



## **CITY OF RANCHO SANTA MARGARITA 2024-2025 COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICE GRANT APPLICATION**

**APPLICATION DUE DATE - 3:00 PM JANUARY 26, 2024**

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.

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

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

Proposed Program Name: RSM Cares Food Pantry

CDBG Amount Requested: \$15,000.00

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

**SUBMIT THE FOLLOWING MATERIALS AS PDF FILES ON A USB DATA STORAGE DEVICE (NO CD-ROMs)**

- .... 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)

**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, Census Tract/Block Group, etc.): City Wide program with distribution of food located at 30605 Avenida De Las Flores, Rancho Santa Margarita, California 92688

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: Elena Goni      Title: Vice President

## **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 1600 to 1900 individuals each month. The ages of people being fed range from infants to the elderly and consist of people of all races.
- 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 too, but on a much smaller scale. Their program is similar to ours and is open on Saturdays. There is reciprocity between the two pantries of perishable items to fill a need in the community to avoid waste.

C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program between **7/1/2024 and 6/30/2025**:

1. How many unduplicated individuals will benefit from the proposed activity **regardless of City of residence?** 4700 Individuals
2. How many unduplicated RSM residents will the proposed activity assist? 1650 Individuals
3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? 1485 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
1,650	Provide basic food and nutrition
<b>1,650</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 people with disabilities.
- 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 1600-1900 people every month. They are treated and made to feel welcome to our program. We gather specific information to comply with the reporting criteria of the program. This information 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 10 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	2023	\$10,900	Still in Progress
City of RSM CDBG	2022	\$8,450	YES
City of RSM CDBG -CV3	2022	\$12,500	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. We have a 100% volunteer organization that works the entire event each month. We also have several food drives and fund raisers to supplement the needs of the pantry

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. 2024-2025 CDBG Grant Funds Requested:	<u>\$15,000</u>
2. Total 2024-2025 Program Budget:	<u>\$24,500</u>
3. Total 2024-2025 Budget for <u>all programs offered by your agency</u> :	<u>\$39,500</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 Inc., 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 ON FILE

1/22/24

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Signature

Date

**ATTACHMENT A**  
**PROPOSED 2024-2025 PROGRAM BUDGET**

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$0.00	\$12,000.00	\$12,000.00
Program Staff Salaries & Benefits	\$0.00	\$0.00	\$0.00
Program Supplies	\$0.00	\$3,500.00	\$3,500.00
Rent/Lease	\$0.00	\$3,000.00	\$3,000.00
Communications	\$0.00	\$0.00	\$0.00
Utilities	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00
Professional Services (Specify)	\$0.00	\$0.00	\$0.00
Other (Specify) Purchase of Food	\$15000.00	\$0.00	\$15,000.00
Other (Specify) Transportation of Food	\$0.00	\$0.00	\$0.00
Other (Specify) Various Orgnaizations Funded	\$0.00	\$6,000.00	\$6,000.00
Other (Specify)	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$15,000.00</b>	<b>\$24,500.00</b>	<b>\$39,500.00</b>

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

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
General Fundraising throughout the year	\$24,500.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$24,500.00</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
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

Form 990

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <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 City or town, state or province, country, and ZIP or foreign postal code <b>RANCHO SANTA MARGARITA, CA 92688</b>	
	<b>F</b> Name and address of principal officer: <b>SHERRI LEX</b> <b>SAME AS C ABOVE</b>	
<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: ► <b>HTTPS://WWW.BELLTOWERFOUNDATION.ORG/</b>		
<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>
<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>425,493.</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 ►		

## Part I Summary

Activities & Governance	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.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
Expenses	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	145
Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
		Prior Year	Current Year
Assets	8 Contributions and grants (Part VIII, line 1h)	384,296	419,222
	9 Program service revenue (Part VIII, line 2g)	2,516	6,156
Fund Balances	10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d)	242	115
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	387,054	425,493
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	308,000	308,113
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0	
Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,084	45,725
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	334,084	353,838
	19 Revenue less expenses. Subtract line 18 from line 12	52,970	71,655
		Beginning of Current Year	End of Year
Assets	20 Total assets (Part X, line 16)	144,302	200,016
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	144,302	200,016

**Part II | Signature Block**

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

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

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

Yes  No

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

**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 \$ **347,193.** ) Including grants of \$ **308,113.** ) (Revenue \$ **6,156.** )  
**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 ► **347,193.**

Form 990 (2021)

## Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .....	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	3 X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....	4 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .....	5 X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....	9 X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V .....	10 X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....</li> </ul>	11a X 11b X 11c X 11d X 11e X 11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....	12a X	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....	14a X 14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .....	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions .....	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....	19 X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b 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? If "Yes," complete Schedule I, Parts I and II .....	21 X	

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 the Schedule L, Part IV, Instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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 line 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 on Schedule O for Part VI, lines 11b and 19?	38	

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 2	
b	Enter the number of Forms W-2G included on 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
2b	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>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?  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).	4a	X
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	
7	<b>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	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
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>	14a	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	14b	
c	Enter the amount of reserves on hand	15	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	16	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	17	
15	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 the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.		
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

### Section A. Governing Body and Management

		1a	12	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		12		
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.)

		10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	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 on 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 on 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 on Schedule O. See instructions.															
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?													16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ► KATE KEENA - 949-298-7404
	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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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



## 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 .....	1a			
	b Membership dues .....	1b			
	c Fundraising events .....	1c			
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e			
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	419,222.		
	g Noncash contributions included in lines 1a-1f .....	1g	\$ 287,400.		
	h Total. Add lines 1a-1f .....		419,222.		
Program Service Revenue	2 a BREAKFAST WITH SANTA	Business Code 900099	6,156.	6,156.	
	b				
	c				
	d				
	e				
	f All other program service revenue .....				
	g Total. Add lines 2a-2f .....		6,156.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		115.		115.
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6 a Gross rents .....	(i) Real 6a			
	b Less: rental expenses .....	6b			
	c Rental income or (loss) .....	6c			
	d Net rental income or (loss) .....				
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities 7a			
	b Less: cost or other basis and sales expenses .....	7b			
	c Gain or (loss) .....	7c			
	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 .....	8a			
	b Less: direct expenses .....	8b			
	c Net income or (loss) from fundraising events .....				
	9 a Gross income from gaming activities. See Part IV, line 19 .....	9a			
	b Less: direct expenses .....	9b			
	c Net income or (loss) from gaming activities .....				
	10 a Gross sales of inventory, less returns and allowances .....	10a			
	b Less: cost of goods sold .....	10b			
	c Net income or (loss) from sales of inventory .....				
Miscellaneous Revenue	11 a	Business Code			
	b				
	c				
	d All other revenue .....				
	e Total. Add lines 11a-11d .....				
	12 Total revenue. See Instructions .....	425,493.	6,156.	0.	115.

**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 .....	308,113.	308,113.		
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 disqualfied 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.)	10,500.	9,450.	1,050.	
12 Advertising and promotion .....	6,592.	5,933.	659.	
13 Office expenses .....	1,195.	1,075.	120.	
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 .....	375.	337.	38.	
20 Interest .....	34.	31.	3.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....	1,135.	1,021.	114.	
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 DESIGNATED EXPENSES	20,004.	15,932.	4,072.	
b COMMUNITY PROGRAM	4,164.	3,748.	416.	
c STORAGE	1,726.	1,553.	173.	
d				
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e	353,838.	347,193.	6,645.	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 ►  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 .....	144,302.	1	200,016.
	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) .....		<b>144,302.</b>	<b>16</b>	<b>200,016.</b>
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 .....		<b>0.</b>	<b>26</b>	<b>0.</b>
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 .....	144,302.	31	200,016.
	32 Total net assets or fund balances .....	144,302.	32	200,016.
33 Total liabilities and net assets/fund balances .....	144,302.	33	200,016.	

Form 990 (2021)

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

1	425,493.
2	353,838.
3	71,655.
4	144,302.
5	
6	
7	
8	-15,941.
9	0.
10	200,016.

**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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
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
3b 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 (2021)

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see Instructions)	(VI) Amount of other support (see Instructions)
			Yes	No		
Total						

THE BELL TOWER FOUNDATION, INC.

31-1778723

## Schedule A

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

2021

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

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

11,133.

123171 04-01-21

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	28,982.	22,313.	54,949.	384,296.	131,822.	622,362.
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 Total. Add lines 1 through 3 .....	28,982.	22,313.	54,949.	384,296.	131,822.	622,362.
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) .....						11,133.
6 Public support. Subtract line 5 from line 4.						611,229.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	28,982.	22,313.	54,949.	384,296.	131,822.	622,362.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	332.	325.	359.	242.	115.	1,373.
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.) .....						
11 Total support. Add lines 7 through 10						623,735.
12 Gross receipts from related activities, etc. (see Instructions) .....					12	32,395.
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 .....						<input type="checkbox"/>

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	97.99	%
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	98.30	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions .....		<input type="checkbox"/>	<input checked="" 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10a, 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	15	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	18	%
<b>19a 33 1/3% support tests - 2021.</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 - 2020.</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 .....		
<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 .....		

**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).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I** of Schedule L (Form 990).

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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on 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 on 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).

**2 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.

	Yes	No
2a		

- Did the activities described on 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.

2b		
----	--	--

**3 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.

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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors <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		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

## 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 2021 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-2021	(III) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

## Part VI

**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 B**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

THE BELL TOWER FOUNDATION, INC.

Employer identification number

31-1778723

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See Instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

THE BELL TOWER FOUNDATION, INC.

31-1778723

## Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>ALBERTSONS FOUNDATION</u> <u>11555 DUBLIN WAY</u> <u>PLEASANTON, CA 94588</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>CA FOUNDATION FOR STRONGER COMMUNITIES</u> <u>2111 PALOMAR AIRPORT RD #320</u> <u>CALRSBAD, CA 92011</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>KOHL'S</u> <u>22232 EL PASEO</u> <u>RANCHO SANTA MARGARITA, CA 92688</u>	\$ <u>8,558.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>FOOD DRIVES</u> <u>22232 EL PASEO</u> <u>RANCHO SANTA MARGARITA, CA 92688</u>	\$ <u>70,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>SECOND HARVEST FOOD BANK</u> <u>8014 MARIE WAY</u> <u>IRVINE, CA 92618</u>	\$ <u>175,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>MISCELLANEOUS DONORS</u> <u>22232 EL PASEO</u> <u>RANCHO SANTA MARGARITA, CA 92688</u>	\$ <u>25,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE BELL TOWER FOUNDATION, INC.

Employer identification number

31-1778723

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MISCELLANEOUS DONORS	\$ 15,000.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
	22232 EL PASEO		(Complete Part II for noncash contributions.)
	RANCHO SANTA MARGARITA, CA 92688		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)

123452 11-11-21

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

THE BELL TOWER FOUNDATION, INC.

31-1778723

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given  NON PERISHABLE 70,000 COLLECTED AT FOOD DRIVES	(c) FMV (or estimate) (See instructions.)	(d) Date received
4		\$ 70,000.	
(a) No. from Part I	(b) Description of noncash property given  NON PERISHABLE 175,000 POUNDS AT \$1 PER POUND	(c) FMV (or estimate) (See instructions.)	(d) Date received
5		\$ 175,000.	
(a) No. from Part I	(b) Description of noncash property given  BACKPACKS	(c) FMV (or estimate) (See instructions.)	(d) Date received
6		\$ 25,000.	
(a) No. from Part I	(b) Description of noncash property given  GIFT CARDS	(c) FMV (or estimate) (See instructions.)	(d) Date received
7		\$ 15,000.	
(a) No. from Part I	(b) Description of noncash property given  	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given  	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

123453 11-11-21

Schedule B (Form 990) (2021)

Name of organization

**Employer identification number**

THE BELL TOWER FOUNDATION, INC.

31-1778723

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" 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.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**THE BELL TOWER FOUNDATION, INC.**

Employer Identification number  
**31-1778723**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

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

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

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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 ..... ►

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NON-CASH DONATIONS\	20713	20,713.	287,400.	FMV	GIFT CARDS, BACKPACKS, AND FOOD

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

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**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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 .....	X		25,000.	FMV
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	247,400	247,400.	FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( GIFT CARDS )	X	1,500	15,000.	FMV
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) 2021

## 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.

SCHEDULE M, PART I, COLUMN (B):

THE FOOD NUMBER OF ITEMS ARE POUNDS, NOT ITEMS.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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.

FORM 990 PART XII, LINE 8:

THERE IS A PRIOR PERIOD ADJUSTMENT OF \$15,941 DUE TO AN ACCUMULATED NET  
ASSET UNDERSTATEMENT.

TAXABLE YEAR  
**2021****California Exempt Organization  
Annual Information Return**

128941 12-29-21

FORM

**199**Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**.Corporation/Organization name **THE BELL TOWER FOUNDATION, INC.** California corporation number **2334003**Additional Information. See Instructions. FEIN **31-1778723**Street address (suite or room) **P.O. BOX 80220** PMB no.City **RANCHO SANTA MARGARITA** State **CA** ZIP code **92688**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final Information return?		If "Yes," enter the gross receipts from nonmember sources \$	
• <input type="checkbox"/> Dissolved, <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized		L Is the organization a limited liability company? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Enter date: (mm/dd/yyyy) •		M Did the organization file Form 100 or Form 109 to report taxable income? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		N Is the organization under audit by the IRS or has the IRS audited in a prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See Instructions .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending? .....	<input 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	Date filed with IRS	

**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	<b>6,271</b>	00
	2 Gross dues and assessments from members and affiliates .....	<input type="checkbox"/> 2		00
	3 Gross contributions, gifts, grants, and similar amounts received .....	<b>STMT 1</b>	<b>419,222</b>	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	<b>STMT 2</b>		
<b>Expenses</b>	This line must be completed. If the result is less than \$50,000, see General Information B .....	<input type="checkbox"/> 4	<b>425,493</b>	00
	5 Cost of goods sold .....	<input 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 .....	<b>7</b>		00
<b>Filing Fee</b>	8 Total gross income. Subtract line 7 from line 4 .....	<input type="checkbox"/> 8	<b>425,493</b>	00
	9 Total expenses and disbursements. From Side 2, Part II, line 18 .....	<input type="checkbox"/> 9	<b>353,838</b>	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .....	<input type="checkbox"/> 10	<b>71,655</b>	00
	11 Total payments .....	<input type="checkbox"/> 11		00
<b>Sign Here</b>	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
<b>Paid Preparer's Use Only</b>	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.			
	Signature of officer ►	Title <b>PRESIDENT</b>	Date	• Telephone
	Preparer's signature ►		Check if self-employed <input type="checkbox"/>	<input type="checkbox"/> PTIN <b>P02164134</b> • Firm's FEIN <b>47-3535842</b> • Telephone <b>949-474-2020</b>

<b>May the FTB discuss this return with the preparer shown above? See instructions</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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>	<b>47-3535842</b> • Telephone <b>949-474-2020</b>

## 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.

128951 01-19-22

## SEE PART II SUBSTITUTE ATTACHMENT

<b>Receipts from Other Sources</b> <b>Expenses and Disbursements</b>	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	0 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	End 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. Attach schedule .....	
2 Federal income tax .....	•	8 Deductions in this return not charged against book income this year. Attach schedule .....	
3 Excess of capital losses over capital gains .....	•	9 Total. Add line 7 and line 8 .....	
4 Income not recorded on books this year. Attach schedule .....	•	10 Net income per return. Subtract line 9 from line 6 .....	
5 Expenses recorded on books this year not deducted in this return. Attach schedule .....	•		
6 Total. Add line 1 through line 5 .....			

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
GRANT FROM CITY OF RANCHO SANTA MARGARITA	22112 EL PASEO RANCHO SANTA MARGARITA, CA 92688		7,246.
MICHAEL CHEEVER	25671 LE PARK #44 LAKE FOREST, CA 92630		5,588.
ALBERTSONS FOUNDATION	11555 DUBLIN WAY PLEASANTON, CA 94588		15,000.
CA FOUNDATION FOR STRONGER COMMUNITIES	2111 PALOMAR AIRPORT RD #320 CALRSBAD, CA 92011		20,000.
FIDELITY STARBUCKS	22232 EL PASEO RANCHO SANTA MARGARITA, CA 92688		6,500.
KOHL'S	22232 EL PASEO RANCHO SANTA MARGARITA, CA 92688		8,558.
JAIME MATSON	22232 EL PASEO RANCHO SANTA MARGARITA, CA 92688		5,384.
TOTAL INCLUDED ON LINE 3			68,276.

CA 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

## CONTRIBUTOR'S NAME

FOOD DRIVES

## CONTRIBUTOR'S ADDRESS

22232 EL PASEO RANCHO SANTA MARGARITA, CA  
92688

## PROPERTY DESCRIPTION

NON PERISHABLE 70,000 COLLECTED  
AT FOOD DRIVES

## DATE OF GIFT

## FMV OF GIFT

## TOTAL AMOUNT

70,000.

70,000.

## CONTRIBUTOR'S NAME

SECOND HARVEST FOOD BANK

## CONTRIBUTOR'S ADDRESS

8014 MARIE WAY IRVINE, CA 92618

## PROPERTY DESCRIPTION

NON PERISHABLE 175,000 POUNDS AT  
\$1 PER POUND

## DATE OF GIFT

## FMV OF GIFT

## TOTAL AMOUNT

175,000.

175,000.

## CONTRIBUTOR'S NAME

MISCELLANEOUS DONORS

## CONTRIBUTOR'S ADDRESS

22232 EL PASEO RANCHO SANTA MARGARITA, CA  
92688

## PROPERTY DESCRIPTION

BACKPACKS

## DATE OF GIFT

## FMV OF GIFT

## TOTAL AMOUNT

25,000.

25,000.

## CONTRIBUTOR'S NAME

MISCELLANEOUS DONORS

## CONTRIBUTOR'S ADDRESS

22232 EL PASEO RANCHO SANTA MARGARITA, CA  
92688

## PROPERTY DESCRIPTION

GIFT CARDS

## DATE OF GIFT

## FMV OF GIFT

## TOTAL AMOUNT

15,000.

15,000.

TOTAL INCLUDED ON LINE 3

285,000.

285,000.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA

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

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning **07/01/2021** ending **06/30/2022** ) list:

Total Revenue (including noncash contributions) \$	<b>425,493</b>	Noncash Contributions \$	<b>287,400</b>	Total Assets \$	<b>200,016</b>
Program Expenses \$	<b>347,193</b>			Total Expenses \$	<b>353,838</b>

**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.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		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?	SEE STATEMENT 3	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

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 3

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

# BOARD OF DIRECTORS

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Sherri

Lex

## VICE PRESIDENT

Elena

Goñi

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Rosenberg

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Ray Kincaid

## Household Information Form

RSM Cares is applying for grants so we can continue to run and improve the food pantry. In order to qualify for these funds, we must confirm that the proposed use of the funds is eligible. To assist with this determination, we are requesting certain household information from program participants. The information will not be used for any other purpose, nor will it be made public. Your participation could result in significant improvements to the food pantry as well as other RSM Cares-community programs. Thank you in advance for your assistance.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Based on your household size, place a check mark in the box that best indicates your total household income (income that you would report on your Federal income tax).

Household Size (Include All Adults & Minors)	TOTAL HOUSEHOLD ANNUAL INCOME				
1 Person	<input type="checkbox"/> \$0 - \$30,150	<input type="checkbox"/> \$30,151 - \$50,250	<input type="checkbox"/> \$50,251 - \$80,400	<input type="checkbox"/> over \$80,401	
2 Persons	<input type="checkbox"/> \$0 - \$34,450	<input type="checkbox"/> \$34,451 - \$57,400	<input type="checkbox"/> \$57,401 - \$91,850	<input type="checkbox"/> over \$91,851	
3 Persons	<input type="checkbox"/> \$0 - \$38,750	<input type="checkbox"/> \$38,751 - \$64,600	<input type="checkbox"/> \$64,601 - \$103,350	<input type="checkbox"/> over \$103,351	
4 Persons	<input type="checkbox"/> \$0 - \$43,050	<input type="checkbox"/> \$43,051 - \$71,750	<input type="checkbox"/> \$71,751 - \$114,800	<input type="checkbox"/> over \$114,801	
5 Persons	<input type="checkbox"/> \$0 - \$46,500	<input type="checkbox"/> \$46,501 - \$77,500	<input type="checkbox"/> \$77,501 - \$124,000	<input type="checkbox"/> over \$124,001	
6 Persons	<input type="checkbox"/> \$0 - \$49,950	<input type="checkbox"/> \$49,951 - \$83,250	<input type="checkbox"/> \$83,251 - \$133,200	<input type="checkbox"/> over \$133,201	
7 Persons	<input type="checkbox"/> \$0 - \$53,400	<input type="checkbox"/> \$53,401 - \$89,000	<input type="checkbox"/> \$89,001 - \$142,400	<input type="checkbox"/> over \$142,401	
8 or more Persons	<input type="checkbox"/> \$0 - \$56,850	<input type="checkbox"/> \$56,851 - \$94,750	<input type="checkbox"/> \$94,751 - \$151,550	<input type="checkbox"/> over \$151,551	

Are you Hispanic/Latino? Yes  No

Please select race that best describes your household:

White	<input type="checkbox"/>	American Indian/Alaska Nat & White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Black or African American & White	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	American Indian/Alaska Native & Black	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Other Multi-Racial	<input type="checkbox"/>

I certify this information is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Formulario de Información del Hogar

RSM Cares está solicitando subvenciones para que podamos seguir ejecutando y mejorar la despensa de alimentos. Para calificar para estos fondos, debemos confirmar que el uso propuesto de los fondos es elegible. Para ayudar con esta determinación, estamos solicitando cierta información del hogar de los participantes del programa. La información no se utilizará para ningún otro propósito, ni se hará pública. Su participación podría resultar en mejoras significativas en la despensa de alimentos, así como en otros programas comunitarios de RSM Cares. Gracias de antemano por su ayuda.

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Según el tamaño de su hogar, marque la casilla que mejor indique el Ingreso total de su hogar (ingreso que declararía en su impuesto federal sobre el ingreso).

TAMAÑO DEL HOGAR (INCLUYE TODO ADULTOS Y MENORES)	INGRESOS ANUALES TOTALES DEL HOGAR:			
	<input type="checkbox"/> \$0 - \$30,150	<input type="checkbox"/> \$30,151 - \$50,250	<input type="checkbox"/> \$50,251 - \$80,400	<input type="checkbox"/> mas de \$80,401
1 Persona	<input type="checkbox"/> \$0 - \$34,450	<input type="checkbox"/> \$34,451 - \$57,400	<input type="checkbox"/> \$57,401 - \$91,850	<input type="checkbox"/> mas de \$91,851
2 Personas	<input type="checkbox"/> \$0 - \$38,750	<input type="checkbox"/> \$38,751 - \$64,600	<input type="checkbox"/> \$64,601 - \$103,350	<input type="checkbox"/> mas de \$103,351
3 Personas	<input type="checkbox"/> \$0 - \$43,050	<input type="checkbox"/> \$43,051 - \$71,750	<input type="checkbox"/> \$71,751 - \$114,800	<input type="checkbox"/> mas de \$114,801
4 Personas	<input type="checkbox"/> \$0 - \$46,500	<input type="checkbox"/> \$46,501 - \$77,500	<input type="checkbox"/> \$77,501 - \$124,000	<input type="checkbox"/> mas de \$124,001
5 Personas	<input type="checkbox"/> \$0 - \$49,950	<input type="checkbox"/> \$49,951 - \$83,250	<input type="checkbox"/> \$83,251 - \$133,200	<input type="checkbox"/> mas de \$133,201
6 Personas	<input type="checkbox"/> \$0 - \$53,400	<input type="checkbox"/> \$53,401 - \$89,000	<input type="checkbox"/> \$89,001 - \$142,400	<input type="checkbox"/> mas de \$142,401
7 Personas	<input type="checkbox"/> \$0 - \$56,850	<input type="checkbox"/> \$56,851 - \$94,750	<input type="checkbox"/> \$94,751 - \$151,550	<input type="checkbox"/> mas de \$151,551

Es hispano/latino?      SI       No

Seleccione la raza que mejor describa su hogar:

Blanco	<input type="checkbox"/> Indígeno de América / Nativo de Alaska y Blanco	<input type="checkbox"/>
Negro	<input type="checkbox"/> Asiático y Blanco	<input type="checkbox"/>
Asiático	<input type="checkbox"/> Negro y Blanco	<input type="checkbox"/>
Indígeno de América o Nativo de Alaska	<input type="checkbox"/> Indígeno de América / Nativo de Alaska y Negro	<input type="checkbox"/>
Native de Hawaii/ Otro Isleño Pacífico	<input type="checkbox"/> Otro Tipo de Multirraciales	<input type="checkbox"/>

Certifico que esta información es verdadera y correcta.

\_\_\_\_\_  
Fecha de Firma.

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 JENNEWIN

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.

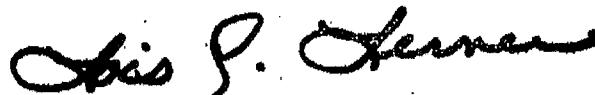
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of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