Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

		renue Service			s.gov/Form990 for inst										
Α	For t	he 2022 calen	dar <u>y</u>	year, or tax year beginı	ning 10/01	, 2022,	and endin	i g 9/3	30	,	20 2023				
В	Check	if applicable:	С						D Employ	er identif	ication number				
	A	ddress change	MC:	RD MUSEUM HISTO			33-0290006								
	N	ame change		O. BOX 400085		E Telephone number									
	In	Initial return SAN DIEGO, CA 92140								(619) 524-4426					
		nal return/terminated							(01	<i>3</i>	11120				
									G Gross r	acainte S	779,037.				
	Amended return Application pending F Name and address of principal officer: DAREN ERICKSON								a group retur						
	ША	pplication pending	מים ו	ME AC C ADOTTE	Officer DAREN ER	LCKSON		` '							
_				ME AS C ABOVE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 4047()(1)		H(b) Are all If "No,"	attach a list	See inst	ructions.				
<u> </u>		exempt status:		501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527								
<u>J</u>			11	MCRDMUSEUMFOUND		1-		H(c) Group							
K		n of organization:		Corporation Trust	Association Other	LY	ear of format	ion: 198	8 M s	State of le	gal domicile: CA				
Pa	ırt I	Summar	y												
	1			he organization's missi											
ö		<u>BENEFIT</u>	<u>CO</u> I	RP. CHARTERED I	<u>'O PROMOTE A I</u>	DEEPER UND	<u>ERSTANI</u>	<u> DING_OF</u>	<u> </u>	<u> IISTO</u>	RICAL ROLE				
auc	IN THE U.S. MARINE CORPS.														
E															
Activities & Governance	2	Check this bo			discontinued its ope										
ত জ	3			members of the govern						3	19				
Se	4			endent voting members						4 5	19				
ŧ	5 6			ndividuals employed in olunteers (estimate if r						6					
턍	7a			usiness revenue from F						7a	23				
⋖				siness taxable income f						7a 7b	0.				
	- 5	THE UTILITIES	ı buc	Siness taxable income i	101111 01111 330 1,1 4	101, 11110 11			rior Year	7.5	Current Year				
	8	Contributions	and	d grants (Part VIII, line	1h)				84,5	31	34,950.				
ne	9			revenue (Part VIII, line					24,8		20,886.				
Revenue	10	-		ne (Part VIII, column (A	-				65,6		76,652.				
Be	11			art VIII, column (A), lin					267,1		325,253.				
	12			add lines 8 through 11		442,2	457,741.								
	13			ar amounts paid (Part I)						000.	3,000.				
	14			or for members (Part IX		•			5,0	3,000.					
	15			ompensation, employee					337,3	112	376,869.				
es	10-				•		•		331,3	,13.	370,009.				
Expenses	16a			Iraising fees (Part IX, c											
ă.	b			expenses (Part IX, colu	-		8,451.								
ш	17		•	Part IX, column (A), lin					179,4	95.	171,546.				
	18	Total expens	es. A	Add lines 13-17 (must e	qual Part IX, column	(A), line 25)			519,808.						
	19	Revenue less	exp	enses. Subtract line 18	3 from line 12				-77,5	75.	-93,674.				
₽ 8 8 9								Beginnir	ng of Currer	t Year	End of Year				
Net Assets or Fund Balances	20	Total assets	(Par	t X, line 16)					2,590,0		2,617,894.				
Ass I Ba	21	·							47,4	69.	66,573.				
ξĒ	22	Net assets or	fun	d balances. Subtract lir	ne 21 from line 20			. 2	2,542,5	345	2,551,321.				
	rt II	Signatur							1,012,0	. 10 .	2/001/021:				
					n including accompanying	schedules and staten	ments and to	the hest of m	v knowledae	and helie	f it is true correct and				
com	plete. D	eclaration of prepa	rer (o	that I have examined this retuither than officer) is based on a	Il information of which prep	arer has any knowled	dge.		, <u></u>		.,				
Siç	n	Signature of	office	er				Date							
He	re	DAREN	ER	ICKSON			F	EXECUTI	VE DIE	ECTO	R				
		Type or print							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	LLOIO					
		Print/Type p	repar	er's name	Preparer's signature		Date		Check	if F	PTIN				
D-	: ~!			CARDIN	JULIE A. CARI	TN			self-employ	_	200242390				
Pa				CARDIN AND CO		_TI/I	1		Sch-chipidy	-u [I	. 00242330				
He	epare e Or	.1				10			Firm's EIN	c c	.0002400				
Use Only Firm's		Firm's addre	ess	1015 CHESTNUT		3Z			Firm's EIN		0902480				
N /		 		CARLSBAD, CA		1 1			Phone no.	(760) 434-1040				
May	y the	IKS discuss th	iis re	eturn with the preparer	snown above? See ii	nstructions					X Yes No				

rai	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
1										
	TO SUPPORT THE MARINE CORPS RECRUIT DEPOT COMMAND MUSEUM THROUGH FUNDRAISING									
	ACTIVITIES, DEVELOPMENT OF EDUCATIONAL PROGRAMS, AND COORDINATION OF DOCENT PROGRAMS									
	AND VOLUNTEER EFFORTS.									
2	Did the organization undertake any significant program services during the year which were not listed on the prior									
2										
	Form 990 or 990-EZ?									
_	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 X 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 \$ 463,686. including grants of \$ 3,000.) (Revenue \$ 283,644.)									
	OUR PRIMARY PURPOSE IS TO SUPPORT THE MCRD COMMAND MUSEUM. SUPPORT INCLUDES SUPPLIES,									
	EQUIPMENT, ARTIFACTS, PUBLICATIONS, AND ADMINISTERING THE VOLUNTEER PROGRAM.									
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
	<u> </u>									
4d	Other program services (Describe on Schedule O.)									
-	(Expenses \$ including grants of \$) (Revenue \$)									
10	Total program service expenses 463, 686									

Form 990 (2022) MCRD MUSEUM HISTORICAL SOCIETY 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
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	
С	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		Х
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		Х
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
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	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х

Form 990 (2022) MCRD MUSEUM HISTORICAL SOCIETY 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? If "Yes," complete Schedule I, Parts I and III.	22		Х
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>	23		Х
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? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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 l</i>	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III.	27		Х
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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>	32		Х
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>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? If "Yes," complete Schedule R, Part VI.	37		Χ
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
ВΛΛ	(gambing) winnings to prize winners:	_	Δ 000 (0000

Form 990 (2022) MCRD MUSEUM HISTORICAL SOCIETY

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

			res	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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Χ
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		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Χ
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			X
•	organization have excess business holdings at any time during the year?	8		Λ
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. 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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 10		
. •	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. 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		
		_	200	0000

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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 19 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 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?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15a **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. 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?..... 16a 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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. TRACEY DAVIS P.O. BOX 400085 SAN DIEGO CA 92140 (619) 524-4426

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.

BOB NEAL

SECRETARY

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (F) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) Name and title Reportable compensation from Average Estimated amount hours director/trustee) of other compensation from the organization the organization (W-2/1099-MISC/1099-NEC) Officer ndividual nstitutional lighest compensated (list any employee hours for organizations related organiza tions l trustee helow dotted (1) ANGELA KHUN 40 INTERM EXEC DIR 0 Χ 0 0. 80,000 (2) PAUL MCNAMARA 40 0 DIRECTOR Χ 75,000 0 0. (3) ROBERT ROSS 2 BOARD MEMBER 0 Χ 0 0 0. (4) STEPHEN TOTH 2 **CFO** 0 Χ Χ 0 0 0. (5) ANTHONY DAYKIN 2 BOARD MEMBER 0 Χ 0 0 0. (6) PAUL ATTERBURY 20 PRESIDENT 0 Χ 0 0. Χ 0 7 (7) BARBARA MCCURTIS BOARD MEMBER 0 Χ 0. 0. 0. (8) WILLIAM GALLO 1 0 BOARD MEMBER Χ 0 0 0. (9) ALLAN RAPPOPORT 4 BOARD MEMBER 0 Χ 0 0 0. (10) CORY M. CUNNINGHAM 1 0 BOARD MEMBER Χ 0 0. 0 2 TIA BALLARD BOARD MEMBER 0 Χ 0 0 0. (12) DAREN ERICKSON 20 EXECUTIVE DIR. 0 Χ 0 0. 0 1 (13) TOM CAUGHLAN BOARD MEMBER 0 Χ 0 0 0.

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0

Part VII Section A. Officers, Directors, Tre	ustees, (B)	Key	Em	ıplo	_	es,	and	d Highest Com	pensated Emp	loyees	(contin	nued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle	Pos check ess pe	sition more erson direct	than is bottor/trus Highest compensated employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	compe the o an	(F) ated amo f other nsation t rganizati d related anization	from ion I
(15) ROBERT EVASICK BOARD MEMBER	1	Х						0.	0.			0.
(16) RICK HUENEFELD VICE PRESIDENT	_	Х						0.	0.			0.
(17) JIM GRUNY BOARD MEMBER	1	Х						0.	0.			0.
(18) DR. JOI LIN BLAKE BOARD MEMBER	$-\frac{1}{0}$	Х						0.	0.			0.
(19) PAUL K. LEBIDINE BOARD MEMBER	$-\frac{1}{0}$	X						0.	0.			0.
(20)		Λ						0.	0.			
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal								155,000.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.			0.
d Total (add lines 1b and 1c).								,	0.			0.
2 Total number of individuals (including but not limited from the organization	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	า	
from the organization 0											Yes	No
3 Did the organization list any former officer, direct	ctor, truste	e, ke	еу ег	mple	oyee	e, or	high	nest compensated	employee			
on line 1a? If "Yes, "compléte Schedule J for suc										. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greates such individual.	f reportab er than \$1	le co 50,0	mpe 00?	ensa If "	ition Yes,	and " cor	oth <i>nple</i>	er compensation ete Schedule J for	from	4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ie comper	satio	n fr	om	anv	unre	late	ed organization or	individual			X
Section B. Independent Contractors										l.		
Complete this table for your five highest comper compensation from the organization. Report comper	nsated indensation for	epen the c	dent alen	t coi dar j	ntra year	ctors endi	tha ng v	it received more th with or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business address						(B)			(C) ompensation			
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited t	o tho	ose I	isted	d abo	ve)	who received more	than			