' well-being. This is the process of developing and using social and emotional skills to cope with feelings, set goals, make decisions, and feel empathy for others. Studies show that people with strong socialemotional skills are better equipped to manage daily challenges, build positive relationships, and make informed decisions. These skillsets are especially important to build among students in Title 1 elementary schools who are facing daily struggles living at or below the poverty level.

**PROJECT DESCRIPTION:** We aim to improve the academic experience of approximately 370 students in Title 1 San Marcos Unified School District elementary schools during our 2024/2025 Season. This grant will provide 5 bus scholarships and free tickets to enable access to our innovative orchestra concerts at the Balboa Theatre (downtown San Diego) and the Joan B. Kroc Theatre (City Heights).

All concerts feature the 26-member Classics Philharmonic Orchestra, Conductor Dana Zimbric, and guest artists/educators. Teachers are admitted free, and can select from any of the 3 concerts that will take place during our 2024/2025 Season. These concerts typically take place over the span of 3 days in November, March and May. Each concert has a different focus and guest artist, including STEAM, literacy, and cultural appreciation. At least two of the concerts will include English/Spanish narration.

**OUTCOMES:** We believe that our innovative and effective curriculum helps build a foundation for creative, thoughtful citizens who will shape our region's future audiences, workforce, government and community. Anticipated outcomes for San Marco's community include:

1. Increase participation by economically disadvantaged Title 1 students who would otherwise not have this opportunity due to budget cuts and low-income barriers.
2. Expand students' music knowledge and appreciation, science topics and cultural awareness.
3. Diversify and further our reach in schools across San Marcos.
4. Incorporate Social and Emotional Learning (SEL) strategies within our programs to help students feel connected, "seen," and understood.
5. Produce music by Black, Indigenous, People of Color (BIPOC), and female classical composers on every program.

These outcomes are measured in the following ways:

1. Reports back from our partner school on how many low-income students participated
  2. Participants (teachers and students) feedback compiled by C4K
  3. How many musicians and guest artists hired to support local and talented professionals
-



Please upload any community letters or media in support of this project.

[San\\_Marcos\\_Letter\\_of\\_Support.pdf](#)

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Please upload the annual operating budget for your organization.

[C4K\\_Budget\\_23-24.pdf](#)

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Please upload your most recent year-end audited financial statements, including any management letters associated with the audit.

[Recent\\_Financial\\_Statements.pdf](#)

[YTD\\_Profit\\_and\\_Loss.pdf](#)

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Please attach the first two pages of your Federal 990.

[2022\\_990\\_2\\_pages\\_\\_CLASSICS\\_FOR\\_KIDS\\_INC.pdf](#)

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Please upload a letter, signed by your organization's president or authorized officer on this application, supporting the submission of this grant.

[Classics\\_4\\_Kids\\_Letter.pdf](#)

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Funding

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Budget Worksheet

[San Marcos Community Foundation - Budget Worksheet.xlsx](#)

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Project Budget Total 5000.0

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Is this a Challenge or No  
Matching Grant?

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Could this be a No  
Challenge or  
Matching Grant?

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Additional Funding

[SMCF Budget Worksheet 2.xlsx](#)

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Please provide a brief narrative for your budget and funding sources for this project. If you don't receive your full grant request, will you still be able to run the project?

We will fund 5 buses at a cost of \$400 each, and provide free tickets for up to 360 students to attend a concert.

The project can be scaled down to provide a smaller amount of buses and tickets.

---

Provide an itemized list of expenses for this project. Please ensure the totals are calculated correctly.

Item	Cost	Notes (optional)
5 Schoolbuses to San Diego (\$400 each)	\$2,000.00	
360 Tickets (\$7 each)	2520	
Program administration	280	
Curriculum design	\$200.00	
<b>Total budget for this PROJECT:</b>	5000	

	Source Name	Amount	C / CD / P
Additional Funding Source 1	In-Kind Oversight from Executive Director	\$500	C
Additional Funding Source 2			
Additional Funding Source 3			
Additional Funding Source 4			
Additional Funding Source 5			
Additional Funding Source 6			
Additional Funding Source 7			
Additional Funding Source 8			
Additional Funding Source 9			
Additional Funding Source 10			

(9/1/23-8/31/24)	
<b>REVENUE</b>	
Corporate Grants, Foundation Grants and Sponsorships	\$155,000
Individual Donations and Fundraisers	\$105,000
Government Funding	\$94,000
Board Contribution	\$5,000
Professional Development	\$1,000
Student Concert subsidized tickets	\$70,000
Low-Income School Bus Scholarships	\$15,000
In-School Assemblies & Residency	\$10,000
<b>Total Income</b>	<b>\$455,000</b>
<b>EXPENSES</b>	
Administrative	\$82,867
Program Staff	\$104,275
Equal Access to Concerts for underserved Students	\$176,000
Equal Access Bus Scholarships for underserved Schools	\$24,000
Equal Access to In-School Assembly Musicians	\$7,500
State and Federal Payroll Taxes	\$12,000
Professional Services - Bookkeeper & CPA	\$2,800
Development Expenses and Government Grant Writer	\$17,000
Public Relations and Marketing	\$1,500
Office Rent and Storage	\$6,840
Outlook Email, Phone and Zoom and Website/ IT Maintenance	\$2,157
Office Supplies	\$2,000
Benefits Health Insurance and Retirement For Staff	\$7,400
General Liability, Property, Accident, D&O, and Workers Comp	\$5,116
Cal Nonprofit Membership and HR Membership	\$634
Professional Development	\$1,000
<b>Total Expenses</b>	<b>\$453,089</b>
Net Income	<b>\$1,911</b>

\*\* PLEASE NOTE 1 FULL-TIME EMPLOYEE AND 3 PART-TIME EMPLOYEES.

# CLASSICS FOR KIDS, INC.

## Balance Sheet As of February 28, 2023

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Chase Checking	137,611.86
Classic 4 Kids	0.00
Mimi Lee Music Ed Fund	0.00
Paypal	0.00
Torrey Pines Bank	307,820.33
US Bank	125.52
<b>Total Bank Accounts</b>	<b>\$445,557.71</b>
Other Current Assets	
Payroll Asset	0.00
Prepaid Storage	680.00
Prepaid Theater costs	0.00
Security Deposits	0.00
<b>Total Other Current Assets</b>	<b>\$680.00</b>
<b>Total Current Assets</b>	<b>\$446,237.71</b>
Fixed Assets	
accumulated Depreciation	-12,733.00
furniture & equipment	14,413.36
<b>Total Fixed Assets</b>	<b>\$1,680.36</b>
Other Assets	
Donor Data base	0.00
TD Ameritrade Stock	0.00
<b>Total Other Assets</b>	<b>\$0.00</b>
<b>TOTAL ASSETS</b>	<b>\$447,918.07</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Direct Deposit Liabilities	-180.91
Direct Deposit Payable	0.00
Loan Payable - PPP (2)	0.00
Loan Payable - Bridge loan	0.00
Payroll Liabilities	4,136.43
Health Insurance (company paid)	0.00
<b>Total Payroll Liabilities</b>	<b>4,136.43</b>
Retirement Payable	1,002.95
<b>Total Other Current Liabilities</b>	<b>\$4,958.47</b>
<b>Total Current Liabilities</b>	<b>\$4,958.47</b>

# CLASSICS FOR KIDS, INC.

## Balance Sheet As of February 28, 2023

	TOTAL
Long-Term Liabilities	
Loan Payable - PPP	0.00
<b>Total Long-Term Liabilities</b>	<b>\$0.00</b>
<b>Total Liabilities</b>	<b>\$4,958.47</b>
Equity	
Opening Balance Equity	0.00
Retained Earnings	227,945.13
Net Income	215,014.47
<b>Total Equity</b>	<b>\$442,959.60</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$447,918.07</b>

# CLASSICS FOR KIDS, INC.

## Profit and Loss

September 2022 - February 2023

	TOTAL
Income	
FUNDRAISING INCOME - GRANTS	
Fundraising & Private Donations	104,332.21
Government Grants	191,237.63
Grants	102,910.56
<b>Total FUNDRAISING INCOME - GRANTS</b>	<b>398,480.40</b>
PROGRAM INCOME	
In School Workshops	1,750.00
Income from Student Concerts	23,161.75
<b>Total PROGRAM INCOME</b>	<b>24,911.75</b>
<b>Total Income</b>	<b>\$423,392.15</b>
GROSS PROFIT	<b>\$423,392.15</b>
Expenses	
ADMINISTRATION COSTS	
Bank Service Charges	68.88
Business License and Fees	1,058.57
Computer and Internet	885.35
Dues and Subscriptions	457.66
Facility	
Rent	2,400.00
Storage	1,360.00
<b>Total Facility</b>	<b>3,760.00</b>
Insurance	
General Liability	866.44
Life	437.50
Medical	3,007.74
Workers Comp	1,240.00
<b>Total Insurance</b>	<b>5,551.68</b>
Legal/accounting/admin services	
Accounting/Bookkeeping	2,621.00
Retirement plan	993.75
<b>Total Legal/accounting/admin services</b>	<b>3,614.75</b>
Marketing	1,766.63
Meeting; Conferences	2,318.04
Office Expense	
Printing and Postage	142.00
Small Equipment	2,481.52
Supplies	946.76
<b>Total Office Expense</b>	<b>3,570.28</b>

# CLASSICS FOR KIDS, INC.

## Profit and Loss

September 2022 - February 2023

	TOTAL
Payroll Expenses	
Taxes - Payroll	2,878.75
Wages - Admin	8,090.00
Wages - Director	40,230.04
<b>Total Payroll Expenses</b>	<b>51,198.79</b>
<b>Total ADMINISTRATION COSTS</b>	<b>74,250.63</b>
CLASSIC FOR KIDS PROGRAM COSTS	
Bus/transportation/parking cost	17,325.15
Musicians	13,960.90
Payroll Expense - Program Admin	
Payroll Taxes - Program Admin	2,924.18
Wages - Program Admin	38,224.63
<b>Total Payroll Expense - Program Admin</b>	<b>41,148.81</b>
Performers/Guest Artists	1,128.87
Non-Payroll Artists	4,459.56
Payroll Taxes - Artists	1,216.57
Wages - Artists	7,812.50
<b>Total Performers/Guest Artists</b>	<b>14,617.50</b>
Program Expenses & Supplies	334.64
Security for Event	851.00
Theater Costs	26,631.98
<b>Total CLASSIC FOR KIDS PROGRAM COSTS</b>	<b>114,869.98</b>
FUNDRAISING COSTS	
Benefit Concert Costs	13,225.42
Fundraising Expenses	1,892.69
Grant Writer	3,000.00
<b>Total FUNDRAISING COSTS</b>	<b>18,118.11</b>
Payroll Expenses	
Company Contributions	
Health Insurance	0.00
<b>Total Company Contributions</b>	<b>0.00</b>
<b>Total Payroll Expenses</b>	<b>0.00</b>
Telephone	410.17
<b>Total Expenses</b>	<b>\$207,648.89</b>
<b>NET OPERATING INCOME</b>	<b>\$215,743.26</b>
Other Income	
Interest Income	335.17
<b>Total Other Income</b>	<b>\$335.17</b>



# CLASSICS FOR KIDS, INC.

## Profit and Loss

September 2022 - February 2023

	TOTAL
Other Expenses	
COVID Costs	1,063.96
<b>Total Other Expenses</b>	<b>\$1,063.96</b>
NET OTHER INCOME	<b>\$ -728.79</b>
NET INCOME	<b>\$215,014.47</b>

Please Note: INCOME: Classics 4 Kids received a two-year restricted program grant and various awarded grants for our FY22 that were received after the close of our fiscal year ending 8.31.22 which has resulted in a surplus of total income this 2023 Fiscal Year.

# CLASSICS FOR KIDS, INC.

## Profit and Loss

September 2022 - August 2023

	TOTAL
Income	
FUNDRAISING INCOME - GRANTS	
Fundraising & Private Donations	109,596.74
Government Grants	204,785.60
Grants	194,302.88
<b>Total FUNDRAISING INCOME - GRANTS</b>	<b>508,685.22</b>
PROGRAM INCOME	
In School Workshops	7,750.00
Income from Student Concerts	61,424.39
<b>Total PROGRAM INCOME</b>	<b>69,174.39</b>
<b>Total Income</b>	<b>\$577,859.61</b>
<b>GROSS PROFIT</b>	<b>\$577,859.61</b>
Expenses	
ADMINISTRATION COSTS	
Bank Service Charges	68.88
Business License and Fees	1,208.52
Computer and Internet	1,250.01
Dues and Subscriptions	2,610.67
Facility	
Rent	4,800.00
Storage	2,040.00
Utilities	
Telephone	1,040.54
<b>Total Utilities</b>	<b>1,040.54</b>
<b>Total Facility</b>	<b>7,880.54</b>
Insurance	
D & O	1,847.00
General Liability	2,142.00
Life	875.00
Medical	5,031.28
Workers Comp	2,967.00
<b>Total Insurance</b>	<b>12,862.28</b>
Legal/accounting/admin services	
Accounting/Bookkeeping	3,947.00
Retirement plan	2,621.25
<b>Total Legal/accounting/admin services</b>	<b>6,568.25</b>
Marketing	4,546.38
Meeting; Conferences	1,388.54

# CLASSICS FOR KIDS, INC.

## Profit and Loss

September 2022 - August 2023

	TOTAL
Office Expense	
Printing and Postage	269.14
Small Equipment	3,004.46
Supplies	1,469.79
<b>Total Office Expense</b>	<b>4,743.39</b>
Payroll Expenses	
Taxes - Payroll	5,822.48
Wages - Admin	15,657.00
Wages - Director	78,710.08
<b>Total Payroll Expenses</b>	<b>100,189.56</b>
Travel	3,057.73
<b>Total ADMINISTRATION COSTS</b>	<b>146,374.75</b>
CLASSIC FOR KIDS PROGRAM COSTS	
Bus/transportation/parking cost	36,253.64
Payroll Expense - Program Admin	
Payroll Taxes - Program Admin	5,597.29
Wages - Program Admin	73,167.13
<b>Total Payroll Expense - Program Admin</b>	<b>78,764.42</b>
Performers/Guest Artists	
Non-Payroll Artists	68,352.12
Payroll Taxes - Artists	2,779.10
Wages - Artists	20,670.63
<b>Total Performers/Guest Artists</b>	<b>91,801.85</b>
Program Expenses & Supplies	3,233.95
Security for Event	1,743.40
Theater Costs	54,807.35
<b>Total CLASSIC FOR KIDS PROGRAM COSTS</b>	<b>266,604.61</b>
FUNDRAISING COSTS	
Annual Gala	16,255.77
Fundraising Expenses	2,323.97
Grant Writer	6,000.00
<b>Total FUNDRAISING COSTS</b>	<b>24,579.74</b>
Payroll Expenses	
Company Contributions	
Health Insurance	1,039.34
<b>Total Company Contributions</b>	<b>1,039.34</b>
<b>Total Payroll Expenses</b>	<b>1,039.34</b>
<b>Total Expenses</b>	<b>\$438,598.44</b>
NET OPERATING INCOME	<b>\$139,261.17</b>

# CLASSICS FOR KIDS, INC.

## Profit and Loss

September 2022 - August 2023

	TOTAL
Other Income	
Interest Income	789.61
<b>Total Other Income</b>	<b>\$789.61</b>
Other Expenses	
COVID Costs	1,063.96
<b>Total Other Expenses</b>	<b>\$1,063.96</b>
<b>NET OTHER INCOME</b>	<b>\$ -274.35</b>
<b>NET INCOME</b>	<b>\$138,986.82</b>

Please Note: Income - - \$145,936 Total Recieved due to one time funding or allocated in FY 22/23

- Classics 4 Kids Received \$69,788 in Stimulus Relief Funding (noted in Government Grants)
- Classics 4 Kids Received \$28,488 in City of San Diego Grant Funding which was allocated for FY 21-22.
- Classics 4 Kids Received \$47,660 one time government and foundation grants

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2022**Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection****A** For the 2022 calendar year, or tax year beginning 9/01, 2022, and ending 8/31, 2023**B** Check if applicable:

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

**C**  
CLASSICS FOR KIDS INC  
3033 FIFTH AVE #227  
SAN DIEGO, CA 92103**D** Employer identification number

33-0706949

**E** Telephone number

619.231.2311

**G** Gross receipts \$ 605,649.**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: CLASSICS4KIDS.ORG**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1994 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: CLASSICS 4 KIDS PROVIDES EDUCATIONAL PROFESSIONAL ORCHESTRA CONCERTS, IN-SCHOOL ASSEMBLIES, AND FREE VIRTUAL PROGRAMMING FOR ELEMENTARY-AGED STUDENTS SPECIFICALLY LOW-INCOME STUDENTS.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	14
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	30
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	333,686.	529,865.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,034.	69,174.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169.	790.
	<b>12</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,069.	-10,436.
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VII, column (A), line 12)	348,820.	589,393.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	214,468.	211,441.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	30,022.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	107,645.	216,343.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	322,113.	427,784.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	26,707.	161,609.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	236,722.	397,242.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	5,659.	4,570.
			231,063.	392,672.

**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		
	DR ANGELA WANG	CHAIR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	MICHAEL J. ZIZZI	MICHAEL J. ZIZZI	12/07/23	P00085553
	Firm's name	LEAF & COLE, LLP		
	Firm's address	2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108		
		Firm's EIN	95-2076568	
		Phone no.	619.294.7200	

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

**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:SEE SCHEDULE O**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 \$ 353,471. including grants of \$ ) (Revenue \$ 69,174.)CLASSICS 4 KIDS SERVES ELEMENTARY STUDENTS ACROSS SAN DIEGO COUNTY WITH CRITICAL MUSIC EDUCATION, SPECIFICALLY LOW-INCOME SCHOOLS, THROUGH PROFESSIONAL ORCHESTRA CONCERTS, IN-SCHOOL ASSEMBLIES, AND FREE VIRTUAL PROGRAMS. OUR CURRICULUM INTEGRATES MUSIC WITH STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATH).CLASSICS 4 KIDS SERVED OVER 40,000 STUDENTS THROUGHOUT THE NATION DURING OUR 2022-2023 SEASON, WITH 27,000 OF OUR AUDIENCE REPRESENTING LOW-INCOME, TITLE 1 SCHOOLS.**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 353,471.

# Tigers

December 10, 2023

Dear San Marcos Community Foundation,

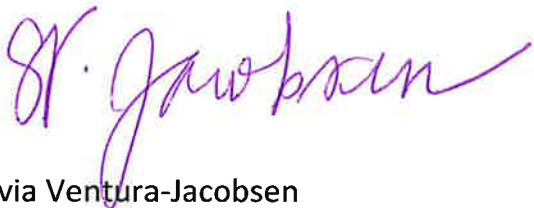
This letter is in support of Classics 4 Kids as they submit their proposal to receive funding to bring students from Title 1 elementary schools within the San Marcos Unified School District to their educational orchestra concerts.

This was our second year attending a concert at the Balboa Theater and I have always been impressed with Classics 4 Kids' ability to seamlessly integrate cultural diversity with cross-curricular material such as science and literacy. Academic programs like this that support teachers are a huge benefit to San Marcos' community. Numerous studies show strong correlations between exposure to music and increased scores in science, math and reading. Music education programs are also linked to boosted memory skills, enhanced academic engagement, self-esteem and creativity.

I believe that this music education program will impact our region's youth by helping them find connections with each other through the universal language of music. For some students, this experience may be the only music education they receive for the entire year. But the benefits last a lifetime.

Without funded programs such as these, our students may never have the opportunity to attend a musical performance in a theater. The smiles on their faces and their enthusiasm throughout these performances says it all.

With Gratitude,



Silvia Ventura-Jacobsen  
Principal  
San Marcos Elementary School  
760.290.2434



**From:** Michael A. Williams, Director  
North County Buckeyes Basketball

**Address:** 1137 Witherby Lane  
Escondido, CA 92026

**To:** San Marcos Community Foundation

I am writing this letter to support the initiation of this project, the 2024 Basketball Season.

Although, North County Buckeyes Basketball has only been operating as a business since January 2023, it was successful as an organization since December 2018. In addition, the organization was sustainable during the 2 ½ years of the COVID epidemic as the power of youth sports created a bond of support in the local community, using resources that were sporadically provided. Each season is viewed as a project and as we ramp up to the 2024 Basketball Season, we will seek to operate as effectively and efficiently as possible using grant funding sources.

As we move forward, we aim to be a driving force in youth sports, setting the standard for excellence in coaching, mentorship, and community engagement. We envision North County Buckeyes Basketball as a model organization, influencing the lives of young athletes and enriching our communities by instilling a love for the game and a passion for personal growth.

North County Buckeyes Basketball is driven by its commitment to empowering young athletes through basketball, and grant support will play a pivotal role in making this vision a reality. By investing in this organization, you will not only support the growth and development of these young athletes but also contribute to the overall well-being and success of the local community.

I support your efforts.

Sincerely,

Michael A. Williams, Director  
North County Buckeyes Basketball



Title	<b>North County Buckeyes Basketball</b>	11/07/2023
	by <b>Michael Williams</b> in <b>San Marcos Community Foundation</b> on behalf of <b>Amateur Athletic Union of the United States</b> ncntybball@gmail.com	id. 44640786

Original Submission

11/07/2023

General Project Information	
Please enter your organization's name and project name.	North County Buckeyes Basketball
Are you applying for the Mini Grant or the Regular Grant?	Regular Grant (\$1,500 - \$10,000)
Project Name	2024 Basketball Season Project
Project Start Date	1/1/2024
Project End Date	6/1/2024
Date by Which Funds Will Be Expended:	6/1/2024
Total Number of People Served by this Project	25.0
Total Number of People Served by this Project in San Marcos Only	25.0
Grant Amount Requested	10000.0
Organization Details	
Organization Name	North County Buckeyes Basketball

Organization Street Address	1137 Witherby Ln
Organization City	Escondido, CA
Organization State	CA
Organization Zip Code	92026
Organization Website	www.ncbbasketball.com
Organization's EIN	92-1608093 200 Amateur Athletic Union of the United States 28ebabbf-f3ad-4fb2-9802-03bdd8556fa0 1137 Witherby Ln Escondido CA 92026 This organization was not included in the Office of Foreign Assets Control Specially Designated Nationals(SDN) list. true false 2023-10-10T00:00:00 2023-10-30T00:00:00 501(c)(3) Public Charity Generally, a central organization holding a group exemption letter, whose subordinate units covered by the group exemption are also eligible to receive tax-deductible contributions, even though they are not separately listed (deductibility limitation dependent on various factors). Section 509(a)(1) organization as referred to in Section 170(b)(1)(A)(vi) 2023-10-10T00:00:00 1966 01
Contact Information	
Contact First Name	Michael
Contact Last Name	Williams
Contact Title	Director
Contact Phone	+17602706006
Contact Email	mwilliams8252@gmail.com
Project Details	

Briefly describe your request for funds.	<p>North County Buckeyes Basketball faces financial challenges, particularly when it comes to operating expenses. Michael Williams, Director has personally invested significant funds to cover costs such as player registration fees, uniforms, equipment, liability insurance, and coaching fees. The organization aims to secure grant funding of \$2,500.00 - \$10,000.00 to alleviate this financial burden, ensuring that the organization can continue its vital work without financial constraints.</p> <p>In addition to covering operational expenses, part of the grant funding will be allocated to the purchase of fitness equipment to enhance the organization's capacity to train its players in strength conditioning, resistance, and endurance. This expansion of the organization's resources will further enhance the athletic and personal development of the youth it serves.</p> <p>We are committed to our mission, and we believe that your support will serve as a beacon of hope, guiding the path of these young athletes to a future brimming with promise. We humbly request your partnership in making this vision a reality, as together we can empower the youth, foster a love for the game, and build a stronger, more inclusive community for all. Your investment is an investment in a brighter future. Thank you for considering our grant proposal.</p>
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Briefly describe the significance of your request to the San Marcos community, including anticipated numbers served.	<p>North County Buckeyes Basketball is driven by its commitment to empowering young athletes through basketball, and grant support will play a pivotal role in making this vision a reality. By investing in this organization, you will not only support the growth and development of these young athletes but also contribute to the overall well-being and success of the local community which includes the City of San Marcos. Not only will players be positively impacted but our partners in San Marcos will be directly impacted and benefit from the grant funding. Through grant funds, the financial stability of the team's foundation and opportunity to support additional players who may need assistance will further expand the organization back to prior operating levels. Recruiting efforts will be easily facilitated as the Head Coach for North County Buckeyes Basketball resides in San Marcos, as well. Once the organization can maintain operating capacity, North County Buckeyes Basketball intends to participate in outreach throughout the San Marcos Community in an effort to give back and also instill discipline and service principles in the players.</p>
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Do you collaborate with other organizations to achieve your mission? If so, briefly describe those partnerships highlighting any that are located in or serve San Marcos residents.	<p>We wish to continue partnering with the following San Marcos-based organizations: Play-by-Play Productions, Coastal Elite Basketball and San Marcos Middle School.</p>
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Has your organization received funding from the San Marcos Community Foundation in the past? If yes, please briefly describe the most recent project which received funding and the outcomes you achieved. If you have not received funding in the past, you can leave this section blank.

Please provide a detailed narrative of your organization's mission and impact to the community. Include details such as strategic objectives, milestone achievements, and testimonials.

At North County Buckeyes Basketball, our mission is to provide underprivileged youth aged 12-16 with a transformative experience through the power of competitive basketball. We are dedicated to nurturing fundamental basketball skills and fostering character development to prepare our players for success on and off the court.

Our core mission principles are as follows:

1. **Skill Development:** We strive to equip young athletes with the fundamental skills needed to excel in the competitive world of basketball. Through rigorous training and coaching, we empower our players to reach their full potential.
2. **Character Building:** Beyond the game, we instill values of teamwork, sportsmanship, and discipline. Our focus on character development helps our athletes become not only skilled players but also responsible and ethical individuals.
3. **Inclusivity:** We break down financial barriers by offering scholarships to underprivileged youth who might otherwise be excluded from competitive sports. We are committed to ensuring that every talented athlete has an opportunity to shine.
4. **Community Engagement:** We actively engage with our local community and strive to be a positive force within it. We organize events, outreach programs, and mentorship opportunities that benefit not only our players but also the communities we serve.
5. **High Standards:** We set high standards for ourselves, aiming for excellence in coaching, training, and organization. We continuously seek to improve our programs and provide a safe and supportive environment for our athletes.
6. **Goals setting:** By establishing goals and benchmarks that are actionable/achievable, our athletes hold themselves accountable by following a set individual program which also develops discipline as a young adult.

By living and breathing these principles, we aim to create a positive and lasting impact on the lives of the young athletes we serve. Our mission is to empower these athletes, build their confidence, and prepare them for a

successful future, both as competitive basketball players and as well-rounded individuals.

North County Buckeyes Basketball serves a diverse and dynamic target market, which encompasses both specific regions and individual participants. Our mission is to empower and support youth athletes, and this target market reflects the communities and individuals we aim to impact.

### **Geographic Regions:**

1. **Escondido, California:** Our primary base of operations is in Escondido, where we have established our organization as a hub for youth basketball development. Escondido is a vibrant community with a diverse population, making it a key area for our outreach.
2. **San Marcos, California:** We extend our reach to the neighboring city of San Marcos, which is in close proximity to Escondido. San Marcos provides a rich pool of young talent and potential participants, and we actively engage with this community. Our talent pool is obtained primarily from Escondido and San Marcos as many of the young athletes have participated in non-competitive/recreational basketball leagues which are popular among athletes under the age of 12 years of age.
3. **Vista, California:** Vista is another city within North County San Diego County that we target. Our goal is to offer accessible and impactful programs to youth athletes in this region, promoting inclusivity and diversity.
4. **San Diego, California:** As the largest city in the region, San Diego presents opportunities for us to connect with a broader audience and collaborate with local youth sports organizations. We aim to make a positive contribution to the greater San Diego area by providing competitive basketball programs.

**Individual Participants:** Our organization primarily targets young individuals aged 12-16 years old, both boys and girls, who have a passion for basketball. Our ideal participants include:

- **Talented Youth Athletes:** We seek young athletes with the potential and dedication to excel in competitive basketball. Our organization provides the training and coaching needed to help them reach their full potential.
- **Underprivileged Youth:** We are dedicated to breaking down financial barriers, ensuring that underprivileged youth have access to our programs. Scholarships are available to those who may not have the means to cover registration fees, equipment, or uniforms.
- **Diverse Backgrounds:** We aim to create a diverse and inclusive environment where young athletes from various ethnic, cultural, and socioeconomic backgrounds can come together, learn, and grow through sports.
- **Community-Minded Individuals:** Our programs attract individuals who not only want to improve their basketball skills but also value the development of character, sportsmanship, and leadership qualities.

In summary, our target market encompasses a broad geographic region in

North San Diego County, focusing on specific cities such as San Marcos, while our individual participants include talented youth athletes, underprivileged youth, and those who seek personal and athletic growth. Our commitment to inclusivity and diversity ensures that we reach a wide range of young individuals, providing opportunities for all to benefit from our programs and community engagement efforts.

**Various milestones during the year include:**

- Boys 14U - Division B (San Diego Sol - 2023 Winter Basketball League) - Undefeated 8-0 and overall champions.
- Boys 14U - Division A (San Diego Sol - 2023 Spring Basketball League) - Undefeated 8-0 and overall champions.
- Boys 14U - NCB Spring Shootout - Overall Champions

**Other:**

- Participated in the following fundraising activities - Yogurtland (April 2023), Chipotle (June 2023).
- Sponsored (2) Sports Athletes from Escondido Charter High School to obtain 8 hrs Community Service toward graduation.
- Created Internship for Graduate Student @ Texas State University to obtain credits for her thesis document.
- Sponsored our first regional invitational tournament, NCB Spring Shootout in May 2023 at Mira Costa College. Eight teams participated and trophies were awarded for the champions of each division.

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Please upload any community letters or media in support of this project.

[Conversations\\_with\\_Michael\\_Williams\\_-\\_SDVoyager\\_Magazine.pdf](#)

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Please upload the annual operating budget for your organization.

[2024\\_North\\_County\\_Buckeyes\\_Operating\\_Budget.pdf](#)

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Please upload your most recent year-end audited financial statements, including any management letters associated with the audit.

[Audited\\_FS\\_Letter\\_-\\_North\\_County\\_Buckeyes\\_Basketball\\_11-7.pdf](#)

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Please attach the first two pages of your Federal 990.

[2022\\_Form\\_990-EZ\\_-\\_North\\_County\\_Buckeyes\\_Basketball\\_11-7-2023.pdf](#)

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Please upload a letter, signed by your organization's president or authorized officer on this application, supporting the submission of this grant.

[Letter\\_of\\_Support\\_-\\_North\\_County\\_Buckeyes\\_Basketball\\_11-6-2023.pdf](#)

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Funding

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Budget Worksheet

[San Marcos Community Foundation - Budget Worksheet.xlsx](#)

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Project Budget Total 17186.0

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Is this a Challenge or No  
Matching Grant?

Could this be a No  
Challenge or  
Matching Grant?

Additional Funding

[SMCF Budget Worksheet 2.xlsx](#)

Please provide a  
brief narrative for  
your budget and  
funding sources for  
this project. If you  
don't receive your full  
grant request, will  
you still be able to  
run the project?

Amounts included in this budget are estimates based on the last projects completed. In the event of an award, payments will be based on actual expenditures. Estimated costs are categorized.

Provide an itemized list of expenses for this project. Please ensure the totals are calculated correctly.

Item	Cost	Notes (optional)
Amateur Athletic Union (AAU) Membership	\$721.00	AAU Annual membership fee = \$57 per Coach and \$22 per player ( <a href="https://aausports.org/page.php?page_id=99977#page_tab2">https://aausports.org/page.php?page_id=99977#page_tab2</a> )
General Liability and Sports Injury Insurance	150	<a href="https://aausports.org/Insurance/Certificates">https://aausports.org/Insurance/Certificates</a>
Coaching Fees (Games)	2000	50/game (40 games total)
Coaching Fees (Practice)	\$1,000.00	25/practice (2 practices per week or 5 mo's)
Player Registration Fees (\$425/team Winter + \$425 /team Spring)	\$1,700.00	<a href="https://basketball.exposureevents.com/213766/2024-thrive-sd-winter-league">https://basketball.exposureevents.com/213766/2024-thrive-sd-winter-league</a>
Tournament Fees (1 local CA tournament per team in January 2024)	\$700.00	
Head Coach Travel (Per diem based on GSA .655 per mi for games only)	\$1,040.00	40 games
Practice facility fees (avg \$75/hr and practice = 1.5 hrs) x 2 days per week	\$4,500.00	
Uniforms (25 players x \$75 uniform)	\$1,875.00	
Equipment (Basketballs: \$75 x 4, Clipboards and whistles: \$50, Weight training equipment)	\$1,000.00	
System Administration Fees (Website) (\$100/mo)	\$500.00	
Salaries (Business Manager): \$400/mo	\$2,000.00	
<b>Total budget for this PROJECT:</b>	17186	

	Source Name	Amount	C / CD / P
Additional Funding Source 1	Monthly (Player) Dues	\$12,500.00	CD
Additional Funding Source 2			
Additional Funding Source 3			
Additional Funding Source 4			
Additional Funding Source 5			
Additional Funding Source 6			
Additional Funding Source 7			
Additional Funding Source 8			
Additional Funding Source 9			
Additional Funding Source 10			



**North County Buckeyes Basketball 2024 Operating Budget**

	2024 Project Months												Total 2024
Month	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	
<b>Expenses:</b>													
System Admin	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	
Business Manager	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	
AAU (Membership -Coaches)*	\$ 171.00												
AAU (Membership -Players)*	\$ 550.00												
AAU Insurance*	\$ 150.00												
Registration (League) - Thrive	\$ 850.00				\$ 850.00								
Registration (Tournament) - TBD	\$ 700.00												
Coaching fees (Practice)	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	
Coaching Fees(Games)	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	
Uniforms*	\$ 1,875.00												
Practice Facility Use Fees	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	
Travel - Head Coach @ \$.655 mi/game round trip	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00		
Equipment*	\$ 1,000.00												
<b>Total Expenses</b>	\$ 7,504.00	\$ 2,208.00	\$ 2,208.00	\$ 2,208.00	\$ 3,058.00	\$ 2,208.00	\$ 2,208.00	\$ 2,208.00	\$ 2,208.00	\$ 2,208.00	\$ 2,208.00	\$ 2,000.00	<u>\$ 32,434.00</u>

\* Denotes one time annual fee

# INITIAL FORM 990 NOT YET REQUIRED. THE ORGANIZATION WAS NOT NOT OPERATING IN 2022

Form <b>990-EZ</b>  Department of the Treasury Internal Revenue Service	<b>Short Form</b> <b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold;">2022</div> <b>Open to Public Inspection</b>
--	--	---

<b>A</b> For the 2022 calendar year, or tax year beginning , 2022, and ending , 20			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; vertical-align: top;"> <b>C</b> Name of organization <span style="color: blue;">?</span>  <b>North County Buckeyes Basketball</b>            Number and street (or P.O. box if mail is not delivered to street address) <span style="color: blue;">?</span> Room/suite  <b>1137 Witherby Lane</b>            City or town, state or province, country, and ZIP or foreign postal code  <b>Escondido, CA 92026</b> </td> <td style="width: 30%; vertical-align: top;"> <b>D</b> Employer identification number <span style="color: blue;">?</span>  <b>921608093</b>   <b>E</b> Telephone number  <b>(760) 270-6006</b>   <b>F</b> Group Exemption Number <span style="color: blue;">?</span> </td> </tr> </table>	<b>C</b> Name of organization <span style="color: blue;">?</span> <b>North County Buckeyes Basketball</b> Number and street (or P.O. box if mail is not delivered to street address) <span style="color: blue;">?</span> Room/suite <b>1137 Witherby Lane</b> City or town, state or province, country, and ZIP or foreign postal code <b>Escondido, CA 92026</b>	<b>D</b> Employer identification number <span style="color: blue;">?</span> <b>921608093</b>  <b>E</b> Telephone number <b>(760) 270-6006</b>  <b>F</b> Group Exemption Number <span style="color: blue;">?</span>
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<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify): _____			
<b>I</b> Website: _____			
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other: _____			
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$			

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

## Part II Balance Sheets (see the instructions for Part II)

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

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

**Part III**      **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose?

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	_____	
29	_____	
30	_____	
31	_____	
32	_____	

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

[illegible]



November 7, 2023

**From:** Michael A. Williams, Director  
North County Buckeyes Basketball

**Address:** 1137 Witherby Lane  
Escondido, CA 92026

**To:** San Marcos Community Foundation

I am writing this letter to inform you that North County Buckeyes Basketball has only been operating since January 2023 and has not yet completed an audited Financial Statement. I will be happy to generate audited reports during Q1 2024 after the full FY cycle of 2023 is complete. In addition, I attest to receiving no grant funds during the year.

Sincerely,

Michael A. Williams, Director  
North County Buckeyes Basketball



SAN DIEGO'S  
MOST INSPIRING  
STORIES

SAN DIEGO'S  
MOST INSPIRING  
STORIES

THE THOUGHT-  
PROVOKERS:  
CELEBRATING

THE TRUE  
RENEGADES

THE NON-  
SNOBBY SAN  
DIEGO DINING

LOCAL STORIES

JULY 3, 2023

# Conversations with Michael Williams



LOCAL STORIES



SHARE



TWEET



PIN



Today we'd  
like to  
introduce  
you to  
Michael  
Williams.

Michael,  
we  
appreciate  
you taking  
the time  
to share  
your story

POPULAR



SAN DIEGO'S MOST INSPIRING  
STORIES



HIDDEN GEMS: LOCAL  
BUSINESSES & CREATIVES YOU  
SHOULD KNOW



PORTRAITS OF SAN DIEGO



COMMUNITY MEMBER  
SPOTLIGHTS

CONNECT



with us  
today.

*Trending*

SAN DIEGO'S MOST  
INSPIRING STORIES

where  
**does your  
story  
begin?**

All I can  
say is that  
kids make  
you do  
crazy  
things...  
I've always  
loved the  
game of  
basketball,  
I played as  
a youth in  
recreational  
leagues, in  
middle  
school, and  
high school  
as a  
teenager. I  
always said  
that when I  
had  
children,  
then I  
would  
introduce  
them to  
the game

CONNECT



and  
become his  
coach. In  
2010, my  
second  
child,  
Brandon,  
was born.  
When he  
was five  
years old, I  
started  
teaching  
Brandon  
the  
fundamentals  
of  
basketball,  
including  
what I  
believed to  
be the  
most  
important  
skill –  
dribbling. I  
always felt  
that if you  
were a  
good  
dribbler,  
then you

CONNECT



game  
because  
you are the  
point  
person on  
the team –  
you set up  
the  
offensive  
plays.  
However,  
basketball  
was not his  
first love. It  
was soccer,  
and at the  
time, he  
participated  
in a  
recreational  
soccer  
league in  
Poway  
called “The  
Little  
Kickers.”  
About five  
minutes  
before one  
of  
Brandon’s  
soccer

CONNECT





noticed  
that the  
coach had  
not yet  
shown up.  
My wife  
said, "Why  
don't you  
go out  
there and  
warm them  
up?". I ran  
the team  
through  
some  
warm-up  
exercises  
and much  
more! The  
coach  
didn't  
show up,  
and I  
ended up  
becoming  
the team's  
coach for  
the  
remainder  
of the  
season.  
Although I

CONNECT



the game  
of soccer  
that well, I  
was able to  
improvise.  
I also  
coached  
soccer for  
one  
additional  
season  
after that. I  
was forced  
to learn the  
game  
quickly and  
soon  
became a  
big fan.

I also  
noticed  
that there  
were  
similarities  
between  
basketball  
and soccer.  
I knew that  
soccer  
could  
improve  
any

CONNECT



and this  
would help  
my son  
once he  
started  
playing  
basketball  
regularly.

Soon  
Brandon  
learned  
other  
basketball  
fundamentals  
and began  
participating  
in  
recreational  
basketball  
leagues  
where I  
was either  
the Head  
Coach or  
Assistant  
Coach on  
those  
teams.

When  
Brandon  
was seven  
years old I,

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enough to  
play on a  
youth  
competitive  
basketball  
team. The  
closest  
team was  
in San  
Marcos,  
and we  
lived in  
Escondido.  
I couldn't  
find a  
competitive  
team in  
Escondido.  
He played  
with this  
team for a  
season, and  
during that  
time, I  
learned the  
difference  
between  
the  
structure  
of  
recreational

CONNECT



level  
basketball.  
When the  
season  
ended, I  
told myself  
that I  
would start  
my own  
competitive  
team for  
my son to  
play for.

I viewed  
this as a  
project,  
and I had  
successfully  
completed  
projects  
both at  
work and  
in Business  
School, So I  
was  
confident  
that I could  
pull it off. I  
did a lot of  
reading  
about  
managing a

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(and best)  
source I  
used was  
the  
Amateur  
Athletic  
Union  
(AAU). I  
felt that  
this  
organization  
provided  
the most  
helpful  
tools for  
running a  
competitive  
team. I  
recruited  
players  
from my  
son's  
recreational  
basketball  
teams as  
well as any  
kids in my  
neighborhood  
that I knew  
played the  
game. I  
started out

CONNECT



**Alright, so  
let's dig a  
little  
deeper  
into the  
story – has  
it been an  
easy path  
overall,  
and if not,  
what were  
the  
challenges  
you've had  
to  
overcome?  
In the**

CONNECT



challenges  
was  
recruiting  
enough  
kids that  
had the  
skills to  
play for a  
competitive  
team. I  
would  
attend the  
recreational  
league  
games  
around  
town and if  
I identified  
a player  
which I  
believed  
stood out  
and could  
add value  
to my  
team, then  
I would  
introduce  
myself to  
the player's  
parents

CONNECT





to one of  
my  
practices.  
Often  
times if a  
player was  
simply  
athletic  
and had a  
lot of  
potential,  
then I  
would want  
them to  
join my  
team  
because I  
could fit  
them into  
our  
system.

One of the  
biggest  
challenges  
is retaining  
my “star  
players.” A  
lot of  
times, once  
a player  
leads the  
team to a

CONNECT



division,  
bigger and  
more  
established  
competitive  
teams will  
“recruit” or  
“poach”  
the player  
for their  
team.

Another  
current  
challenge  
is finding  
enough  
facilities to  
use for  
practice.  
Unlike  
some of  
the other  
competitive  
teams, we  
are limited  
to the  
number of  
practice  
facilities  
here in  
Escondido.

CONNECT



operate, I  
am  
required to  
charge the  
players  
monthly  
operating  
fees.

Occasionally,  
there is a  
player  
whose  
family  
cannot  
afford to  
pay the  
operating  
fees. The  
problem  
that I  
encounter  
is that  
there are  
no  
programs  
that offer  
subsidies  
or grants  
readily  
available to  
assist

CONNECT



**Can you  
tell our  
readers  
more  
about  
what you  
do and  
what you  
think sets  
you apart  
from  
others?**

We don't  
recruit  
many "five  
star"  
athletes. So  
we instead  
look for  
players  
who  
possess  
potential  
to be this  
type of  
athlete. I  
believe  
that is the  
first thing  
that sets us  
apart. In  
addition:

CONNECT



to be  
aggressive  
and  
more  
physical  
than  
their  
opponent.

- Inserting  
players  
in  
challenging  
situations  
like  
asking  
them  
to  
play  
in a  
position  
that  
they  
are  
not  
accustomed  
to.

- Rewarding  
a  
player  
when  
he or

CONNECT



all  
outstanding  
game  
or  
season.

- Providing  
drills  
to  
players  
to  
practice  
outside  
of  
the  
scheduled  
practices.
- Encouraging  
the  
players  
to  
play  
other  
sports  
as  
well  
to  
increase  
overall  
athleticism.

**Before we  
let you go,**

CONNECT



**you have  
any advice  
for those  
who are  
just  
starting  
out.**

You have  
to  
understand  
your  
strengths  
and  
weaknesses  
and  
surround  
yourself  
with  
people who  
can  
support  
you. It can  
get tiring  
performing  
multiple  
tasks for  
the team,  
including  
Coach,  
Administrator,  
and  
Treasurer. I

CONNECT



the first  
time one of  
the parents  
persuaded  
me to stay.  
The second  
time my  
son stated  
that he  
didn't want  
to play for  
any other  
team but  
the North  
County  
Buckeyes.  
As  
Director, I  
now handle  
only the  
operations  
and have  
people who  
can  
support  
other  
functions  
besides  
coaching.

**Contact**  
**Info:**

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Website

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Title	<b>Senior Veteran Home Solutions, Providing housing to senior veterans</b>	11/15/2023
	by <b>Michelle Lander</b> in <b>San Marcos Community Foundation</b> on behalf of <b>Senior Veteran Home Solutions Inc</b> info@svhomesolutions.org	id. 44707879

Original Submission

11/15/2023

General Project Information	
Please enter your organization's name and project name.	Senior Veteran Home Solutions, Providing housing to senior veterans
Are you applying for the Mini Grant or the Regular Grant?	Regular Grant (\$1,500 - \$10,000)
Project Name	Home Sweet Home
Project Start Date	12/1/2023
Project End Date	5/4/2024
Date by Which Funds Will Be Expended:	12/1/2023
Total Number of People Served by this Project	12.0
Total Number of People Served by this Project in San Marcos Only	2.0
Grant Amount Requested	10000.0
Organization Details	
Organization Name	Senior Veteran Home Solutions

Organization Street Address	14320 Ventura Blvd. Suite 418
Organization City	Sherman Oaks
Organization State	Ca
Organization Zip Code	91423
Organization Website	svhomesolutions.org
Organization's EIN	85-2423134 200 Senior Veteran Home Solutions Inc 932328fd-2484-4c52-8179-8e2da2be6d3c 14320 Ventura Blvd Ste 418 Sherman Oaks CA 91423 This organization was not included in the Office of Foreign Assets Control Specially Designated Nationals(SDN) list. true false 2023-10-10T00:00:00 2023-11-13T00:00:00 501(c)(3) Public Charity A public charity (50% deductibility limitation). Section 509(a)(2) organization 2023-10-10T00:00:00 2020 09
Contact Information	
Contact First Name	Michelle
Contact Last Name	Lander
Contact Title	Executive Director
Contact Phone	+13233097567
Contact Email	info@svhomesolutions.org
Project Details	

Briefly describe your request for funds.	Home Sweet Home is one of the programs with Senior Veteran Home Solutions that assists low-income elderly veterans to find housing and pay for the upfront expenses surrounding moving costs. Home Sweet Home is a good fit with your foundation as we are committed to serving one of the most systemically underserved and vulnerable populations of San Marcos County. Home Sweet Home would like the opportunity to submit a proposal for a grant amount of \$10,000 to serve those who risked their lives serving all of us. Our program is committed to serving one of the most systemically underserved and vulnerable populations of San Marcos County and surrounding areas.
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Briefly describe the significance of your request to the San Marcos community, including anticipated numbers served.	Serving seniors is our primary focus and since 2019 we have been able to serve approximately 25 seniors a year and have slowly progressed from 2 to 3 clients per month since the Non-Profit's Agency's inception. Senior Veteran Home Solutions has made every effort to make an impact on each senior veteran who needs help. If we are unable to secure housing or if the individual is not interested in being placed in a home, gift cards, food, toiletries, clothing, and referrals have been provided to the homeless veterans who have contacted Senior Veteran Home Solutions for assistance. No matter how small the assistance may appear we consider each client helped part of our success story.
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Do you collaborate with other organizations to achieve your mission? If so, briefly describe those partnerships highlighting any that are located in or serve San Marcos residents.	Senior Veteran Home Solutions has been able to partner with several corporations and assisted living facilities, and Assisted Living Movers, and lastly a for-profit company Senior Home Solutions.
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Has your organization received funding from the San Marcos Community Foundation in the past? If yes, please briefly describe the most recent project which received funding and the outcomes you achieved. If you have not received funding in the past, you can leave this section blank.	
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Please provide a detailed narrative of your organization's mission and impact to the community. Include details such as strategic objectives, milestone achievements, and testimonials.

The lack of sufficient support and options for this population is what ignited the fire to start Senior Veteran Home Solutions. Prior to starting Senior Veteran Home Solutions Michelle Lander was helping veterans with the Veteran Affairs benefit applications pro bono for 5 years as the population of aging veterans was growing. Senior Veteran Home Solutions' mission is to provide compassionate solutions for senior veterans and their spouses who need additional care. Our program has 2 full-time employees and approximately 10 volunteers. Senior Veteran Home Solutions is fairly new however within the four years it has been operating it has helped over 100 elderly veterans and their spouses find long-term housing. Currently, all staff and volunteers work remotely unless they are traveling to serve the many senior veterans across San Marcos County and surrounding areas.

- Place 25% more senior veterans in long-term housing. This objective will result in an outcome of more senior veterans being placed in long-term housing and reduce current economic and sociopolitical crises such as homelessness, mental health issues, and poverty.
- Assist with the application assistance of 25% more VA applications than were completed in 2023. The approval of VA benefits will ensure that veterans can stay in their homes long-term without the fear and stress of having to be evicted.
- Utilize the partnership of 2 additional Moving Companies that can regularly assist with discounted-rated moves. Partnering with moving companies will lessen the overhead cost for Home Sweet Home and will help the business demonstrate its commitment to the values embodied by Home Sweet Home. Once community members see the business's involvement they will surely think highly of those businesses and patronize them in the future.
- Increase donations by 25%. The sales of donated items have been a significant part of paying for upfront moving costs. Home Sweet Home will increase donations of items to sell as well as monetary donations in the upcoming year.

Home Sweet Home has worked tremendously hard to overcome the challenges of the COVID-19 pandemic and its effects on the funding available since 2020. Home Sweet Home has been able to sustain itself through the last 4 years through ongoing partnerships. This program receives a significant amount of funding from the money received from the sale of high-end furniture from estate sales as well as referrals that are received from the for-profit company Senior Home Solutions. The revenue from the 2022 FY was \$137,000 which mainly came from the referral fees and the sales that were made during that year. Home Sweet Home's focus for 2024 is to continue increasing monetary donations as well as the in-kind donations that have already been a significant contributor to Home Sweet Home.

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Please upload any community letters or media in support of this project.

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Please upload the annual operating budget for your organization.

Home\_SWEET\_HOME\_BUDGET.pdf

Please upload your most recent year-end audited financial statements, including any management letters associated with the audit.

1123\_Balance\_Sheet.pdf

SVHS\_Cash\_Flow\_2022.pdf

2022\_P\_L\_SENIOR\_VETERAN\_HOME\_SOLUTIONS\_.pdf

Senior\_Veteran\_Home\_Solutions\_Statement.docx

Please attach the first two pages of your Federal 990.

2022\_US\_990.pdf

Please upload a letter, signed by your organization's president or authorized officer on this application, supporting the submission of this grant.

Lander\_and\_Poco\_Signatures.pdf

Funding

Budget Worksheet

San Marcos Community Foundation - Budget Worksheet.xlsx

Project Budget Total 150000.0

Is this a Challenge or Yes  
Matching Grant?

Additional Funding

SMCF Budget Worksheet 2.xlsx

Please provide a brief narrative for your budget and funding sources for this project. If you don't receive your full grant request, will you still be able to run the project?	The revenue from the 2022 FY was \$137,000. Home Sweet Home's focus for 2024 is to continue increasing monetary donations as well as the in-kind donations.
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Michelle Van I.

Alessandra Pocer

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Provide an itemized list of expenses for this project. Please ensure the totals are calculated correctly.

Item	Cost	Notes (optional)
Truck	\$30,000.00	
movers	20000	
assisted living deposit	100000	
<b>Total budget for this PROJECT:</b>		

	Source Name	Amount	C / CD / P
Additional Funding Source 1	Senior Home Solutions	100000	
Additional Funding Source 2	Fundraising	30000	
Additional Funding Source 3	Donations	20000	
Additional Funding Source 4			
Additional Funding Source 5			
Additional Funding Source 6			
Additional Funding Source 7			
Additional Funding Source 8			
Additional Funding Source 9			
Additional Funding Source 10			

Program or Project Budget		
<b>Applicant Institution</b>	Senior Veterans Home Solutions	
<b>Project Director:</b>	Michelle Lander	
<b>Project Grant Period</b>	01/01/24_ through 12/31/24__	
<b>Home Sweet Home</b>		
Revenue	Projected	Program Budget Notes
Foundation/Applicant Contributions	\$ 100,000	
Government/Federal Funds		
Third Party Contributions	\$ 50,000	
Other Agencies	\$ -	
Individuals	\$ 20,000	
Add other revenues here	\$ -	
Add other revenues here	\$ -	
<b>Total Revenue</b>	<b>\$ 170,000</b>	
Other Revenue		
In-Kind Supplies	\$ 30,000	
Fundraising	\$ 79,800	
Volunteer Services		
Add other revenues here	\$ -	
Add other revenues here	\$ -	
<b>Total Other Revenue</b>		
<b>TOTAL PROGRAM REVENUE</b>	<b>\$ 279,800</b>	
EXPENSES	Projected	Program Budget Notes
Personnel		
Salaries and Wages	\$ 0	
Fringe benefits	\$ -	
Add other expenses here	\$ -	
Add other expenses here	\$ -	
<b>Total Personnel</b>	<b>\$ 0</b>	
Equipment		
Computer Equipment	\$ -	
Supplies	\$ 30,000	
Add other expenses here	\$ -	
<b>Total Equipment</b>	<b>\$ 30,000</b>	
Travel		
Travel - Personnel	\$ -	
Travel - Consultants	\$ -	
Add other expenses here	\$ -	
Add other expenses here	\$ -	
<b>Total Travel</b>	<b>\$ -</b>	
Participant Support Costs		
Participant Meeting	\$ -	
Participant Travel	\$ -	
Participant Others	\$ -	
Add other expenses here	\$ -	
Add other expenses here	\$ -	
<b>Total Participant Costs</b>	<b>\$ -</b>	
Communications/Publication Costs		
Publication Costs	\$ -	
Add other expenses here	\$ -	
Add other expenses here	\$ -	
<b>Total Communication/Publication Costs</b>	<b>\$ -</b>	
Other Direct Costs		
Honoraria/Consultant Fees	\$ -	
Meeting Expenses	\$ -	
Aid and Attendance Document Collection	\$ 15,000	
Printing and Marketing	\$ -	
Duplicating	\$ -	
Delivery and Postage	\$ -	
Telephone and Fax	\$ -	
Web Development and Maintenance	\$ -	
Project Evaluation	\$ -	
Add other expenses here	\$ -	
Add other expenses here	\$ -	
Add other expenses here	\$ -	
<b>Total Other Direct Costs</b>	<b>\$ 15,000</b>	
Indirect (Overhead) Costs		
Rent ( Assisted living Facility)	\$ 150,000	
Movers	\$ 25,000	
Medical Transport	\$ 12,000	
Clean Outs (workers and dumpsters)	\$ 40,000	
Truck Lease	\$ 7,800	
Add other expenses here	\$ -	
Add other expenses here	\$ -	
<b>Total Indirect Costs</b>	<b>\$ 234,800</b>	
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 279,800</b>	
<b>DIFFERENCE (Revenues less Expenses)</b>	<b>\$ (0)</b>	
Add Footnotes Here:		
1		
2		
3		
4		
5		
6		

# Senior Veteran Home Solutions

Dedicated To Helping Low Income Senior Veterans

November 2023

Balance Sheet

ASSETS		
DESCRIPTION		
Cash and Equivalents	\$25,798	
Pending LA County Grant	\$15,000	
Durable Medical Equipment	\$6,000	
TOTAL	\$46,798	
LIABILITIES		
Staff	\$6,000	
Warehouse Rent	\$1,275	
Insurance	\$2,200	
Debt	\$15,000	
Royal Bellingham Senior Living	\$3,000	
TOTAL	\$27,475	



Senior Veteran Home Solutions 14320 Ventura Blvd Suite 418 Sherman Oaks, CA 91423

## **NONPROFIT ORGANIZATION CASH FLOW STATEMENT REPORT**

### **Cash Flow Statement for the Year Ended December 31, 2022**

	<b>AMOUNT (\$)</b>
<b>Receipts From Operating Activities:</b>	
Contributions From Donors	\$22,400
Earned Mission Income	\$114,600
<b>Total Receipts</b>	<b>\$137,000</b>
<b>Operating Expenses:</b>	
Moving & Clear Out Staff	\$30,130
Assisted Living Facilities	\$10,000
Warehouse, Storage & Truck Rentals	\$10,100
Items For Clients	\$16,555
Printing & Advertising	\$2,595
RCFE Training & Live Scan	\$15,122
Office Rent, Utilities, Supplies & Expenses	\$37,808
<b>Total Operating Expenses:</b>	<b>\$122,310</b>

## Financing Activities

Description	
<b>Receipts:</b>	
<b>Total Receipts</b>	<b>\$0</b>
<b>Payments:</b>	
Repayment of last year's short-term loan	\$5,000
Payments for other debts	\$12,600
<b>Total Payments</b>	<b>\$17,600</b>



## **SENIOR VETERAN HOME SOLUTIONS PROFIT & LOSS 2022:**

**REVENUE: \$137,000**

**CONTRIBUTIONS: \$22,400**

**PROGRAM SERVICE REVENUE: \$114,600**

**EXPENSES: \$139,910**

### **PROGRAMS:**

#### **HOME SWEET HOME: \$60,750**

Movers \$8,800

Moving Supplies \$1,600

Truck Rentals \$900

Junk Guys \$2,650

Assisted Living Facilities 10,000

Storage-rental one garage and 3 storage units \$9,200

Workers for Touring/Clean Outs/Estate Sales \$18,680

Items for clients (this includes toiletries, incontinence supplies, clothing, televisions, above bed tables, linens and other miscellaneous items) \$7,690

Prescriptions and OTC Medications for clients \$1,230

**AID & ATTENDANCE: \$19,442**

Workers - Application Preparation \$12,000

Gift Cards \$6,035

eFax \$480

Ink & Supplies \$927

**OPERATING EXPENSES: \$42,118**

Office & Utilities \$31,200

Website \$2,400

Internet/Phone \$1,726

Artwork \$575

Printing & Postage \$2,595

P. O. Box \$300

CLE Classes \$199

RCFE Training \$2,559

Live Scan \$364

Business Licenses \$200

**CREDIT CARD PAYMENTS (for previous years debts): \$12,600****REPAYMENT OF LOAN: \$5,000****NET LOSS (\$2,910)**





For calendar year 2022 or tax year beginning Jan 01, 2022 and ending Dec 31, 2022

Name: SENIOR VETERAN HOME SOLUTIONS EIN: 85-2423134  
Name line 2: \_\_\_\_\_  
Address: 14320 VENTURA BLVD Telephone No: 323-309-7567  
City, State, and Zip Code: SHERMAN OAKS CA 91423-

Email address .....  
Web site address ..... SENIORVETERANHOMESOLUTIONS.ORG  
Fiduciary name, if applicable ..... MICHELLE LANDER  
Name of officer signing return ..... MICHELLE LANDER  
Title of officer/trustee/fiduciary signing return ..... EXECUTIVE DIRECTOR  
Group exemption number .....  
Check if exemption application is pending ..... ☐  
Accounting method ..... Cash: ☒ Accrual: ☐ Other: ☐ Specify: \_\_\_\_\_  
List states desired ..... CA \_\_\_\_\_

**Type of exempt organization:**

- ☒ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)  
☐ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)  
☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)

Preparer ID: A27173 Time in this return: 67 minutes  
Preparer name: GLENN STERLING Date: 04/04/2023  
Firm's name: BIZ CORP NATION TAX PTIN: P00535239  
Address: 11145 TAMPA AVE 19A Self-employed: ☒  
City, State, ZIP Code: PORTER RANCH CA 91326 Firm's EIN: 82-1376881  
Phone: 888-400-5866

## Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public  
Inspection

<b>A</b> For the 2022 calendar year, or tax year beginning Jan 01, 2022, and ending Dec 31, 2022			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SENIOR VETERAN HOME SOLUTIONS		<b>D</b> Employer identification number
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		85-2423134
	14320 VENTURA BLVD		<b>E</b> Telephone number
	City or town State ZIP code		323-309-7567
	SHERMAN OAKS CA 91423-		
Foreign country name Foreign province/state/county Foreign postal code		<b>G</b> Gross receipts \$ 137000.	
<b>F</b> Name and address of principal officer: MICHELLE LANDER		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14320 VENTURA SHERMAN OAKS CA 91423-		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: SENIORVETERANHOMESOLUTIONS.ORG		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 2020	<b>M</b> State of legal domicile: CA

<b>Part I Summary</b>				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HOUSING FOR VETERANS		
	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	3
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	3
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) . . . . .	5	
	6	Total number of volunteers (estimate if necessary) . . . . .	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) . . . . .		137000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		137000.
	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) . . . . .		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	47000.	
	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) . . . . .	92910.	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	139910.	
	19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	-139910.	137000.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16) . . . . .	Beginning of Current Year
21		Total liabilities (Part X, line 26) . . . . .	25000.	20000.
22		Net assets or fund balances. Subtract line 21 from line 20 . . . . .	25000.	20000.

<b>Part II Signature Block</b>				
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	
	MICHELLE LANDER		04/04/2023	
	Type or print name and title		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	GLENN STERLING	GLENN STERLING	04/04/2023	P00535239
	Firm's name	BIZ CORP NATION TAX	Firm's EIN	82-1376881
	Firm's address	11145 TAMPA AVE 19A PORTER RANCH CA 91326	Phone no.	888-400-5866

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

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

Aiding senior veterans and surviving spouses

**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 \$ 60750. including grants of \$ 10000.) (Revenue \$ )

Senior Veteran Home Solutions works to find an assisted living facility or RCFE that best fulfills the clients need and will be within their budget once they are approved for va benefits . We do all VA paperwork, facilitate the move and make sure they have everything needed to get settled in their new home

**4b** (Code: ) (Expenses \$ 19442. including grants of \$ 5000.) (Revenue \$ )

Aid &amp; Attendance

While other nonprofits charge a fee or donbation for their services helping veterans with Aid & Attendance application, we never charge our clients any money

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

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

**4e** Total program service expenses 80192.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b>	X
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	X
<b>6</b> 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 . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	X
<b>b</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 . . . . .	<b>11b</b>	X
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	X
<b>f</b> 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 . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	X
<b>b</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 . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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 . . . . .	<b>14b</b>	X
<b>15</b> 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 . . . . .	<b>15</b>	X
<b>16</b> 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 . . . . .	<b>16</b>	X
<b>17</b> 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. . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	X
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	X
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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>	<b>22</b>	X
<b>23</b> 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>	<b>23</b>	X
<b>24a</b> 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>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> 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>	<b>33</b>	X
<b>34</b> 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>	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	X
<b>37</b> 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>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	X

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>			Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>		X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	<b>3b</b>		X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		X
<b>b</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).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		X
<b>6a</b>	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? . . . . .	<b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		X
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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? . . . . .	<b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		X
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>		X
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<b>14b</b>		X
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<b>16</b>		X
	If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .	<b>17</b>		X
	If "Yes," complete Form 6069.			

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☐

### Section A. Governing Body and Management

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	3			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .		3		
<b>2</b> 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
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .			5	X
<b>6</b> Did the organization have members or stockholders? . . . . .			6	X
<b>7a</b> 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? . . . . .			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? . . . . .			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .			8b	X
<b>9</b> 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 on Schedule O . . . . .			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	10a	X
<b>b</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? . . . . .	10b	X
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	12c	X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . .	15a	X
<b>b</b> Other officers or key employees of the organization . . . . .	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
<b>b</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? . . . . .	16b	X

### Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on 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.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 MICHELLE LANDER 323-309-7567  
 14320 VENTURA B SHERMAN OAKS CA 91423-



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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) Michelle Linde ----- Executive Dir	20 -----	X						0	0	0
(2) Baneen Murtaza ----- Secretary	5 -----			X				0	0	0
(3) Susan Allan ----- CFO	5 -----			X				0	0	0
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) .....										
<b>1b Subtotal</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) 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	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	137000.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		137000.			
Program Service Revenue				Business Code			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .						
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .					
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>				
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>				
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue				Business Code			
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .			137000.			

**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 . . . . . ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> -----				
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses -----				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e .				
<b>26</b> <b>Joint costs.</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	25000.	<b>1</b>	20000.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	<b>b</b> Less: accumulated depreciation . . . . . <b>10b</b>		<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	25000.	<b>16</b>	20000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .		<b>32</b>	
<b>33</b> Total liabilities and net assets/fund balances . . . . .		<b>33</b>		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	137000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	137000.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	137000.

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

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . 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	<b>2b</b>	X
<b>c</b> 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 on Schedule O.	<b>2c</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .	<b>3a</b>	X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits . . . . .	<b>3b</b>	

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

SENIOR VETERAN HOME SOLUTIONS

Employer identification number

85-2423134

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			10000.	10000.	137000.	157000.
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .			10000.	10000.	137000.	157000.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						157000.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .			10000.	10000.	137000.	157000.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .			10000.	10000.	137000.	157000.
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	100.00%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2022.** 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—2021.** 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 . . . . . ☐



Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022, or fiscal year beginning Jan 01, 2022, and ending Dec 31, 2022**Do not send to the IRS. Keep for your records.**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**2022**

Name of filer

SENIOR VETERAN HOME SOLUTIONS

EIN or SSN

85-2423134

Name and title of officer or person subject to tax

MICHELLE LANDER

EXECUTIVE DIRECTOR

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a Form 990</b> check here . . . . . <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>137,000</u>
<b>2a Form 990-EZ</b> check here . . . . . <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22). . . . .	<b>3b</b> _____
<b>4a Form 990-PF</b> check here . . . . . <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b> _____
<b>5a Form 8868</b> check here . . . . . <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a Form 990-T</b> check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a Form 4720</b> check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a Form 5227</b> check here . . . . . <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a Form 5330</b> check here . . . . . <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a Form 8038-CP</b> check here . . . . . <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☐ I authorize BIZ CORP NATION TAX to enter my PIN 23134 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date 04/04/2023**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.

96530227173

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature GLENN STERLINGDate 04/12/2023

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

BCA

US

## Detail Sheet

2022

**Name:** SENIOR VETERAN HOME SOLUTIONS

**ID:** 85-2423134

**Description:**

[illegible]



## **Senior Veteran Home Solutions Statement**

Currently Senior Veteran Home Solutions is unable to provide audited financial statements.

During the year 2023, and as Senior Veteran Home Solutions have been starting to apply for grants and growing, our organization has been working closely with Biz Nation. They have completed our 2022 990 income tax return and have provided us with continuous guidance to insure that we stay compliant as a nonprofit organization. As our organization continues to grow we understand that we will need audited statements. This is something that our organization is working on and we are currently meeting with CPA's so that this will be completed in the very near future.

Thank you so much for your consideration. I have enclosed the signatures of our Treasurer Alessandra Poco and the Executive Director Michelle Lander.

Best,

Michelle Lander



12/18/2023

The San Marcos Community Foundation  
Via the Foundation's Grant Portal

Dear The San Marcos Community Foundation,

On behalf of The San Marcos Promise, now doing business at Project Next, I authorize the submission of this grant application to support the two career-based mentoring programs now offered through our Future Centers.

We are grateful for the San Marcos Community Foundation's support in 2021 and 2022 as we added resources and tested new strategies to provide robust career exploration and readiness opportunities to San Marcos Unified School District (SMUSD) high school students. We are pleased to share that we now have three fully renovated Future Centers onsite at each SMUSD high school, where we deliver a new level of college and career readiness programs, services, and resources. Students love these welcoming spaces, stopping by at their convenience to use the virtual reality college and career exploration headsets and other high-tech resources, speak to the Career Coach, or choose a professional outfit. Foot traffic and demand for services continue to increase as students build relationships with Career Coaches, explore career options, and plan for their next best step.

This year, we request support for the career-based mentoring programs now offered in partnership with the ACE Mentor program and READI. These programs give students more contact with mentors and careers in the architecture, construction, engineering, and real estate fields, while guiding them through real pre-employment preparation and self-exploration activities so students can make informed career decisions. Program partners fill a gap in our services by providing an industry-specific career exploration curriculum and local professional mentors for program delivery. We add general career readiness preparation activities that are missing in their programs so that students build the self-awareness needed to make an informed career choice, whether or not it is in these fields, and are prepared to transition to post-secondary training, education, or work opportunities. Students benefit from the added expertise and opportunities available through these collaborations.

Thank you for considering our grant request. Your support is critical as we continue to add unparalleled opportunities for students to prepare for the best post-secondary path for them. Please don't hesitate to contact me with any questions at [lisa@projectnext.org](mailto:lisa@projectnext.org) or (760) 290-2373.

Sincerely

A handwritten signature in black ink that reads "Lisa Stout".

Lisa Stout  
Project Next, Executive Director

Title	<b>The San Marcos Promise (dba Project Next) - Future Center Career-Based Mentoring Programs</b>	12/18/2023
	by <b>Lisa Stout</b> in <b>San Marcos Community Foundation</b> on behalf of <b>The San Marcos Promise</b> lisa@projectnext.org	id. 44986264

Original Submission

12/18/2023

General Project Information	
Please enter your organization's name and project name.	The San Marcos Promise (dba Project Next) - Future Center Career-Based Mentoring Programs
Are you applying for the Mini Grant or the Regular Grant?	Mini Grant (up to \$1,500)
Project Name	Future Center Career-Based Mentoring Programs
Project Start Date	1/1/2024
Project End Date	6/30/2024
Date by Which Funds Will Be Expended:	6/30/2024
Total Number of People Served by this Project	40.0
Total Number of People Served by this Project in San Marcos Only	40.0
Grant Amount Requested	1500.0
Organization Details	
Organization Name	The San Marcos Promise dba Project Next

Organization Street Address	255 Pico Ave, Ste 103
Organization City	San Marcos
Organization State	California
Organization Zip Code	92069
Organization Website	www.projectnext.org
Organization's EIN	46-5460510 200 The San Marcos Promise 02ff7f2d-79c8-4dd5-91dc-415b6166918e 255 Pico Avenue Ste 103 San Marcos CA 92069 This organization was not included in the Office of Foreign Assets Control Specially Designated Nationals(SDN) list. true false 2023-03-13T00:00:00 2023-04-03T00:00:00 501(c)(3) Public Charity A public charity (50% deductibility limitation). Section 509(a)(1) organization as referred to in Section 170(b)(1)(A)(vi) 2023-03-13T00:00:00 2014 08
Contact Information	
Contact First Name	Lisa
Contact Last Name	Stout
Contact Title	Executive Director
Contact Phone	+17602902373
Contact Email	lisa@projectnext.org
Project Details	

Briefly describe your request for funds.	<p>We request \$1,500 for a portion of our Program Director's time to provide college and career readiness coaching to SMUSD students participating in the two career-based mentoring programs now offered through our Future Centers.</p> <p>This year, we have partnered with the Real Estate Awareness &amp; Diversity Initiative (READI) and the Architecture, Construction, and Engineering Mentor Program (ACE) to offer two career-based mentoring programs to SMUSD students. Each partner brings a defined program curriculum and local professionals to deliver all program activities to our students. Our Program Director recruits and enrolls students and provides supplemental college and career readiness support to fill career-readiness gaps. Students will take the SuperStrong Assessment to learn about their strengths, interests, and preferred working environments, and complete Skillsline microlessons to develop soft skills and core competencies critical for workforce success. They will also build professionalism skills like choosing professional attire, making strong introductions, researching companies, creating and maintaining a personal online footprint, and following up after <a href="#">company visits</a>.</p>
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Briefly describe the significance of your request to the San Marcos community, including anticipated numbers served.	<p>Our partnership with the ACE and READI programs brings real pre-employment preparation and self-exploration alongside career and industry exploration opportunities so students can make informed career decisions.</p> <p>ACE is a year-long program serving up to 25 students through our San Marcos High School Future Center, and READI is a semester-long program that serves up to two cohorts of 15 students through our Mission Hills High School Future Center. Nearly all READI participants are socioeconomically disadvantaged, first-generation students or students of color. ACE participants are from various socioeconomic and ethnic backgrounds.</p> <p>Participants in both programs will develop a professional network, build pre-employment skills, and gain critical insights that will enable them to choose a career aligned with their strengths and interests. More students will build awareness and interest in high-demand fields—especially among students from groups under-represented in architecture, construction, engineering, and real estate fields—and build the skills, education, and networks needed to thrive in these industries. Students may also learn an equally important lesson that these fields are not for them and go on to pursue a better-aligned career. Either way, these programs will strengthen the local economy by helping build a more qualified, satisfied, and diverse workforce.</p>
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Do you collaborate with other organizations to achieve your mission? If so, briefly describe those partnerships highlighting any that are located in or serve San Marcos residents.

We partner with USD's Burnham-Moores Center for Real Estate and the ACE Mentor Program of San Diego for the ACE and READI career-based mentoring programs.

Has your organization received funding from the San Marcos Community Foundation in the past? If yes, please briefly describe the most recent project which received funding and the outcomes you achieved. If you have not received funding in the past, you can leave this section blank.

We received \$3,000 in April 2022 for our pilot internship program stipends. We learned that students prefer single-day career exploration opportunities, so we now offer Career Expeditions.

Please upload the annual operating budget for your organization.

[Project\\_Next\\_2023\\_24\\_Org\\_Budget.pdf](#)

Please upload a letter, signed by your organization's president or authorized officer on this application, supporting the submission of this grant.

[Project\\_Next\\_to\\_SMCF\\_Cover\\_Letter\\_2023\\_Final.pdf](#)

Funding

Budget Worksheet

[San Marcos Community Foundation - Budget Worksheet.xlsx](#)

Project Budget Total 26925.0

Is this a Challenge or Matching Grant? No

Could this be a Challenge or Matching Grant? Yes

Additional Funding

[SMCF Budget Worksheet 2.xlsx](#)



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Please provide a brief narrative for your budget and funding sources for this project. If you don't receive your full grant request, will you still be able to run the project?

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We do not have funds specifically allocated to the Career-Based Mentoring Programs, but we will continue applying for grants to support them. We can use some of our general program funds if needed.

Provide an itemized list of expenses for this project. Please ensure the totals are calculated correctly.

Item	Cost	Notes (optional)
Program Director's salary expense	\$1,500.00	A portion of the Program Director's time spent on the Career-Based Mentoring Programs (~132 hours/year)
<b>Total budget for this PROJECT:</b>		

	Source Name	Amount	C / CD / P
Additional Funding Source 1	see note below	0	P
Additional Funding Source 2			
Additional Funding Source 3			
Additional Funding Source 4			
Additional Funding Source 5			
Additional Funding Source 6			
Additional Funding Source 7			
Additional Funding Source 8			
Additional Funding Source 9			
Additional Funding Source 10			



## Organization Budget 2023/24

### Income

Corporate Donors	\$221,000
Earned Income	\$52,000
EUHSD Support	\$100,000
Foundation Grants	\$630,000
Government Grants	\$125,000
Individual Donors	\$70,000
In-Kind Donations	\$97,500
<b>Total Income</b>	<b>\$1,295,500</b>

### Expenses

Board and Staff Training	\$3,500
Donated Services and Facilities	\$97,500
Dues and Subscriptions	\$32,700
Employee Benefits	\$128,955
Employee Wages/Payroll Tax	\$765,928
Field Trips/Bus Transportation	\$7,000
Insurance	\$6,250
Internship/Working Scholarships	\$4,500
Marketing	\$12,000
Office and Operating Supplies	\$15,000
Postage	\$600
Professional Fees	\$35,100
Program Support	\$58,000
Printing/Copying	\$8,700
Technology/Web Support	\$4,000
Travel and Meetings	\$1,500
<b>Total Expenses</b>	<b>\$1,181,234</b>