



AGENDA REPORT

BEACHES, PARKS & RECREATION COMMISSION
Meeting Date: September 12, 2017

Agenda Item 5.A.
Approvals:
Dept. Head _____
Manager [Signature]
Admin. Assistant [Signature]

Department: Beaches, Parks & Recreation
Prepared By: Samantha Thomas, Recreation Manager

Subject: *AQUATICS PARTNERSHIP APPLICATION – SAN CLEMENTE WATER POLO*

Fiscal Impact: Yes. The fiscal impact is yet to be determined, and will depend on the approved partnership levels of each of the applicants. The City currently provides one Aquatics Agreement. The partnership provides priority for lane allocations as well as discounts on lane rental rates. The current discount is 70%. If staff recommendations are approved, and based on prior year's usage, the City would be subsidizing approximately \$179,855.

Summary: Staff recommends the approval of an Aquatics Partnership agreement with San Clemente Water Polo Club at the Junior Partnership level.

Background: The Recreation Sports Partnership policy was adopted by the City Council in December, 2011 to enable the City to subsidize youth sports groups to encourage and promote the various seasonal sports on a year-round basis within the city limits and to make the best and most efficient use of the City's amenities, fields, and facilities. Partnering with select outside organizations/associations for sports programs allows service to a larger portion of the community than only City provided programs.

In December 2014, the City Council approved an Aquatics Partnership Policy to accommodate the differences between Aquatics programs and Recreation activities. In 2015, the San Clemente Water Polo Club was approved for Junior Partner status with a two year agreement.

The table below provides the approved discounts for hourly lane use as well as for meets, tournaments, camps, and clinics. Discounts are not offered on private lessons.

Level of Partnership	Lane Discount	Meet/ Tournament Discount	Camp/Clinic Discount
Aquatics Junior Partnership	50%	50% Off Peak No Discount Peak	No Discount
Aquatics Senior Partnership	60%	60% Off Peak No Discount Peak	No Discount

Discussion: The San Clemente Water Polo Club has requested Junior Partner status, renewing their current partner status. The minimum requirements to receive Junior Partnership status include the following: provided the aquatics program in San Clemente for at least two years, currently have at least 100 participants with 75% being San Clemente

residents. Based on this criteria, staff recommends San Clemente Water Polo for Junior Partnership status.

San Clemente Water Polo: Tritons Water Polo Club is currently a Junior Partner. It is recognized as a non-profit water polo organization. During its primary season, Tritons Water Polo had 160 players with approximately 91% being San Clemente residents. It is a 100% recreational program. The program is run and maintained by a volunteer board and utilizes a combination of paid and volunteer coaches. According to the program budget, approximately 40% of expenditures has been allocated to administrative costs including coaches' salaries, other compensation, employee benefits, payroll, and other fees. As long as the player is swim safe, Tritons Water Polo does not turn anyone away regardless of skill.

Recommended

Action: STAFF RECOMMENDS the Beaches, Parks & Recreation Commission recommend the City Council grant Junior Partnership status to the San Clemente Water Polo Club with a two-year agreement.

Attachments:

1. Aquatics Partnership Policy and Purpose
2. San Clemente Water Polo Club Aquatics Partnership Application

Notification: San Clemente Water Polo Club

AQUATICS PARTNERSHIP POLICY AND PURPOSE:

- 1.1 It is the desire of the City of San Clemente (hereinafter "City") to encourage and promote various water sports on a year-round basis within the city limits, and to make the best and most efficient use of City's amenities, pools and facilities. Partnering with select outside organizations/associations for aquatics programs allows service to a larger portion of the community than only City provided programs. City wishes to promote such partnerships by providing reduced rental rates, pool allocation priorities, and limited support services, which may include site preparation and maintenance, periodic pool improvements as needed and limited administrative/clerical support.
- 1.2 The purpose of this Aquatics Partnership Policy is to set forth and make clear the requirements and criteria for partnerships between City and any organization/association (hereinafter "Applicant") intending to provide aquatics programs and request fee reductions within City. A partnership agreement made pursuant to this policy shall be known as an AQ Partnership, will carry the additional designation of *Senior* or *Junior*, and shall be subject to all the requirements set forth herein and any additions, amendments or revisions hereto. Only a limited number of AQ Partnerships will be granted to the organization representing standard prevalent water sports, as determined by the Beaches, Parks and Recreation Commission and the City Council.

2. REFERENCES: San Clemente Municipal Code Chapter 12.28.010.

MINIMUM REQUIREMENTS AND CRITERIA TO QUALIFY FOR AQ PARTNERSHIP:

- 3.1 The Applicant must meet the following minimum requirements and criteria for any AQ partnership:
 - a) Be currently registered and active with the State of California as a not-for-profit community organization under Section 501(c)(3) or (c)(4) of the Internal Revenue Code.
 - b) Not be the subject of any pending investigation by any government or administrative agency, whether at the City, County, State or Federal level and demonstrated history of adherence to City rules, policies and allocations.
 - c) Carry appropriate commercial and liability insurance with limits no less than amount determined by City per incident, including appropriate additional insured endorsements in favor of City.
 - d) Demonstrated financial hardship if partnership is denied and the Applicant is required to pay regular rates for use of City amenities, fields and/or facilities.
 - e) Organization must have open enrollment policy regardless of skill level.
 - f) Organization must have minimum play rule of 50% play for all participants.
 - g) Demonstrated scholarships provided for those in financial need.
 - h) Organization must have a "no discrimination" and "no alcohol" policy.
- 3.2 In addition to the above requirements and criteria for AQ Partnership, the Applicant may qualify for the levels of partnership as follows:
 - a) Senior AQ Partnership: The Applicant has provided the sports program for City for at least five years, and currently has at least 300 participants, 90% of whom reside in City. Program games and practices must be conducted in San Clemente boundaries.
 - b) Junior AQ Partnership: The Applicant has provided the sports program for City for at least two years, and currently has at least 100 participants, 75% of whom reside in City.

PROCEDURE FOR EVALUATING APPLICATION FOR A PARTNERSHIP:

- 4.1 All requests for AQ Partnership shall be submitted first to the Beaches, Parks and Recreation Department (hereinafter "Department"). Applications will be accepted once a year at a time determined by the City. The Applicant shall include in their packet the completed application form and all supporting documentation, including but not limited to:
- a) City AQ Partnership Application (application for permit to use recreational facilities) and Facility Use Application.
 - a) Proof of current 501(c)(3) or (4) status;
 - b) Commercial and liability insurance declaration pages;
 - c) Applicant articles, bylaws and other charter documents;
 - d) Proof sufficient to establish the financial hardship requirement, including the required budget form and two years of tax returns and can also include a profit/loss statements, audited financial statements, balance statements;
 - e) Statistical data and rosters to support participant population and residency requirement for AQ Partnerships.
- 4.2 Organizations that meet the minimum requirements as stated in this policy shall be forwarded for review to the Beaches, Parks and Recreation Commission (hereinafter "Commission").
- 4.3 Commission shall review the application packet, the Department staff report, and any additional information provided by the Applicant or others. Commission may consider whether the Applicant has satisfied the minimum requirements set forth in §3.1, whether partnership is warranted in light of the policies and purposes set forth in §1.1-1.2, and whether partnership is in the best interests of City and its residents. In making its recommendation to City, Commission may also consider whether Applicant deserves partnership, or a particular level of partnership, notwithstanding the requirements set forth in §3.1-3.2.
- 4.4 If Commission recommends to City Council disapproval of the request for AQ Partnership, or any specified level of partnership, Commission shall briefly include in the Minutes the reasons therefore. City Council shall make the final determination.

AQ PARTNERSHIP EXPECTATIONS AND LONGEVITY

- 5.1 All AQ Partners shall adhere to all the policies and procedures of City and the AQPP, and cooperate with the Department and City staff to ensure that the purpose of the partnership is met. AQ Partners shall provide City representatives with access at all times to review or monitor the water sports program. AQ Partners shall not discriminate against those in its employee, volunteers or participants on account of race, religion, national origin, ethnicity, sexual orientation or gender (except where gender is a bona fide issue for the water sports program).
- 5.2 Junior AQ Partners shall be required to re-apply for partnership every two years by submitting a complete application packet to the Department, followed by Commission consideration, and City Council approval as outlined in this policy.

CITY OF SAN CLEMENTE APPLICATION FOR RECREATION SPORTS PARTNERSHIP STATUS

- 5.3 Senior AQ Partners shall be required to re-apply for partnership every three years by submitting a complete application packet to the Department, followed by Commission consideration, and City Council approval as outlined in this Policy.
- 5.4 The Department or Commission, may, at any time, for cause, temporarily suspend or revoke an Applicant's AQ Partnership status and forward to the Commission and/or the City Council for reconsideration of partnership status.
- 5.5 The City Council may, at any time, and without cause, suspend or revoke an Applicant's AQ Partnership status.
- 5.6 The City Council may grant the Department and/or Commission authority to extend AQ Partnerships for a period of time up to five years if doing so would be in the best interests of City, its residents, and the Applicant.



**City of San Clemente
Beaches, Parks & Recreation Department**

987 Avenida Vista Hermosa, CA 92673
Phone: (949) 429-8797 Fax: (949) 429-8947

**APPLICATION FOR RECREATION SPORTS PARTNERSHIP
STATUS**

Must be completed by an authorized representative of the organization. Attach extra pages as needed.

It is the desire of the City of San Clemente to encourage and promote the various seasonal sports for its residents on a year-round basis within the city limits, and to make the best and most efficient use of City's amenities, fields and facilities. The City's focus is to provide low cost recreational sports that promote health, wellness and character. The city will consider partnerships with non-profit organization by providing reduced rental rates, field allocation priorities, and limited support services, which may include site preparation and maintenance, periodic field improvements as needed and limited administrative/clerical support. By selecting non-profit organizations with similar missions with which to partner, the City may assist in providing these services.

For a non-profit organization to qualify for Senior or Junior RS Partnership, they must meet the minimum requirements and criteria listed in section 3.1, and must meet the definitions for a Senior or Junior Partner listed below.

Senior Partnership: must have provided the sports program for City for at least five years, and currently have at least 300 participants, 90% of whom reside in the City. Program games and practices must be conducted in San Clemente boundaries.

Junior Partnership: must have provided the sports program for City for at least two years, and currently have at least 100 participants, 75% of whom reside in the City.

The Organization is seeking: Senior Partner Status Junior Partner Status

Has the Organization been granted partnership status in the past? Yes No, if yes, what year? 2015

ORGANIZATION

Name: SAN CLEMENTE WATER POLO

Main Contact:

E-Mail:

Address:

Sport/Activity:

PROGRAM INFORMATION

PRIMARY SEASON INFORMATION

Primary Season Dates: SEPTEMBER-JULY

# Participants Registered Last Year:	<u>160</u>	% San Clemente residents:	<u>91</u>
# Participants Anticipated This Year:	<u>165</u>	% San Clemente residents:	<u>91</u>
Do players tryout based on skill?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% Participation in skill based program:	<u>0</u>

Are players guaranteed minimum playing time? No Yes. How much and explain?

Players are rotated in and out during games. Each player plays according to their skill set and endurance to maximize their proficiency and sense of accomplishment.

Itemize Costs to Participants (including required equipment purchase):

REQUIRED-\$60-\$120 monthly dues; \$45-\$80 team suit (male/female); \$12 team t-shirt

OPTIONAL- \$75 per tournament if participating; \$15 goggles for warmups; \$25-\$40 for additional non-required team spirit wear

How are following activities performed?

Coaches: Paid Staff Volunteer Other, explain: _____
 Officials: Paid Staff Volunteer Other, explain: _____
 Coordinators: Paid Staff Volunteer Other, explain: _____

SECONDARY SEASON INFORMATION

Secondary Season Dates: N/A- water polo is a year-round sport

Participants Registered Last Year: _____ % San Clemente residents: _____

Participants Anticipated This Year: _____ % San Clemente residents: _____

Do players tryout based on skill? Yes No % Participation in skill based program: _____

Are player's guaranteed minimum playing time? No Yes. How much and explain?

Itemize Costs to Participants (including required equipment purchase):

How are following activities performed?

Coaches: Paid Staff Volunteer Other, explain: _____
 Officials: Paid Staff Volunteer Other, explain: _____
 Coordinators: Paid Staff Volunteer Other, explain: _____

Within your league, please list the Programs and/or sub-divisions offered by your organization:

Title	# of Participants	% San Clemente Residents	Cost to Participant	Skills/Tryout Based?
Splashball	13	92	\$60	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10U coed	23	91	\$110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12U girls/ 12U boys	31	92	\$120	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14U girls/ 14U boys	38	94	\$120	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16U girls/ 16U boys	31	95	\$120	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18U girls/ 18U boys	10	92	\$120	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Coaches/ Masters (Adult)	10	88	\$0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

How does your organization select/place players on each team within your league during the primary and secondary seasons and is there any carry over of players to the same team for the next season?

Placement is based on player's age (typically 2 year "blocks", i.e., 10U would be 9 and 10 year olds). There is carry over of approx 50%, as the "older" kids (10 yr) age up in the older age division (12U- 11 and 12 year olds) while the "younger" kids (9 yr) stay in the same division and become the "older" kids for the next season.

Please describe the expectations of parents and/or participants in the form of volunteering (including tasks, number of hours, and if there is a monetary donation expected)?

No volunteering and no additional monetary donations are expected. Parents are encouraged to get involved as volunteer team mom/dad, to organize team snacks or parties, relay schedules, etc. Older players are encouraged to help with tournament hosting (running clocks and keeping scoresheets (tables)) and to help with splashball and 10U programs.

Please describe under what circumstance an interested participant would be denied acceptance into your program?

We only need a participant to be a sufficiently strong swimmer to play and practice. If the interested party is not a strong enough swimmer in the coach's judgment, they would be encouraged to take outside swim lessons until they become stronger. This is entirely a safety measure.

Does your organization offer camps or clinics? Yes No
If yes, please include times, dates and costs to participants.

Does your organization offer programs for the disabled and/or offer an inclusive program? Yes No
If yes, please describe program and include times, dates and costs to participants.

To date, we have not had any disabled person express interest but would work with them to make our program accessible.

Does your organization host tournaments? Yes No
If yes, how many and what's the % of non-resident teams?

6 per year. As we are the only San Clemente "primary resident" team, all teams we play are primarily made up of non-residents.

Does your organization provide scholarships and/or reduced rate for lower socio/economic children? Yes No
If yes, please provide the number of full scholarships each season, the amount per child and the criteria for awarding the scholarship below.

Number of Scholarships Primary Season: 6-10 or as needed- we do not deny a child the opportunity to play because they cannot afford to pay

Number of Scholarships Secondary Season: N/A

Scholarship amount per child: full dues, tournament fees, etc

Scholarship Criteria: need-based, documentation not needed, parent can email administrator and state that due to financial hardship, scholarship is requested

Number of Reduced Rates Primary Season: as needed/ sibling discounts

Number of Reduced Rates Secondary Season: N/A

Discount amount per child; sibling discounts- \$100 per sibling per season; reduced rates given on case-by-case basis

Reduced Rate Criteria: sibling discount request/ reduced rate criteria same as noted above in scholarship criteria; need-based, parent request for financial hardship reduced rates

Does your organization compete against out of area/non-resident teams? Yes No

What percentage of games are played against out of area teams? 100%

What percentage of games are played outside of San Clemente? 90%

Please list all other organizations with which your teams compete/participate in?

USA Water Polo sanctioned leagues, events, Junior Olympics, Junior Olympic Qualifiers, USAWP Zone (SoPac) sanctioned leagues and events

Does your organization have a current certificate of insurance and proper endorsements? Yes No

Has your organization's insurance ever lapsed? Yes No If yes, please list date(s) and brief explanation

Has your organization been the subject of any pending investigation by any government or administrative agency, whether at the City, County, State or Federal level? Yes No If yes, please list date(s) and brief explanation

Has your organization demonstrated a history of adherence to City rules, policies and allocations? Yes No If yes, please explain

Requesting and using Vista Hermosa pool under City required rules, times, dates, etc., paying in a timely manner, working with city personnel on hours, schedule, flexibility, etc

Please describe your organization's Philosophy

Our philosophy is to give the children of San Clemente a sense of community and stability through our water polo "family". They come from different elementary and middle schools, hope to keep them together through high school at SCHS, and provide them with life-long friends.

Please tell us how your organization is going to have a symbiotic relationship with the City

If a child needs to become a stronger swimmer to play water polo, we refer them to City swim lessons. We hope to have the City refer their "learn to play water polo" participants to our program. We are also an excellent resource for the City when City is looking for beach or pool lifeguards.

If your organization was selected as a Senior or Junior Partner, please tell us what benefits you would provide back to your organization and the community

By being selected as Junior (or Senior/Junior hybrid) Partner, we can continue to keep children engaged in physical activity, provided in our community. We can continue to keep costs reasonable for San Clemente residents to learn and play water polo. We hold our players, parents, and coaches to high personal and moral standards, including personal integrity and honor.

Please describe how your organization will pay the \$25 per player fee. Include projects, volunteer work, capital improvements and/or paying the fee directly (attach documentation if needed)

We would prefer to engage in beach cleanup, pool cleanup, pool improvements, as these activities foster a sense of bonding in our teams. We have offered to perform these projects in the past and are willing to perform these activities in the future as needed.

If your organization was denied partnership, please describe what hardships your organization would encounter.

Because our largest expenditure is pool rental, without a partnership agreement and the discounted rates we receive, we would have to charge more for participation, reduce our participation numbers or teams, or practice less. We would also have a harder time securing pool space in competition with other programs who have partnership status because we would have a lesser priority.

PLEASE ATTACH:

- Proof of federal non-profit status and CA domestic non-profit status
- Program objectives, philosophy or mission statement
- List of board members, articles, bylaws and other charter documents
- A program budget, profit/loss statement, audited financial statement, and/or two years of tax returns
- Last year's game/meet schedules including number of teams and game locations.
- Player registration record, including addresses for Primary and Secondary Seasons.
- Current Certificate of liability insurance and endorsement letter

ATTACHMENT - A

Partnership Budget Information

EXPENSES

Full Time staffing & Board Positions:

* Please list all full time board, coaching and other positions w/approximate expense

Position	Expense	
President	0	Volunteer
Treasurer	0	Volunteer
Secretary	0	Volunteer
Various Coaches	0	Volunteer

Total Full Time Staffing Expenses 0

Part Time staffing & Board Positions:

* Please list all part time board, coaching and other positions w/approximate expense

Position	Expense	
Program Head / Admin / Head Coach	38,400 -	
Various Coaches	37,400 -	
Clocks / score table / referees	2,500 -	
Various coaches	0	Volunteer

Total Part Time Staffing Expenses 78,300 -

Uniforms:

	Expense
All-stars	
Winter	
Spring	
Summer	
Fall	
Board Shirts	
Coaches Shirts <i>uniforms</i>	2,500 -
Meets Shirts	
Camp Shirts	
Other* Please detail items	

Total Expense for Uniforms 2,500 -

Supplies:

Expense

Office	<u>500 -</u>
Medical	_____
Maintenance Equipment	_____
Athletic Equipment	<u>5,000 -</u>
Trophies/Awards	_____
Other Maintenance	_____
Other Supplies	_____
Other *Please detail items	_____
<i>Coach mileage reimbursement</i>	<u>2,000 -</u>
Total Expense for Supplies	<u>7,500 -</u>

Administrative:

Expense

Advertising <i>website</i>	<u>240 -</u>
Printing	_____
Training	_____
Certifications	<u>3,000 -</u>
Pool Rental	<u>44,500 -</u>
Other* Please detail items: <i>club assistant</i>	<u>600 -</u>
<i>Credit Card/Bank fees</i>	<u>8,100 -</u>
Total Expense for Administrative	<u>56,340 -</u>

Tournament Fees:

# of home meets/tournaments	estimated cost of each meet/tournament (300)
<u>10</u>	<u>3,000 -</u>
# of away meets/tournaments	estimated cost of each meet/tournament (600)
<u>70</u>	<u>42,000</u>
Total expense for meets/tournaments	<u>45,000 -</u>

Total Expenditures 189,640 -

REVENUE:

Registration:

*Please list all levels of play and appropriate fee

Level of Play	Estimated # of players	Fee	
splunkball	13 @	\$60 x 7	5,460 -
10u coed	23 @	\$110 x 10	25,300 -
12u-14u coed	69 @	\$120 x 10	82,800 -
16u-18u coed	41 @	\$110 x 7	28,700 -
Total Revenue for Registration			142,260 -

Fund Raising & Contributions:

*Please detail items and revenue

Fund Raiser

Revenue Generated

\emptyset			
Total Revenue for Fund Raising			\emptyset

Other Income:

*Please list and additional forms of revenue

Revenue Generated

Tournament Fees:			
Home	10 @	\$65 x 10	6,500 -
Away	70 @	\$75 x 10	52,500 -
Total Revenue for Other Funds			59,000 -

Camp Revenue

Tournament Revenue

Total Revenue Generated 201,260 -

SAN CLEMENTE TRITONS BUDGET 2017

INCOME

SPLASHBALL	15 @ \$60 x 7	\$	6,300.00
10U COED	24 @ \$110 x 10	\$	26,400.00
12U-14U COED	68 @ \$120 x 10	\$	81,600.00
16U-18U COED	48 @ \$110 x 7	\$	36,960.00
TOURNAMENT FEES/ HOME	10 @ \$65 x 10	\$	6,500.00
TOURNAMENT FEES/ AWAY	70 @ \$75 x 10	\$	52,500.00
		\$	210,260.00

EXPENSES

POOL RENTAL		\$	(50,500.00)
TOURNAMENT FEES/ HOME		\$	(3,000.00)
TOURNAMENT FEES/ AWAY		\$	(42,000.00)
CLUB ASSISTANT		\$	(600.00)
CREDIT CARD/ BANK FEES		\$	(6,000.00)
BALLS/CAPS/POOL DECK EQUIPMENT		\$	(5,000.00)
OFFICE SUPPLIES		\$	(500.00)
WEBSITE HOSTING		\$	(240.00)
USAWP CLUB/ COACH REGISTRATIONS		\$	(1,500.00)
COACH CERTIFICATIONS (CPR/FIRST AID/ BACKGROUND)		\$	(1,500.00)
COACHING (HOURLY/GAMES/GAS)		\$	(39,400.00)
ADMIN/ HEAD COACH		\$	(38,400.00)
CLOCKS/ SCORE TABLES/ REFEREES		\$	(2,500.00)
COACH UNIFORMS		\$	(2,500.00)
		\$	(193,640.00)

TOTAL PROJECTED PROFIT (LOSS) \$ **16,620.00**

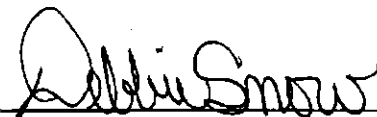


Dawne Prussak

Treasurer

6/3/17

Date



Debbie Snow

Secretary

6/3/17

Date

SAN CLEMENTE TRITONS PROFIT/LOSS STATEMENT 2016

INCOME

SPLASHBALL	13 @ \$60 x 7	\$	5,460.00
10U COED	23 @ \$110 x 10	\$	25,300.00
12U-14U COED	69 @ \$120 x 10	\$	82,800.00
16U-18U COED	41 @ \$110 x 7	\$	28,700.00
TOURNAMENT FEES/ HOME	10 @ \$65 x 10	\$	6,500.00
TOURNAMENT FEES/ AWAY	70 @ \$75 x 10	\$	52,500.00
		\$	201,260.00

EXPENSES

POOL RENTAL		\$	(44,500.00)
TOURNAMENT FEES/ HOME		\$	(3,000.00)
TOURNAMENT FEES/ AWAY		\$	(42,000.00)
CLUB ASSISTANT		\$	(600.00)
CREDIT CARD/ BANK FEES		\$	(8,000.00)
BALLS/CAPS/POOL DECK EQUIPMENT		\$	(5,000.00)
OFFICE SUPPLIES		\$	(500.00)
WEBSITE HOSTING		\$	(240.00)
USAWP CLUB/ COACH REGISTRATIONS		\$	(1,500.00)
COACH CERTIFICATIONS (CPR/FIRST AID/ BACKGROUND)		\$	(1,500.00)
COACHING (HOURLY/GAMES/GAS)		\$	(39,400.00)
ADMIN/ HEAD COACH		\$	(38,400.00)
CLOCKS/ SCORE TABLES/ REFEREES		\$	(2,500.00)
COACH UNIFORMS		\$	(2,500.00)
		\$	(189,640.00)

TOTAL PROFIT (LOSS) \$ **11,620.00**




 Dawne Prussak

Treasurer

6/3/17

 Date



 Debbie Snow

Secretary

6/3/17

 Date

Form **990-EZ**

Short Form
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. 1545-1150

2015

Department of the Treasury
 Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 2015, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C SAN CLEMENTE WATER POLO INC

D Employer identification number _____

F Group Exemption Number _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 169,781.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>	
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	164,434.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	5,347.
	6c Less: direct expenses from gaming and fundraising events	6c	328.
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,019.
	7a Gross sales of inventory, less returns and allowances	7a	
	7b Less: cost of goods sold	7b	
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	169,453.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	71,377.
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	75,746.
	14 Occupancy, rent, utilities, and maintenance	14	35,030.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) See Schedule O	16	11,462.
	17 Total expenses. Add lines 10 through 16	17	193,615.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-24,162.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,853.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	13,691.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2015)

Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a 0.		
37 b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
39 a Initiation fees and capital contributions included on line 9. 39 a N/A		
39 b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0 .		
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0 .		
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0 .		
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed None		

42 a The organization's books are in or located at _____

	Yes	No
42 b 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: _____		X
42 c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: _____		X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
44 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
44 c Did the organization receive any payments for indoor tanning services during the year?		X
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 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.

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No

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

Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? See instructions. ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SAN CLEMENTE WATER POLO INC

Form 990-EZ, Part I, Line 16
Other Expenses

Gas/Mileage Reimbursement.....	\$	2,456.
Referee Fees.....		3,016.
Supplies and Equipment.....		3,430.
Table and Clock Runners.....		2,560.
Total	\$	11,462.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To teach and promote youth water polo at the community level.

Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Organization primary exempt purpose is to teach and promote youth water polo at the community level.		
Includes Foreign Grants: No		
Total	\$ 0.	\$ 0.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No