

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SOLANA BEACH SCHOOLS FOUNDATION, 309 N. RIOS AVENUE, SOLANA BEACH, CA 92075. D Employer identification number 33-0206854. E Telephone number 8587947180. G Gross receipts \$ 951,555.

F Name and address of principal officer: SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.SOLANABEACHKIDS.ORG. H(c) Group exemption number

K Form of organization: Corporation, Trust, Association, Other. L Year of formation: 1986. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF SOLANA BEACH SCHOOLS FOUNDATION IS TO RAISE FUNDS TO BRIDGE THE GAP BETWEEN VITAL SCHOOL NEEDS AND STATE FUNDING TO ENRICH THE PUBLIC EDUCATION OF ALL STUDENTS IN THE SOLANA BEACH SCHOOL DISTRICT.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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 PATTI MALMUTH, Date, Title EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name AUBREY W. MANN, Preparer's signature AUBREY W. MANN, Date, Check self-employed, PTIN P00691156, Firm's name WILKINSON HADLEY KING & CO. LLP, Firm's address 218 W. DOUGLAS AVE, EL CAJON, CA 92020, Firm's EIN 52-2354566, Phone no. 619-447-6700

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