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

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 for instructions and the latest information.

Open to Public Inspection

A For the 2		le 2021 calendar year, or tax year beginning 001 1, 2021 and	ending c	UN 30, 2022		
B Check if applicable:		C Name of organization	C Name of organization		cation number	
Address		SOLANA BEACH SCHOOLS FOUNDATION				
Name change		Doing business as		33-0206854		
Initial return		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			
Final return/		309 N. RIOS AVENUE		(858) 794-7180		
termin- ated		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	895,754.	
Ameno		SOLANA BEACH, CA 92075	H(a) Is this a group re	eturn		
Applica- tion		F Name and address of principal officer: EXECUTIVE DIRECTOR		for subordinates? Yes X No		
pending		SAME AS C ABOVE		H(b) Are all subordinates included? Yes No		
I Tax-exemp		empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) of	ot status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
		ite: ► SOLANABEACHKIDS.ORG		H(c) Group exemption	n number	
K	Form o	of organization: X Corporation Trust Association Other	L Year	of formation: 1986	M State of legal domicile; CA	
	art I	Summary		·	·	
	1	Briefly describe the organization's mission or most significant activities: RAISE FUNDS THROUGH EVENTS AND				
Activities & Governance		NNUAL FUND DRIVE TO SUPPORT THE SOLANA BEACH SCHOOL DISTRICT.				
	2	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3		3	31		
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			31	
کو در	5 5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		4		
itie	6	Total number of volunteers (estimate if necessary)				
Activ	_{7 a}	tal unrelated business revenue from Part VIII, column (C), line 12			0.	
	i b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
Revenue				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		516,948.	775,449.	
	9	Program service revenue (Part VIII, line 2g)		0.	0.	
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,667.	11,789.	
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,574.	-81,807.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		589,189.	705,431.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		436,300.	568,028.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
Expenses	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,054.	75,509.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
	h	o Total fundraising expenses (Part IX, column (D), line 25)	0.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,195.	31,480.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		536,549.	675,017.	
	19	Revenue less expenses. Subtract line 18 from line 12		52,640.	30,414.	
Net Assets or		Trevende 1000 oxponesse. Gabriage into 10 from into 12		eginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)		615,916.	607,902.	
	21	Total liabilities (Part X, line 26)		57,708.	45,085.	
	22	Net assets or fund balances. Subtract line 21 from line 20		558,208.	562,817.	
P	art II				1	
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 beli						
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
	,,	Land compression property (care man care), is successful an arrangement of	ion proparo	las any mismisage.		
Sign Here		Signature of officer	Date			
		VALERIE CHARAT, EXECUTIVE DIRECTOR				
110		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid Preparer Use Only		ARCY KEARNEY		if P02370487		
				27-2956198		
		Firm's address 348 OLIVE STREET	I II III 2 EIIV	<u> </u>		
536	. City	SAN DIEGO, CA 92103	Dhone no (6	19) 270-8222		
May the II		RS discuss this return with the preparer shown above? See instructions			X Yes No	
ivid	y tile	ino discuss this return with the preparer shown above? See instructions			L41 105 L NO	