



## **CITY OF RANCHO SANTA MARGARITA 2023-2024 COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICE GRANT APPLICATION**

**APPLICATION DUE DATE - 3:00 PM JANUARY 27, 2023**

Submit 1 original application to:

Mike Linares  
City of Rancho Santa Margarita  
22112 El Paseo Rancho Santa Margarita CA 92688

**Also, submit this Application Form (MS Word format) by the due date/time to:  
mlinares@cityofrsm.org**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Click on the appropriate box to insert text or checkmark; "Tab" from field to field to complete the application. Avoid hard returns within the text box. Narrative text fields are limited in space, so provide concise responses.

### **PLEASE DO NOT MODIFY THE APPLICATION FORM**

Organization Legal Name: The Belltower Foundation Inc., dba RSM Cares

Proposed Program Name: RSM Cares Food Pantry

CDBG Amount Requested: \$8,450.00

.... Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

**SUBMIT THE FOLLOWING MATERIALS AS PDF FILES COPIED TO A USB DATA STORAGE DEVICE**

- .... Proposed Program Application or Intake Sheet
- .... IRS Tax-Exempt Documentation
- .... Current Board of Directors Roster
- .... Most Recent 990 Tax Filing (remove password protection)
- .... Most Recent Financial Statement & Audit (remove password protection)

**Please do not submit testimonials, letters of support, or program literature.**

### **APPLICANT GENERAL INFORMATION**

A. Organization Legal Name: The Bell Tower Foundation Inc., dba RSM Cares

B. Mailing Address: 22232 El Paseo, RSM, California 92688

C. Proposed Program Name: RSM Cares Food Pantry

D. Check the **ONE** category that best describes the proposed program

Youth       Senior       Disabled Adults       Low/Mod General

Homeless       Fair Housing       Housing

E. Is this application submitted by a faith-based organization?  Yes       No

F. Is this request for a New  or Existing  program?

G. Location of where service will be provided (i.e., specify if the program is citywide, a street address, a school site, etc.): City Wide Program. The distribution of food is located at 30605 Avenida De Las Flores, Rancho Santa Margarita, California 926

H. Person to contact regarding this application:

Name: Sherri Lex      Email Address: slex@cox.net

Telephone: 949-680-0490      Fax: \_\_\_\_\_

I. Federal Tax ID Number: 31-1778723      UEI Number: GJ4PP63C1M29

J. Organization officials that will execute the grant agreement (2 required):

Name: Sherri Lex    Title: President

Name: Nikki Chin    Title: Treasurer

## **2. COMMUNITY NEED FOR PROGRAM**

- A. Summarize the nature and need for the proposed program in RSM. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, and other distinguishing characteristics) and data that supports the unmet need for the proposed program in RSM. The RSM Cares Food Pantry is a critical source of food, consisting of meat, dairy, fresh produce, cheese and other dry goods that are distributed to 1500 to 1800 individuals each month. The ages of people being fed range from infants to the elderly. Many are out of work, homeless or had to move in with family or friends due to unforeseen circumstances. During the holidays many families aren't able to provide a holiday meal for their families except for the RSM Cares Food Pantry providing them food.
- B. Discuss if other organizations provide a similar service to RSM residents and how the proposed program differs or augments these similar services. Explain why this program is cost-effective compared to similar services provided by another agency. San Francisco Solano Church offers a food pantry in the City also. Their program is similar to ours and is open on Saturdays. There are times when they have a need for extra food that we supply them when we have any extra to them.

C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program between **7/1/2023 and 6/30/2024**:

1. How many unduplicated individuals will benefit from the proposed activity **regardless of City of residence?** 1800 Individuals
2. How many unduplicated RSM residents will the proposed activity assist? 622 Individuals
3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? 415 Individuals

D. Provide a Performance Plan (Goals and Objectives) via a "breakdown" of the number of RSM residents to be served and the type of service(s) to be provided. Each resident serviced should be counted one time for the year and toward a single service category. See the sample below.

SAMPLE PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
20	<i>Phone Referrals</i>
50	<i>Education / Outreach (community presentations, distribution of flyers, pamphlets, etc.)</i>
10	<i>Counseling Services</i>
5	<i>Direct Assistance (rental, transitional housing, legal services, emergency shelter, etc.)</i>
<b>85</b>	<b>TOTAL</b>

PROPOSED PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
622	Provide basic food & nutrition
<b>622</b>	<b>TOTAL</b>

E. From the list below, select one HUD-required "Objective" and one HUD-required "Outcome" that the proposed activity will address.

#### HUD Objectives

- Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

#### HUD Outcomes

- Availability/Accessibility: Services, infrastructure, housing, or shelter will be available/accessible to Low- & Moderate-Income people, including the disabled.
- Affordability: The activity will provide affordability for Low- & Moderate-Income people, including the creation/maintenance of affordable housing, basic infrastructure, or services.
- Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community by making it livable or viable by providing benefits to Low/Moderate-Income people.

F. Regarding the "Outcome" selected above, describe how the success and effectiveness of proposed services will be measured. Include a definition of success/effectiveness, tools to measure program success/effectiveness, and the percentage of individuals to be served that will meet the success/effectiveness threshold. Discuss steps to implement performance measurements if outcome measurements are not in place. We feed approximately 1500-1800 people every month. They are created and made to feel welcome to our program. We gather specific information to comply with the reporting criteria of the program. This informaion includes demographics, race, household income, and any disabilities. We also monitor how many new individuals are being served.

### **3. ORGANIZATIONAL CAPACITY AND EXPERIENCE**

A. Summarize your organization's experience in carrying out the proposed program. Include information regarding the length of time providing service, professional qualification of staff (include license, academic credentials, etc.), and other relevant information. We have been operating RSM Cares Food Pantry for the past 9 years. We successfully run 2 food pantries per month without incident or issue. The all voluntary staff is well trained and efficient in organizing the entire process from managing traffic flow to distributing the food.

B. Has your agency previously received CDBG funding from the City of RSM? Yes  No

C. Summarize your organization's experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
City of RSM CDBG	2022	\$8,450	Still in progress
City fo RSM CDBG CV3	2022	\$12,500	Still in progress
City of RSM CDBG CV3	2021	\$10,000	Yes

D. Are you requesting funding for this program from any other City or County?  
Yes  No  If "Yes," from whom and how much?

City/County	Funding Source	Amount Requested
		\$
		\$
		\$

E. Will volunteers, donated goods/services, and/or fundraising activities be used to supplement the proposed program? Yes  No  Summarize these efforts. \_\_\_\_\_

F. Compliance with OMB Circular A-133 (Single Audit):

1. In any one of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes  No
2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes  No  If "Yes," provide a copy of the most recent Single Audit. If "No," explain why a Single Audit was not prepared. \_\_\_\_\_

#### **4. PROGRAM INFORMATION AND BUDGET**

A. Complete the following budget summary for the proposed program.

1. 2023-2024 CDBG Grant Funds Requested:	<u>\$8,450</u>
2. Total 2023-2024 Program Budget:	<u>\$44,500</u>
3. Total 2023-2024 Budget for <u>all programs offered by your agency</u> :	<u>\$73,357</u>

B. Outline how requested CDBG funds will be utilized (e.g., staff salaries, benefits, program supplies, insurance, direct client assistance, etc.). Include information on how requested funds will directly benefit RSM residents. (Ensure that **Attachment A, "Proposed Program-Budget,"** reflects this outline.) 100% of all the CDBG funds will be used to purchase food items such as eggs, milk, meat, cheese, poultry, rice, pasta beans, canned goods and dry goods. The board will review the financials and discuss any issues that they may want clarification on. After any discussion about the financials, the board will approve them and they will be recorded in the minutes. Minutes and financials will be available upon request. All data submitted to the City will be kept on file for review if needed.

C. Provide the following information regarding full-time, part-time, contract, and volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for personnel costs, **Attachment B, "CDBG Funded Personnel,"** must be completed.)

Full-Time staff: 0  
Contract staff: 0

Part-Time staff: 0  
Program volunteers: 35

## **5. CLIENT INTAKE INFORMATION**

A. HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes  No

If "Yes," how is the information documented?

1. Self-Certification:
2. Analysis of household income documents such as tax returns/paychecks:

If "No," how will this information be collected and/or reported to the City? \_\_\_\_\_

*Note: Income documentation is not required but requested for "presumed beneficiary" category clients. Per HUD regulations, presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farmworkers. Documentation of "presumed beneficiary" status is required.*

B. Will the proposed program exclusively serve presumed beneficiaries?

Yes, the proposed activity  No

If "Yes," list the category \_\_\_\_\_

## **6. CERTIFICATION**

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Rancho Santa Margarita ("City") by the Board of Directors of **The Bell Tower Foundation, dba RSM Cares** ("Applicant"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Rancho Santa Margarita residents. Applicant understands that general liability, auto liability insurance, and workers' compensation insurance are required and will be provided per a grant agreement to be executed between the City and the Applicant. Applicant understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered according to this agreement and consistent with applicable federal regulations. If the Applicant fails to serve eligible Rancho Santa Margarita residents during the term of the contract or fails to substantially attain projected accomplishments (defined as at least 75% of the projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. The Applicant also certifies that it complies with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide the program.

Name: Sherri Lex

Title: President

ORIGINAL SIGNATURE/DATE ON FILE

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Signature

Date

**ATTACHMENT A**  
**PROPOSED 2023-2024 PROGRAM BUDGET**

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$0.00	\$0.00	\$0.00
Program Staff Salaries & Benefits	\$0.00	\$0.00	\$0.00
Program Supplies	\$0.00	\$0.00	\$0.00
Rent/Lease	\$0.00	\$0.00	\$0.00
Communications	\$0.00	\$0.00	\$0.00
Utilities	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$500.00	\$500.00
Professional Services (Specify) Website maintenanc	\$0.00	\$0.00	\$0.00
Other (Specify) Purchase of Food	\$8,450.00	\$35,550.00	\$44,000.00
Other (Specify)	\$0.00	\$0.00	\$0.00
Other (Specify)	\$0.00	\$0.00	\$0.00
Other (Specify)	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$8,450.00</b>	<b>\$36,050.00</b>	<b>\$44500</b>

**List Source of "Other" Program Funds**

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
0	\$0.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
0	\$0.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
0	\$0.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
0	\$0.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
0	\$0.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$0.00</b>	

**ATTACHMENT B**  
**PROPOSED CDBG FUNDED PERSONNEL**  
*(Only list staff for which CDBG funding is requested)*

Not Applicable – no CDBG funding is requested for staff.

**AGENCY ADMINISTRATION STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM CONTRACT STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

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

DEC 19 2005

DEPARTMENT OF THE TREASURY

Date: DEC 08 2005

THE BELL TOWER FOUNDATION INC.  
22232 PASEO  
RANCHO SANTA MARGARI, CA 92688

Employer Identification Number:  
31-1778723  
DLN:  
17053309705005  
Contact Person:  
JOHN JENNEWEIN ID# 31307  
Contact Telephone Number:  
(877) 829-5500  
Public Charity Status:  
170(b) (1) (A) (vi)

Dear Applicant:

Our letter dated NOVEMBER 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

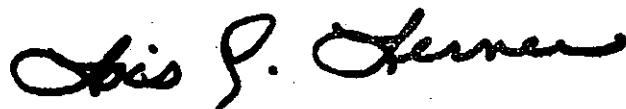
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of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

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

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

# BOARD OF DIRECTORS

## PRESIDENT

Sherri  
Lex

## VICE PRESIDENT

Elena  
Goñi

## SECRETARY

Patsy  
Morris

## TREASURER

Nikki  
Chin

## BOARD MEMBER

Josiah  
Canto

## BOARD MEMBER

Courtney  
Carranza

## BOARD MEMBER

John  
Christopoullops

## BOARD MEMBER

Gary  
Hallgren

**BOARD MEMBER**

Treg  
Julander

**BOARD MEMBER**

Julie  
McGirr

**BOARD MEMBER**

Jim  
McLoughlin

**BOARD MEMBER**

Chris  
O'Connor

**BOARD MEMBER**

Kelly  
Rosenberg

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

**2020**  
Open to Public  
Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<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  <b>THE BELL TOWER FOUNDATION, INC.</b>  <b>Doing business as</b>  Number and street (or P.O. box if mail is not delivered to street address) <b>P. O. BOX 80220</b> Room/suite		<b>D</b> Employer identification number  <b>31-1778723</b>  <b>E</b> Telephone number  <b>949-298-7404</b>  <b>G</b> Gross receipts \$ <b>387,054.</b>	
			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ►	
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
	<b>J</b> Website: ► <a href="https://WWW.BELLTOWERFOUNDATION.ORG/">HTTPS : //WWW.BELLTOWERFOUNDATION.ORG/</a>			
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation: <b>2005</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I** Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>WE SEEK TO ENRICH THE QUALITY OF LIFE FOR RESIDENTS OF RANCHO SANTA MARGARITA BY INSPIRING LOCAL</b>		
	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 <span style="margin-left: 20px;">13</span>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <span style="margin-left: 20px;">13</span>	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 <span style="margin-left: 20px;">0</span>	
	6 Total number of volunteers (estimate if necessary) .....	6 <span style="margin-left: 20px;">250</span>	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a <span style="margin-left: 20px;">0.</span>	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b <span style="margin-left: 20px;">0.</span>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) .....	Prior Year <b>34,451.</b> Current Year <b>384,296.</b>	
	9 Program service revenue (Part VIII, line 2g) .....	8,841. <span style="margin-left: 20px;">2,516.</span>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	359. <span style="margin-left: 20px;">242.</span>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0. <span style="margin-left: 20px;">0.</span>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	43,651. <span style="margin-left: 20px;">387,054.</span>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0. <span style="margin-left: 20px;">308,000.</span>	
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0. <span style="margin-left: 20px;">0.</span>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	6,000. <span style="margin-left: 20px;">0.</span>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	0. <span style="margin-left: 20px;">0.</span>	
	b Total fundraising expenses (Part IX, column (D), line 25) ► <span style="margin-left: 20px;">0.</span>	0. <span style="margin-left: 20px;">0.</span>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	22,589. <span style="margin-left: 20px;">26,084.</span>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	28,589. <span style="margin-left: 20px;">334,084.</span>		
19 Revenue less expenses. Subtract line 18 from line 12 .....	15,062. <span style="margin-left: 20px;">52,970.</span>		
<b>Expenses</b>	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16) .....	99,818. <span style="margin-left: 20px;">144,302.</span>	
	21 Total liabilities (Part X, line 26) .....	0. <span style="margin-left: 20px;">0.</span>	
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	99,818. <span style="margin-left: 20px;">144,302.</span>	

**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 <b>SHERRI LEX, PRESIDENT</b> Type or print name and title		Date
<b>Paid</b> <b>Preparer</b> <b>Use Only</b>	Print/Type preparer's name <b>TRITIA FOSTER</b>	Preparer's signature	Date Check <input type="checkbox"/> if self-employed
	Firm's name ► <b>DAVIS FARR LLP</b>		PTIN <b>P02164134</b>
	Firm's address ► <b>18201 VON KARMAN AVE, SUITE 1100 IRVINE, CA 92612</b>		Firm's EIN ► <b>47-3535842</b>
			Phone no. <b>949-474-2020</b>

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

 Yes  No
 

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**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:

**WE SEEK TO ENRICH THE QUALITY OF LIFE FOR RESIDENTS OF RANCHO SANTA MARGARITA BY INSPIRING LOCAL PHILANTHROPY, ENGAGING STAKEHOLDERS IN COMMUNITY SERVICE AND EMBRACING THE LOCAL NONPROFIT NETWORK THROUGH COLLABORATIVE PARTNERSHIPS.**

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ **331,476.** including grants of \$ **308,000.**) (Revenue \$ **2,516.**)  
**WE SEEK TO ENRICH THE QUALITY OF LIFE FOR RESIDENTS OF RANCHO SANTA MARGARITA BY INSPIRING LOCAL PHILANTHROPY, ENGAGING STAKEHOLDERS IN COMMUNITY SERVICE AND EMBRACING THE LOCAL NONPROFIT NETWORK THROUGH COLLABORATIVE PARTNERSHIPS.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 ► **331,476.**

Form 990 (2020)

## 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	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? <i>If "Yes," complete Schedule C, Part II</i> .....	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? <i>If "Yes," complete Schedule C, Part III</i> .....	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? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	X	
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> .....	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? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	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? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....	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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	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? <i>If "Yes," complete Schedule G, Part I</i> .....	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? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

**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	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? If "Yes," complete Schedule J .....	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
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? .....	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
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? If "Yes," complete Schedule L, Part I .....	25a	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? If "Yes," complete Schedule L, Part I .....	25b	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? If "Yes," complete Schedule L, Part II .....	26	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? If "Yes," complete Schedule L, Part III .....	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
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? If "Yes," complete Schedule M .....	30	X
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? If "Yes," complete Schedule N, Part II .....	32	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? If "Yes," complete Schedule R, Part I .....	33	X
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	X
35a	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**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 .....	1a	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

## 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	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
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).	4b	
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>	7a	X
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?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<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?	9a	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9b	
a Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10 Section 501(c)(7) organizations.</b> Enter:	11a	
a Initiation fees and capital contributions included on Part VIII, line 12	11b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
<b>11 Section 501(c)(12) organizations.</b> Enter:	12b	
a Gross income from members or shareholders	13a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13c	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	15	X
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	16	X
c Enter the amount of reserves on hand		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<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? If "Yes," see 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? If "Yes," complete Form 4720, Schedule O.		

**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	13	Yes	No
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.				
1b	Enter the number of voting members included on line 1a, above, who are independent	.....	.....		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	.....	.....	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	.....	.....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	.....	.....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	.....	.....	5	X
6	Did the organization have members or stockholders?	.....	.....	6	X
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	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?	.....	.....	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	.....	.....	8a	X
a	The governing body?	.....	.....	8b	X
b	Each committee with authority to act on behalf of the governing body?	.....	.....	9	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	.....	.....		

### 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 X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	.....	10b
11a	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.....	12a X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	.....	12b
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	.....	12c
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	.....	13 X
13	Did the organization have a written whistleblower policy?	.....	14 X
14	Did the organization have a written document retention and destruction policy?	.....	
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	.....	15a X
b	Other officers or key employees of the organization	.....	15b X
	If "Yes" to line 15a or 15b, describe the process in 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 organization's exempt status with respect to such arrangements?	.....	16b

### 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 

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P.O. BOX 80220, RANCHO SANTA MARGARITA, CA 92688

## **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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

more than \$10,000 of reportable compensation from the organization. See 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.

**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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b	Subtotal								0.	0.	0.
c	Total from continuation sheets to Part VII, Section A								0.	0.	0.
d	Total (add lines 1b and 1c)								0.	0.	0.

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

	Yes	No
3		X
4		X
5		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.

## 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	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f 384,296. 1g \$ 307,000. ► 384,296.			
Program Service Revenue	2 a BREAKFAST WITH SANTA b c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 900099	2,516.	2,516.	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory	(i) Real 6a 6b 6c (ii) Personal 7a 7b 7c 8a 8b 9a 9b 10a 10b	242.		242.
Miscellaneous Revenue	11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	Business Code	387,054.	2,516.	0. 242.

**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	308,000.	308,000.		
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (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 Sch O.)	7,550.	6,795.	755.	
12 Advertising and promotion	2,111.	1,900.	211.	
13 Office expenses	1,064.	958.	106.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	593.	534.	59.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,110.	999.	111.	
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 PROGRAM EXPENSES	10,850.	9,765.	1,085.	
b COMMUNITY PROGRAM EXPEN	2,781.	2,503.	278.	
c COMPLIANCE	25.	22.	3.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	334,084.	331,476.	2,608.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance 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
Assets	1 Cash - non-interest-bearing	99,818.	1 144,302.
	2 Savings and temporary cash investments		2
	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
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	99,818.	16 144,302.	
Liabilities	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
	<b>26 Total liabilities.</b> Add lines 17 through 25	0.	26 0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input type="checkbox"/>		
	and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions		27
	28 Net assets with donor restrictions		28
	Organizations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>		
	and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	0.	29 0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30 0.
	31 Retained earnings, endowment, accumulated income, or other funds	99,818.	31 144,302.
	32 Total net assets or fund balances	99,818.	32 144,302.
33 Total liabilities and net assets/fund balances	99,818.	33 144,302.	

Form 990 (2020)

**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	387,054.
2 Total expenses (must equal Part IX, column (A), line 25)	2	334,084.
3 Revenue less expenses. Subtract line 2 from line 1	3	52,970.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,818.
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	-8,486.
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	144,302.

**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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	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		
2b 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		
2c 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 Single Audit Act and OMB Circular A-133?	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	

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE BELL TOWER FOUNDATION, INC.

Employer identification number

31-1778723

**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 or 990-EZ).)
- 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 in 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? Yes	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	36,083.	28,982.	22,313.	54,949.	384,296.	526,623.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	36,083.	28,982.	22,313.	54,949.	384,296.	526,623.
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) .....						7,437.
<b>6 Public support.</b> Subtract line 5 from line 4.						519,186.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	36,083.	28,982.	22,313.	54,949.	384,296.	526,623.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	280.	332.	325.	359.	242.	1,538.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						528,161.
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					12	33,370.

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	98.30	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15		%
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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"/>
<b>17a 10% -facts-and-circumstances test - 2020.</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 - 2019.</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"/>
<b>18 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"/>

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<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.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<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 in 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.)						
<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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a 33 1/3% support tests - 2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support tests - 2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		► <input type="checkbox"/>

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
  - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
  - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
  - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete **Part I** of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
  - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
  - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described in line 11a above?
- A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - The organization satisfied the Activities Test. Complete line 2 below.
  - The organization is the parent of each of its supported organizations. Complete line 3 below.
  - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- Activities Test. Answer lines 2a and 2b below.
  - Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  - Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
  - Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
  - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e <b>Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f <b>Total of lines 3a through 3e</b>			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see Instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

## Part VI

## Supplemental Information

**Supplemental Information:** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule A

## **Identification of Excess Contributions Included on Part II, Line 5**

2020

\*\* Do Not File \*\*  
\*\*\* Not Open to Public Inspection \*\*\*

Total Excess Contributions to Schedule A, Part II, Line 5

023171 04-01-20

7,437.

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

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

► Attach to Form 990.

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

Name of the organization \_\_\_\_\_

Part I General Information on Grants and Assistance

Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

11

1 (a) Name and address of officer or government recipient that receives

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

THE BELL TOWER FOUNDATION, INC.

grants money or assistance to domestic individuals. Part III can be duplicated if additional space is needed. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD ASSISTANCE	3780	0.	307,000.	FMV	FOOD PANTRY AND MEALS.

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (h); and any other additional information.

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE BELL TOWER FOUNDATION, INC.

Employer identification number

31-1778723

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	24	307,000	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ..... 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ..... b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2020

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## **Supplemental Information to Form 990 or 990-EZ**

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

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

Name of the organization

THE BELL TOWER FOUNDATION, INC.

Employer identification number  
31-1778723

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILANTHROPY, ENGAGING STAKEHOLDERS IN COMMUNITY SERVICE AND EMBRACING  
THE LOCAL NONPROFIT NETWORK THROUGH COLLABORATIVE PARTNERSHIPS.

FORM 990, PART VI, SECTION B, LINE 11B:

BEFORE FILING, THE 990 IS REVIEWED BY THE EXECUTIVE BOARD (PRESIDENT, VICE  
PRESIDENT, TREASURER, AND SECRETARY) ALONG WITH THE BOARD MEMBER THAT  
REVIEWS LEGAL DOCUMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL INFORMATION AVAILABLE UPON REQUEST.

TAXABLE YEAR  
**2020****California Exempt Organization  
Annual Information Return**

028941 12-22-20

FORM

**199**Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) **07/01/2020**, and ending (mm/dd/yyyy) **06/30/2021**

Corporation/Organization name

California corporation number

**THE BELL TOWER FOUNDATION, INC.****2334003**

Additional information. See instructions.

FEIN

**31-1778723**

Street address (suite or room)

PMB no.

**P.O. BOX 80220**

City

State

**CA****92688**

ZIP code

**RANCHO SANTA MARGARITA**

Foreign country name

Foreign province/state/county

Foreign postal code

A First return	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
B Amended return	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
C IRC Section 4947(a)(1) trust	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	K Is the organization exempt under R&TC Section 23701g? <input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
D Final information return?	<input checked="" type="checkbox"/>	Dissolved	<input type="checkbox"/>	Surrendered (Withdrawn)	<input type="checkbox"/>	Merged/Reorganized	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	<input type="checkbox"/>	Enter date: (mm/dd/yyyy)	<input checked="" type="checkbox"/>		I	Did the organization have any changes to its guidelines not reported to the FTB? See instructions	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	<input type="checkbox"/>		<input type="checkbox"/>		J	If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
G Is this a group filing? See instructions	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	K	Is the organization exempt under R&TC Section 23701g? <input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
H Is this organization in a group exemption	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	L	Is the organization a limited liability company?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If "Yes," what is the parent's name?										

If "Yes," what is the parent's name?

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	<input type="checkbox"/>	1	2,758	00
	2 Gross dues and assessments from members and affiliates	<input type="checkbox"/>	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	<input type="checkbox"/>	3	384,296	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	<input type="checkbox"/>	4	387,054	00
<b>Expenses</b>	5 Cost of goods sold	<input checked="" type="checkbox"/>	5	00	
	6 Cost or other basis, and sales expenses of assets sold	<input type="checkbox"/>	6	00	
	7 Total costs. Add line 5 and line 6	<input type="checkbox"/>	7		00
	8 Total gross income. Subtract line 7 from line 4	<input type="checkbox"/>	8	387,054	00
<b>Filing Fee</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	<input type="checkbox"/>	9	334,084	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<input type="checkbox"/>	10	52,970	00
	11 Total payments	<input type="checkbox"/>	11		00
	12 Use tax. See General Information K	<input type="checkbox"/>	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<input type="checkbox"/>	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<input type="checkbox"/>	14		00
	15 Penalties and Interest. See General Information J	<input type="checkbox"/>	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<input checked="" type="checkbox"/>	16		00

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer ►	Title <b>PRESIDENT</b>	Date	<input checked="" type="checkbox"/> Telephone
	Preparer's signature ►			<input checked="" type="checkbox"/> PTIN <b>P02164134</b>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address ► <b>DAVIS FARR LLP</b> <b>18201 VON KARMAN AVE, SUITE 1100</b> <b>IRVINE, CA 92612</b>			<input checked="" type="checkbox"/> Firm's FEIN <b>47-3535842</b>
				<input checked="" type="checkbox"/> Telephone <b>949-474-2020</b>
	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## THE BELL TOWER FOUNDATION, INC.

31-1778723

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

## SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	• 1	00
	2 Interest	• 2	00
	3 Dividends	• 3	00
	4 Gross rents	• 4	00
	5 Gross royalties	• 5	00
	6 Gross amount received from sale of assets (See Instructions)	• 6	00
	7 Other income	• 7	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	00
	9 Contributions, gifts, grants, and similar amounts paid	• 9	00
	10 Disbursements to or for members	• 10	00
	11 Compensation of officers, directors, and trustees	• 11	00
	12 Other salaries and wages	• 12	00
	13 Interest	• 13	00
	14 Taxes	• 14	00
	15 Rents	• 15	00
	16 Depreciation and depletion (See instructions)	• 16	00
	17 Other expenses and disbursements	• 17	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	00

**Schedule L** Balance Sheet

		Beginning of taxable year			
Assets		(a)	(b)	(c)	(d)
1 Cash				•	
2 Net accounts receivable				•	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments				•	
10 a Depreciable assets					
b Less accumulated depreciation	( )		( )		
11 Land				•	
12 Other assets				•	
13 Total assets					
Liabilities and net worth					
14 Accounts payable				•	
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities				•	
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund				•	
22 Total liabilities and net worth					

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	7 Income recorded on books this year not included in this return	
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	
6 Total. Add line 1 through line 5			

## THE BELL TOWER FOUNDATION, INC.

31-1778723

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
RANCHO SANTA MARGARITA	22112 EL PASEO RANCHO SANTA MARGARITA, CA 92688		6,234.
UPS	P.O. BOX 80220 RANCHO SANTA MARGARITA, CA 92688		5,000.
MICHAEL CHEEVER	25671 LE PARK #44 LAKE FOREST, CA 92630		6,825.
COX CHARITIES	29947 AVENIDA DE LAS BANDERAS RANCHO SANTA MARGARITA, CA 92688		5,000.
TOTAL INCLUDED ON LINE 3			23,059.

CA 199

## AMENDED RETURN INFORMATION

STATEMENT 2

DESCRIPTION	AMOUNT
ORIGINAL BALANCE DUE	0
AMENDED BALANCE DUE	0
NO PAYMENT REQUIRED	0

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

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

**THE BELL TOWER FOUNDATION, INC.**

Name of Organization

List all DBAs and names the organization uses or has used

**P.O. BOX 80220**

Address (Number and Street)

**RANCHO SANTA MARGARITA, CA 92688**

City or Town, State, and ZIP Code

**949-298-7404**

Telephone Number

E-mail Address

Check if:

Change of address  
 Amended report

State Charity Registration Number **CT118110**

Corporation or Organization No. **2334003**

Federal Employer ID No. **31-1778723**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Gross Annual Revenue \$ 387,054 Noncash Contributions \$ 307,000 Total Assets \$ 144,302  
Program Expenses \$ 331,476 Total Expenses \$ 334,084

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

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

	<b>Yes</b>	<b>No</b>
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	X	
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	X	
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?	X	
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

**SHERRI LEX**

**PRESIDENT**

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1 EXPLANATION OF ANY THEFT, EMBEZZLEMENT, ETC. STATEMENT 3  
OF CHARITABLE PROPERTY OR FUNDS - PART B, LINE 2

RSM CARES DID NOT FILE A POLICE REPORT OR INSURANCE CLAIM AFTER A BREAK IN TO THE RSM CARES FOOD PANTRY SHED AND SHIPPING CONTAINER. ITEMS STOLEN OUT OF THE SHED AND SHIPPING CONTAINER WERE HAND CARTS, POP UP TENTS, SIGNS AND NON-PERISHABLE FOOD. RSM CARES REPLACED THE ITEMS FROM THE FOOD PANTRY DESIGNATED FUNDS. AFTER ITEMS WERE STOLEN, THE CRATE AND SHIPPING CONTAINER WERE FORTIFIED WITH MULTIPLE LOCKS, SIGNS THAT CAMERAS ARE PRESENT AND CAMERAS ON THE CORNERS OF THE SHIPPING CONTAINER.

THE BELL TOWER FOUNDATION, INC.

31-1778723

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 4

RANCHO SANTA MARGARITA — CDBG  
22112 EL PASEO, RANCHO SANTA MARGARITA, CA 92688  
CONTACT: MIKE LINARES, 949-635-1800

13131014 149072 78723Q

6  
2020.04030 THE BELL TOWER FOUNDATION 78723Q\_1  
STATEMENT(S) 4

## The Bell Tower Foundation

## Balance Sheet

As of December 31, 2022

	Dec 31, 22
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
<b>Operations Checking -8203</b>	209,628.78
<b>Total Checking/Savings</b>	209,628.78
<b>Total Current Assets</b>	209,628.78
<b>TOTAL ASSETS</b>	<b>209,628.78</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
<b>Designated Funds</b>	
<b>Boys &amp; Girls Club / STEM</b>	9,085.64
<b>Breakfast with Santa-Restricted</b>	9,382.93
<b>Brick Legacy</b>	3,000.00
<b>Food Bank / CDBG Grant</b>	161,876.92
<b>Kohl's Grant-Restricted</b>	1,400.00
<b>Marine 2/5 - Restricted</b>	163.83
<b>RSM Arts</b>	3,374.28
<b>Zero Trash- Restricted</b>	603.55
<b>Total Designated Funds</b>	188,887.15
<b>Total Other Current Liabilities</b>	188,887.15
<b>Total Current Liabilities</b>	188,887.15
<b>Total Liabilities</b>	<b>188,887.15</b>
<b>Equity</b>	
<b>Retained Earnings</b>	27,604.64
<b>Net Income</b>	-6,863.01
<b>Total Equity</b>	<b>20,741.63</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>209,628.78</b>

## The Bell Tower Foundation

## Profit &amp; Loss

July through December 2022

	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	TOTAL
<b>Ordinary Income/Expense</b>							
<b>Income</b>							
<b>DESIGNATED INCOME</b>							
Boys & Girls Club Income	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Breakfast w/ Santa Income	0.00	0.00	0.00	2,116.00	2,690.00	385.00	5,191.00
Food Pantry Income	4,439.20	5,754.88	1,528.44	3,505.37	2,395.41	8,163.97	25,787.27
<b>Total DESIGNATED INCOME</b>	4,439.20	5,754.88	1,528.44	5,621.37	5,085.41	13,548.97	35,978.27
<b>OPERATING INCOME</b>							
Interest Income	10.22	10.27	9.88	10.22	9.81	10.28	60.68
Misc. Donations	225.00	2,439.60	200.00	0.00	2,096.20	4,574.02	9,534.82
<b>Total OPERATING INCOME</b>	235.22	2,449.87	209.88	10.22	2,106.01	4,584.30	9,595.50
<b>Total Income</b>	4,674.42	8,204.75	1,738.32	5,631.59	7,191.42	18,133.27	45,573.77
<b>Expense</b>							
<b>DESIGNATED EXPENSE</b>							
Boys & Girls Club Expense	0.00	0.00	0.00	525.22	0.00	389.14	914.36
Breakfast w/ Santa Expense	0.00	0.00	0.00	0.00	0.00	2,701.79	2,701.79
Food Pantry Expense	2,138.25	3,234.11	1,183.42	205.39	5,863.14	1,971.18	14,595.49
Marine 2/5 Expense	0.00	0.00	0.00	707.70	0.00	0.00	707.70
RSM Art Expense	0.00	0.00	0.00	0.00	300.00	0.00	300.00
Zero Trash Expense	292.94	0.00	0.00	0.00	0.00	0.00	292.94
<b>Total DESIGNATED EXPENSE</b>	2,431.19	3,234.11	1,183.42	1,438.31	6,163.14	5,062.11	19,512.28
<b>OPERATING EXPENSE</b>							
<b>Admin Expense</b>							
Board Expenses	36.31	0.00	161.34	157.85	0.00	0.00	355.50
Dues & Subscriptions	14.99	0.00	1,114.99	14.99	14.99	217.67	1,377.63
Office Supplies	201.58	253.07	0.00	52.69	19.16	0.00	526.50
Other Expense	35.00	0.00	-29.94	0.00	312.00	0.00	317.06
Volunteers / Supporters	315.50	0.00	0.00	121.16	0.00	0.00	436.66
<b>Total Admin Expense</b>	603.38	253.07	1,246.39	346.69	346.15	217.67	3,013.35
<b>Community Program Expense</b>							
Halloween Expense	0.00	0.00	0.00	0.00	0.00	165.36	165.36
Veterans Recognition Expense	0.00	0.00	0.00	0.00	0.00	499.95	499.95
Community Program Expense - Other	390.54	0.00	219.85	846.43	472.83	608.79	2,538.44
<b>Total Community Program Expense</b>	390.54	0.00	219.85	846.43	472.83	1,274.10	3,203.75
<b>Contract Labor/Prof Admin.</b>	574.60	500.00	710.54	289.46	500.00	500.00	3,074.60
<b>Insurance</b>	0.00	0.00	0.00	0.00	280.00	275.00	555.00
<b>Interest Expense</b>	7.87	0.00	0.00	0.00	12.64	-0.01	20.50
<b>Marketing Expenses</b>							
Marketing Labor	750.00	915.00	750.00	750.00	750.00	750.00	4,665.00
Marketing Expenses - Other	107.31	0.00	0.00	0.00	0.00	0.00	107.31
<b>Total Marketing Expenses</b>	857.31	915.00	750.00	750.00	750.00	750.00	4,772.31
<b>Professional Fees</b>							
Storage Expense	0.00	300.00	0.00	100.00	100.00	200.00	700.00
<b>Total OPERATING EXPENSE</b>	2,634.70	1,968.07	3,163.78	2,559.58	2,688.62	3,443.76	16,458.51
<b>Total Expense</b>	5,065.89	5,202.18	4,347.20	3,997.89	8,851.76	8,505.87	35,970.79
<b>Net Ordinary Income</b>	-391.47	3,002.57	-2,608.88	1,633.70	-1,660.34	9,627.40	9,602.98
<b>Other Income/Expense</b>							
<b>Other Income</b>							
Net Designated Funds	-2,008.01	-2,520.77	-345.02	-4,183.06	1,077.73	-8,486.86	-16,465.99
<b>Total Other Income</b>	-2,008.01	-2,520.77	-345.02	-4,183.06	1,077.73	-8,486.86	-16,465.99
<b>Net Other Income</b>	-2,008.01	-2,520.77	-345.02	-4,183.06	1,077.73	-8,486.86	-16,465.99
<b>Net Income</b>	<b>-2,399.48</b>	<b>481.80</b>	<b>-2,953.90</b>	<b>-2,549.36</b>	<b>-582.61</b>	<b>1,140.54</b>	<b>-6,863.01</b>