



AGENDA REPORT

BEACHES, PARKS & RECREATION COMMISSION
Meeting Date: November 12, 2019

Agenda Item 5. B.
Approvals: _____
Dept. Head _____
Manager _____
Admin. Asst. MS

Department: Beaches, Parks & Recreation

Prepared By: Samantha Wylie, Recreation Manager

Subject: **RECREATION SPORTS PARTNERSHIP REVIEW – SAN CLEMENTE GIRLS SOFTBALL & SOUTH COAST YOUTH FOOTBALL**

Fiscal Impact: Yes. Based on current field usage, the annual subsidy for the San Clemente Girls Softball partnership is \$89,430; and the South Coast Youth Football partnership is \$32,990.

Summary: Staff recommends approval of Platinum Partnership status for San Clemente Girls Softball and South Coast Youth Football.

Background: Since 2011, the City has followed the sports recreation partnership policy as a mechanism to enable the City to subsidize youth sports groups to encourage and promote 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.

Eligible sports organizations can apply for one of three partnership levels: Platinum Partnership, Gold Partnership, and Silver Partnership (Attachment 1). Discounts vary based on level. The table below provides the approved discounts for hourly field use as well as for tournaments, camps, and clinics. Discounts are not offered on light fees.

Level of Partnership	Field Discount	Tournament Discount	Camp/Clinic Discount
Silver Partnership	55%	25%	25%
Gold Partnership	70%	25%	25%
Platinum Partnership	90%	50%	50%

Below are the minimum requirements for each of the three levels (Attachment 1):

- Platinum Partnership:**
 The minimum requirements to receive Platinum Partnership status include the following: provided the sports program in San Clemente for at least five years, currently have at least 300 participants with 90% San Clemente residents, and games, tournaments, and practices must be conducted in San Clemente.
- Gold Partnership:**
 The minimum requirements to receive Gold Partnership status include the following: provided the sports program in San Clemente for at least three years,

currently have at least 200 participants with 80% San Clemente residents, and games, tournaments, and practices must be conducted in San Clemente.

- **Silver Partnership:**

The minimum requirements to receive Silver Partnership status include the following: provided the sports program in San Clemente for at least two years, currently have at least 100 participants with 70% San Clemente residents.

Currently, the City maintains Sports Partnership Agreements with the following organizations: 1) Platinum Partners: American Youth Soccer Organization (AYSO), San Clemente Little League (SCLL), San Clemente Girls Softball (SCGS), South Coast Youth Football (SCYF); 2) Gold Partners: Elite Soccer; 3) Silver Partners: San Clemente Rugby.

At its February 7, 2017 meeting, the City Council approved Platinum Partnership status for SCGS.

At its October 4, 2016 meeting, the City Council approved a Platinum Partnership status for SCYF.

Discussion:

The City received Recreation Sport Partnership applications from SCGS (Attachment 2) and from SCYF (Attachment 3) with updated information requesting to continue their statuses of Platinum Partnership. The applicants meets the scholarship and inclusivity requirements of all partnership levels.

SCGS is a current Platinum Partner and is a member of the Amateur Softball Association (ASA). During its primary spring season, SCGS had 300 participants with 91.8% being San Clemente residents. It is a 100% recreational program. The program is run and maintained exclusively with volunteers. Based on its program budget, it does not allocate any funds towards administrative staff. As a current Platinum Partner, SCGS pay approximately \$17,886 in field rental fees. SCGS has been making regular on-time payments and has remained diligent in maintaining accurate bookkeeping and accounting.

SCYF is a current Platinum Partner, is a member of the Orange Empire Conference, and is a recognized subordinate member of Pop Warner Football. During its primary season, SCYF has risen to 306 participants with 95% being San Clemente residents. It is a 100% recreational program. The program is run and maintained exclusively with volunteers. Based on its program budget, it does not allocate any funds towards administrative staff. The only reasons that SCYF would deny player participation is if the player had been suspended from another Pop Warner League or if the player did not maintain a 2.0 GPA in school. As a current Platinum Partner, SCYF pays approximately \$6,598 in field rental fees.

Based on the criteria above, SCGS and SCYF qualify for Platinum Partnership.

Recommended

Action:

STAFF RECOMMENDS THAT the Beaches, Parks and Recreation Commission recommend the City Council grant Platinum Partnership status to San Clemente Girls Softball and South Coast Youth Football with a three-year agreement.

- Attachments:** 1.) Recreation Sports Policy
2.) San Clemente Girls Softball Sports Partnership Application
3.) South Coast Youth Football Partnership Application

Notification: San Clemente Girls Softball
South Coast Youth Football

RECREATION PARTNERSHIP POLICY AND PURPOSE:

- 1.1 It is the desire of the City of San Clemente (hereinafter "City") to encourage and promote various youth sports 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. Partnering with select outside organizations/associations for Recreation 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, field allocation priorities, and limited support services, which may include site preparation and maintenance, periodic field improvements as needed and limited administrative/clerical support.
- 1.2 The purpose of this Recreation Sports 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 Recreation programs and request fee reductions within City. A partnership agreement made pursuant to this policy shall be known as an RS Partnership, will carry the additional designation of *Platinum, Gold, or Silver*, and shall be subject to all the requirements set forth herein and any additions, amendments or revisions hereto. Only a limited number of RS 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 RS PARTNERSHIP:

- 3.1 The Applicant must meet the following minimum requirements and criteria for any RS 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 "no discrimination," "no alcohol," and "no illegal substance" policies.
- 3.2 In addition to the above requirements and criteria for RS Partnership, the Applicant may qualify for the levels of partnership as follows:
- a) **Platinum RS 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. Games, tournaments, and practices must be conducted in San Clemente boundaries.
 - b) **Gold RS Partnership:** must have provided the sports program for the City for at least three years, and currently have at least 200 participants, 80% of whom reside in the City. Games, tournaments, and practices must be conducted in San Clemente boundaries.
 - c) **Silver RS Partnership:** must have provided the sports program for City for at least two years, and currently have at least 100 participants, 70% of whom reside in the City of San Clemente

PROCEDURE FOR EVALUATING APPLICATION FOR A PARTNERSHIP:

- 4.1 All requests for RS 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 RS 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 RS 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 RS Partnership, or any specified level of partnership, Commission shall briefly include in the Minutes the reasons therefore. City Council shall make the final determination.

RS PARTNERSHIP EXPECTATIONS AND LONGEVITY

- 5.1 All RS Partners shall adhere to all the policies and procedures of City and the RSPP, and cooperate with the Department and City staff to ensure that the purpose of the partnership is met. RS Partners shall provide City representatives with access at all times to review or monitor the water sports program. RS 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 Gold and Silver RS 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.
- 5.3 Platinum RS 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 RS 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 RS Partnership status.
- 5.6 The City Council may grant the Department and/or Commission authority to extend RS 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
 100 N. Calle Seville, San Clemente, CA 92672
 Phone: (949) 361-8264

APPLICATION FOR RECREATION 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 various Recreation programs 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 programs 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 Platinum, Gold, or Silver Recreation Partnership, they must meet the minimum requirements and criteria listed in section 3.1 and must meet the definitions for a Platinum, Gold, or Silver listed below.

Platinum 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. Games, tournaments, and practices must be conducted in San Clemente boundaries.

Gold Partnership: must have provided the sports program for the City for at least three years, and currently have at least 200 participants, 80% of whom reside in the City. Games, tournaments, and practices must be conducted in San Clemente boundaries.

Silver Partnership: must have provided the sports program for City for at least two years, and currently have at least 100 participants, 70% of whom reside in the City of San Clemente

The Organization is seeking:

Platinum Partner Status Gold Partner Status Silver Partner Status

Has the Organization been granted partnership status in the past?

Yes No If yes, what year? 2016 What level? Platinum Partner

GENERAL INFORMATION			
Name:	ORGANIZATION NAME San Clemente Girls Softball	Federal Tax ID#:	FED #33-0924778
Main Contact:		CA Domestic Non-Profit#:	CA #2242306
E-Mail:	E-	Primary Phone:	
Address:	S-	Alternate Phone:	
	Cl	Years serving San Clemente:	YEARS 17
Sport/Activity:	SPORT Youth Girls Softball	Ages Served:	AGES 4-14

APPLICATION FOR RECREATION PARTNERSHIP STATUS

PROGRAM INFORMATION			
PRIMARY SEASON INFORMATION			
Primary Season Dates:	February - May (Spring)		
# Participants <i>Registered</i> Last Year:	307	% San Clemente residents:	91.8%
# Participants <i>Anticipated</i> This Year:	320	% San Clemente residents:	95%
Do players tryout based on skill?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
% Participation in recreation-based program:	100%		
% Participation in skill-based (Club, Select, All-Star) program:	0%		
Are players guaranteed minimum playing time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how much and explain?	Pursuant to SCGS rules, all players receive equal playing time, in addition to equal time in both infield & outfield positions in order to have a comprehensive understanding of the game and to foster good sportsmanship and teamwork.		
Itemize Costs to Participants (including required equipment purchase – attach pages as needed):			
Players require the following equipment: Helmet (~\$25), Glove (~\$25), Bat (~\$25).			
SECONDARY SEASON INFORMATION			
Secondary Season Dates:	September - November (Fall)		
# Participants <i>Registered</i> Last Year:	301	% San Clemente residents:	91.6%
# Participants <i>Anticipated</i> This Year:	315	% San Clemente residents:	95%
Do players tryout based on skill?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
% Participation in recreation-based program:	100%		
% Participation in skill-based (Club, Select, All-Star) program:	0%		
Are players guaranteed minimum playing time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how much and explain?	Pursuant to SCGS rules, all players receive equal playing time, in addition to equal time in both infield & outfield positions in order to have a comprehensive understanding of the game and to foster good sportsmanship and teamwork.		
Itemize Costs to Participants (including required equipment purchase – attach pages as needed):			
Players require the following equipment: Helmet (~\$25), Glove (~\$25), Bat (~\$25).			

APPLICATION FOR RECREATION PARTNERSHIP STATUS

ORGANIZATION STRUCTURE				
List the programs and/or sub-divisions offered by your organization:				
Title	# of Participants	% San Clemente Residents	Cost to Participate	Skills/Tryout Based?
6U (ages 6 & under)	27	93 %	\$100	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8U (ages 8 & under)	67	91 %	\$220	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10U (ages 10 & under)	118	92 %	\$220	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12U (ages 12 & under)	72	92 %	\$220	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14U (ages 14 & under)	23	96 %	\$220	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		%		<input type="checkbox"/> Yes <input type="checkbox"/> No
		%		<input type="checkbox"/> Yes <input type="checkbox"/> No

How are the following activities performed:
BOARD OF DIRECTORS: Paid Volunteer Other, explain: _____
COACHES: Paid Volunteer Other, explain: _____
COORDINATORS: Paid Volunteer Other, explain: _____

***All applicants must fill out Attachment "A" to provide detailed budget information.*

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

Each girl is evaluated by all coaches in their respective age division to determine their skill level. Then, the Registrar and Division Representatives distribute the girls evenly amongst the teams, ensuring the teams are fair and balanced. This enables SCGS to promote competitiveness, confidence, and teamwork as well as individual development. Teams are reassessed every season.

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)? Is there a penalty for non-volunteers?

SCGS has many opportunities for both parents and players to volunteer their time towards the betterment of the organization. The Board of Directors is comprised 100% of parent volunteers. Additionally, we solicit volunteers for coordinator positions, special events, coaching, team parents, and snack bar duties. There is no penalty for not volunteering.

Does your organization offer camps, clinics, or, private lessons? Yes No

If yes, list times, dates, and cost(s) to participants. We provide weekly pitching and catching clinics during Fall for a nominal fee of \$2/lesson. Additionally, we provide other skills clinics randomly throughout the season at no charge.

Does your organization offer programs for the disabled and/or an inclusive program? Yes No

APPLICATION FOR RECREATION PARTNERSHIP STATUS

If yes, describe program and include times, dates and costs to participants.
 We accept disabled players, but we do not have an exclusive program.

Does your organization host tournaments? Yes No

If yes, how many and what's the % of non-resident teams? Memorial Day Tournament - 80% non-resident teams come to San Clemente to compete, and to celebrate fallen service members.

What percentage of games/tournaments are played outside of San Clemente? 10 %

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

What percentage of games/tournaments are played against out of area teams? 10 %

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

Amateur Softball Association (ASA) & OC Fall Ball

SCHOLARSHIP PROGRAMS

Does your organization provide scholarships and/or reduced rate for low-income families? Yes No

If yes, provide the number of full scholarships each season, the amount per child, and the criteria for awarding the scholarship below.

	# Full Scholarships	Scholarship Amount/Child	Scholarship Criteria
PRIMARY	20	\$ 220	- Need based - confidential parent request made to Board of Directors. - 50% Military Discount (active & retired)
SECONDARY	10	\$ 203	- Need based - confidential parent request made to Board of Directors. - 50% Military Discount (active & retired)

Number of Partial Scholarships/Reduced Rates Primary Season: unlimited

Number of Partial Scholarships/Reduced Rates Secondary Season: unlimited

Discount amount per child: 50%

APPLICATION FOR RECREATION PARTNERSHIP STATUS

Reduced Rate Criteria:	- Need based - confidential parent request made to Board of Directors. - Payment plans available
ADDITIONAL ORGANIZATIONAL INFORMATION	
Does your organization have a current certificate of insurance and endorsements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Has your organization's insurance ever lapsed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list date(s) and brief explanation.	
Has your organization been the subject of any investigation (past or pending) by any government or administrative agency, whether at the City, County, State or Federal level? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list date(s) and brief explanation.	
Is your organization up to date on all outstanding balances with the City? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If no, list current account balance and anticipated date of receipt of payments?	
Has your organization demonstrated a history of adherence to City rules, policies and allocations? Please explain.	
SCGS has consistently worked with the City to ensure all families within our organization, and who patron the fields under our umbrella adhere to all rules and regulations. Additionally, we pay all assessed fees in a timely manner.	
Please describe your organization's philosophy.	
SCGS is committed to teaching and growing our youth into team players who are challenged in their athletic ability both physically and mentally. We aim to encourage, promote, and require good sportsmanship, good conduct and a strong commitment from every player, coach, manager and family member that participates in our league both on and off the field. We also strive to build character and foster healthy friendships, and to instill a lifestyle of service, discipline and positive attitudes that will be displayed not only in our league, but carried into our families, our schools and our community. We want to instill in the girls of our community the ideals of sportsmanship, accountability, honesty, loyalty, courage, and respect for authority in order to do our part to develop well-adjusted, strong, and happy children who will grow to become good, decent, healthy, and trustworthy citizens.	

APPLICATION FOR RECREATION PARTNERSHIP STATUS

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

SCGS is going to continue to work with the City of San Clemente to create good, decent, healthy, and trustworthy citizens, while creating an environment within our community where families can come together in fun, friendship, and competition.

If your organization was selected as a Platinum, Gold, or Silver Partner, please tell us what benefits you would provide back to your organization and the community.

SCGS provides the community with opportunities to come together and work collaboratively for the benefit of young girls and their families. We strive to promote well-adjusted, stronger, and happier children who will grow to become good, decent, healthy, and trustworthy citizens with a strong sense of community.

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

It is crucial for SCGS to maintain partnership status with the City of San Clemente. Without the partnership, our league will no longer be able to operate due to the cost to run a successful season. As the only youth softball league for girls in town, it would be detrimental to the City of San Clemente if we were no longer able to offer this program.

PLEASE ATTACH ALL OF THE FOLLOWING:

All items on the checklist provided below must be submitted in order to consider your application complete. Incomplete applications will not be considered.

- Encl (1) ○ Proof of federal non-profit status and CA domestic non-profit status
- Encl (2) ○ Program objectives, philosophy or mission statement
- Encl (3) ○ List of current board members; including name, position, and contact information
- Encl (4) ○ Articles, bylaws and other charter documents
- Encl (5) ○ A program budget (Use Attachment "A" for detailed budget or supply your own organization's format)
- Encl (6) ○ Profit/loss statement or audited financial statement
- Encl (7) ○ Last THREE years of tax returns for San Clemente sports program; if part of a district, regional, or nationally based organization the City is requesting tax and/or financial information that is sent to the larger Parent organization.
- Encl (8) ○ Last primary season's game/meet schedules including number of teams and game/meet locations
- Encl (9) ○ Player registration record, including addresses for Primary and Secondary Seasons
- Encl (10) ○ Current Certificate of liability insurance and endorsement letter

Partnership Budget Information

EXPENSES**Full-time Staffing & Board Positions:**

*Please list all full-time Board, Coaching, and other positions w/approximate expense

Position	Expense	Comments
President	\$0	Volunteer
Vice President	\$0	Volunteer
Secretary	\$0	Volunteer
Treasurer	\$0	Volunteer
Registrar	\$0	Volunteer
Tournament Director	\$0	Volunteer
Chief Fields Director	\$0	Volunteer
Equipment Director	\$0	Volunteer
Web Design Director	\$0	Volunteer
Snack Bar Coordinator	\$0	Volunteer
Division Representatives	\$0	Volunteer
Uniforms & Spirit Wear Coordinator	\$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	Comments
Coaches	\$0	Volunteer
Umpires	\$16,005	\$55/game
Committee Chairs	\$0	Volunteer
Committee Members	\$0	Volunteer
Total Part-time Staffing Expenses	\$16,005	

Uniforms	Expense	Comments
All Stars	\$11,600	Includes uniforms, helmets, & helmet decals
Winter	\$0	N/A
Spring	\$7,000	
Summer	\$0	N/A (see All Stars)
Fall	\$5,000	
Board Shirts	\$0	N/A
Coaches Shirts	\$600	
Meets Shirts	\$0	N/A
Camp Shirts	\$0	N/A
Other *Please detail items	\$0	N/A
Total Expense for Uniforms	\$24,200	

Partnership Budget Information

Supplies	Expense	Comments
Office	\$3,000	
Medical	\$1,000	
Maintenance Equipment	\$5,000	Includes field equipment and golf cart rental
Athletic Equipment	\$8,200	Balls, catchers equipment, & training equipment
Trophies/Awards	\$8,000	
Other Maintenance	\$0	N/A
Other Supplies	\$0	N/A
Other *Please detail Items		N/A
All Stars Trading Pins	\$6,700	
League-hosted events	\$6,500	
Total Expense for Supplies	\$38,400	

Administrative	Expense	Comments
Advertising	\$2,000	
Printing	\$500	
Training	\$2,000	Player clinics
Certifications	\$6,800	ASA Cards & Background Checks
Field Use	\$25,000	
Other *Please detail items		
Liability Insurance	\$500	
Website Hosting & Administration	\$2,600	
Tax Preparation	\$1,500	
Photography	\$1,000	
Total Expense for Administrative	\$41,900	

Tournament Fees:

# of home meets/tournaments	1
Estimated cost of each meet/tournament	\$25,000
# of away meets/tournaments	5
Estimated cost of each meet/tournament	\$300
Total Expense for Meets/Tournaments	\$26,500
Total Expenses	\$147,005

Partnership Budget Information

REVENUE
Registration

*Please list all levels of play and appropriate fee

Level of Play	Estimated # of Players & secondary seasons)	(primary Fee	Total
6U	53	\$100	\$5,300
8U	143	\$220	\$31,460
10U	247	\$220	\$54,340
12U	154	\$220	\$33,880
14U	32	\$220	\$7,040
Total Revenue for Registration			\$132,020

Fund Raising & Contributions:

*Please detail items and revenue

Fund Raiser	Revenue Generated
Hit A Thon	\$11,000
Sponsorships	\$1,500
Total Revenue for Fund Raisers	12,500

Other Income:

*Please list any additional forms of revenue

Income Source	Revenue Generated
Snack Bar	\$5,000
Total Revenue for Other Income	\$5,000

Camp Revenue	\$0
Tournament Revenue	\$35,500
Total Revenue Generated	\$185,020

12:04 PM
08/17/19
Accrual Basis

San Clemente Girls Softball
Profit & Loss
January through December 2018

	Jan - Dec 18
Ordinary Income/Expense	
Income	
Program Income	
Membership Dues	89,039.00
Program Service Fees	46,769.38
Program Income - Other	0.00
Total Program Income	135,798.38
Snack Bar	30,011.00
Total Income	165,809.38
Cost of Goods Sold	
Refund	0.00
Total COGS	0.00
Gross Profit	165,809.38
Expense	
Business Expenses	
Advertising	350.00
Bank Service Charges	33.14
Organization Checks	82.88
Tax filing fee	650.00
Total Business Expenses	1,116.02
Contract Services	
Face Painting	675.00 FUND RAISER
Photography	2,512.81 4a
Player's Clinic	8,896.00 4c
Taco Cart Rental	450.00 FUND RAISER
Umpire	13,918.34 4a
Total Contract Services	26,352.15
Facilities and Equipment	
Equip Rental and Maintenance	16,771.79
Rent, Park, Utilities, Permits	22,196.52
Storage	800.00
Total Facilities and Equipment	39,568.31 4a
Fundraising	
Snack Bar Reimbursement	5,282.82
Total Fundraising	5,282.82 FUNDRAISER
Operations	
Association Dues	7,637.45 4a
Postage, Mailing Service	413.40
Supplies	3,176.63 4a
Tournament fees	19,933.00 4b
Trophies	6,548.56 4b
Uniforms	36,803.78 4a
Total Operations	74,412.82
Other Types of Expenses	
Insurance - Liability, D and O	450.00
Total Other Types of Expenses	450.00
Total Expense	147,181.92
Net Ordinary Income	18,627.46
Net Income	18,627.46

ACHIEVEMENTS (P 12)

4a 103,417

4b 26,582

4c 8,896

138,895

ties to P 10, line 25b

FUNDRAISING EXP

6308

P 10; line 24a

ALL OTHER EXP ON

OVERFLOW STATEMENT

OR ITEMIZED P 10

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 2018, and ending 20

<input type="checkbox"/> 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	C Name of organization <u>SAN CLEMENTE GIRLS SOFTBALL</u>		D Employer identification no. <u>33-0924778</u>
	Room/suite	E Telephone number	
			G Gross receipts \$ <u>165,809</u>
			(H) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Hb) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

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

K Form of organization: Corporation Trust Association Other **L** Year of formation: 2001 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: INSTRUCTIONAL GIRLS SOFTBALL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>16</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>0</u>
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<u>5</u>	<u>0</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>0</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>30,011</u>
b Net unrelated business taxable income from Form 990-T, line 38	<u>7b</u>	<u>0</u>

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>101,428</u>	<u>89,03</u>
9 Program service revenue (Part VIII, line 2g)	<u>24,924</u>	<u>46,759</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>0</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	<u>22,416</u>	<u>30,011</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>123,844</u>	<u>165,809</u>

	Expenses	
	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>0</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>0</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25)	<u>6,308</u>	<u>0</u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>123,521</u>	<u>147,182</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>123,521</u>	<u>147,182</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>323</u>	<u>18,627</u>

	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>33,245</u>	<u>51,872</u>
21 Total liabilities (Part X, line 26)		<u>0</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>33,245</u>	<u>51,872</u>

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

Paid Preparer Use Only

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 2017, and ending 20

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

C Name of organization SAN CLEMENTE GIRLS SOFTBALL
 Doing business as _____

D Employer identification no. 33-0924778

E Telephone number _____

G Gross receipts \$ 123,844

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

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

K Website: WWW.SANCLEMENTEGIRLSSOFTBALL.ORG

L Form of organization: Corporation Trust Association Other ▶ **M** Year of formation: 2001 **N** State of legal domicile: CA

Part I Summary

Activities & Governance	1. Briefly describe the organization's mission or most significant activities: <u>INSTRUCTIONAL GIRLS SOFTBALL</u>	
	2. Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3. Number of voting members of the governing body (Part VI, line 1a)	3 12
	4. Number of independent voting members of the governing body (Part VI, line 1b)	4 0
	5. Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 0
	6. Total number of volunteers (estimate if necessary)	6
	7a. Total unrelated business revenue from Part VII, column (C), line 12	7a 22,416
b. Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8. Contributions and grants (Part VIII, line 1h)	Prior Year 73,193 Current Year 66,504
	9. Program service revenue (Part VIII, line 2g)	38,362 34,924
	10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
	11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,575 22,416
	12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	136,130 123,844
Expenses	13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14. Benefits paid to or for members (Part IX, column (A), line 4)	0
	15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0
	16a. Professional fundraising fees (Part IX, column (A), line 11e)	0
	b. Total fundraising expenses (Part IX, column (D), line 26)	12,906
	17. Other expenses (Part IX, column (A), lines 11a-11d; 11i-24e)	101,365 123,521
18. Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25)	101,365 123,521	
19. Revenue less expenses. Subtract line 18 from line 12	34,765 323	
Net Assets or Fund Balances	20. Total assets (Part X, line 16)	Beginning of Current Year 32,922 End of Year 33,245
	21. Total liabilities (Part X, line 26)	0
	22. Net assets or fund balances. Subtract line 21 from line 20	32,922 33,245

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 _____

Paid Preparer Use Only _____

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending 20

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

C Name of organization SAN CLEMENTE GIRLS SOFTBALL

D Employer identification no. 33-0924778

Room/suite _____

E Telephone number 136,130

G Gross receipts \$ _____

H(a) Is this a group return for subsidiaries? Yes No
 H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

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

J Website: ▶ WWW.SANCLEMENTEGIRLSOFTBALL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2001 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: INSTRUCTIONAL GIRLS SOFTBALL

Activities & Governance

2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>10</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>0</u>
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<u>5</u>	<u>0</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>24,575</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>32,349</u>	<u>73,193</u>
9 Program service revenue (Part VIII, line 2g)	<u>61,843</u>	<u>38,362</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>0</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>787</u>	<u>24,575</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>94,979</u>	<u>136,130</u>

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>0</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>0</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>9,979</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)	<u>101,401</u>	<u>101,365</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>101,401</u>	<u>101,365</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>(6,422)</u>	<u>34,765</u>

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>15,929</u>	<u>33,952</u>
21 Total liabilities (Part X, line 26)	<u>16,742</u>	<u>0</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>(813)</u>	<u>33,952</u>

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

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.



City of San Clemente
Beaches, Parks & Recreation Department
 100 N. Calle Seville, San Clemente, CA 92672
 Phone: (949) 361-8264

APPLICATION FOR RECREATION 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 various Recreation programs 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 programs 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 Platinum, Gold, or Silver Recreation Partnership, they must meet the minimum requirements and criteria listed in section 3.1 and must meet the definitions for a Platinum, Gold, or Silver listed below.

Platinum 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. Games, tournaments, and practices must be conducted in San Clemente boundaries..

Gold Partnership: must have provided the sports program for the City for at least three years, and currently have at least 200 participants, 80% of whom reside in the City. Games, tournaments, and practices must be conducted in San Clemente boundaries.

Silver Partnership: must have provided the sports program for City for at least two years, and currently have at least 100 participants, 70% of whom reside in the City of San Clemente

The Organization is seeking:

Platinum Partner Status Gold Partner Status Silver Partner Status

Has the Organization been granted partnership status in the past?

Yes No If yes, what year? 2016 What level? PLATINUM

GENERAL INFORMATION			
Name:	<u>SOUTH COAST YOUTH FOOTBALL & CHEER</u>	Federal Tax ID#:	<u>33-0833075</u>
Main Contact		CA Domestic Non-Profit#:	<u>02158323</u>
E-Mail:		Primary Phone:	
Address:		Alternate Phone:	
		Years serving San Clemente:	<u>20 YEARS</u>
Sport/Activity:	<u>FOOTBALL & CHEER</u>	Ages Served:	<u>5-15</u>

PROGRAM INFORMATION			
PRIMARY SEASON INFORMATION			
Primary Season Dates:	AUGUST 1 ST - NOVEMBER 15 TH		
# Participants Registered Last Year:	306	% San Clemente residents:	95%
# Participants Anticipated This Year:	315-320	% San Clemente residents:	95%
Do players tryout based on skill?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
% Participation in recreation-based program:	100%		
% Participation in skill-based (Club, Select, All-Star) program:	0%		
Are players guaranteed minimum playing time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how much and explain?	DEPENDING ON TEAM SIZE 10-12 PLAYS PER GAME		
Itemize Costs to Participants (including required equipment purchase – attach pages as needed):			
SCYF PROVIDES HELMETS AND SHOULDER PADS. PLAYERS NEED TO PROVIDE THEIR OWN PANTS (\$20), CUP (\$15), AND MOUTHGUARD (\$3). CLEKTS ARE NOT REQUIRED BUT RECOMMENDED (\$30).			
SECONDARY SEASON INFORMATION			
Secondary Season Dates:	N/A		
# Participants Registered Last Year:		% San Clemente residents:	
# Participants Anticipated This Year:		% San Clemente residents:	
Do players tryout based on skill?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
% Participation in recreation-based program:			
% Participation in skill-based (Club, Select, All-Star) program:			
Are players guaranteed minimum playing time?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how much and explain?			
Itemize Costs to Participants (including required equipment purchase – attach pages as needed):			

ORGANIZATION STRUCTURE

List the programs and/or sub-divisions offered by your organization:

Title	# of Participants	% San Clemente Residents	Cost to Participate	Skills/Tryout Based?
FLAG FOOTBALL		%	\$175	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TACKLE FOOTBALL		%	\$425	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CHEER		%	\$275	<input type="checkbox"/> Yes <input checked="" 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"/> Yes <input type="checkbox"/> No

How are the following activities performed:

BOARD OF DIRECTORS: Paid Volunteer Other, explain: _____

COACHES: Paid Volunteer Other, explain: _____

COORDINATORS: Paid Volunteer Other, explain: _____

***All applicants must fill out Attachment "A" to provide detailed budget information.*

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

TYPICALLY TEAMS ARE DIVIDED BY AGE AND WEIGHT. SCYF USUALLY ONLY FIELDS 1 TEAM PER DIVISION, SOME SEASONS WHEN WE HAVE ENOUGH TO FIELD 2 TEAMS IN THE SAME DIVISION WE TRY TO KEEP RETURNING PLAYERS TOGETHER AND PLACE THAT TEAM IN THE OPEN (COMPETITIVE) DIVISION.

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)? Is there a penalty for non-volunteers?

PARENTS ARE EXPECTED TO HELP WITH GATE DUTY, CHAINS & DOWN MARKERS ON GAME DAYS. VOLUNTEERS ARE ALSO NEEDED AS COACHES AND AS PLAYER AGENT (HANDLES ALL OF THE PAPERWORK FOR GAME DAYS AND CERTIFICATION).

Does your organization offer camps, clinics, or, private lessons? Yes No

If yes, list times, dates, and cost(s) to participants.

FREE SKILLS CLINIC OFFERED AT SCHS IN JULY BY THE VARSITY COACHES.

Does your organization offer programs for the disabled and/or an inclusive program? Yes No

<p>If yes, describe program and include times, dates and costs to participants. POP WARNER OFFERS A CHALLENGER FLAG LEAGUE. WE HAVE YET TO FIELD A TEAM BUT ARE DEFINITELY OPEN IF WE FOUND THE RIGHT VOLUNTEER COACH AND INTEREST IS SHOWN.</p>			
<p>Does your organization host tournaments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>If yes, how many and what's the % of non-resident teams?</p>			
<p>What percentage of games/tournaments are played outside of San Clemente?</p>			%
<p>Does your organization compete against out of area/non-resident teams? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>What percentage of <u>games</u>/tournaments are played against out of area teams?</p>			50 %
<p>List all other organizations with which your teams compete/participate in?</p>			
<p>WE PARTICIPATE IN POP WARNER ORANGE EMPIRE CONFERENCE. OTHER CITIES INCLUDE: BREA, TUSTIN, YORBA LINDA, SADDLEBACK VALLEY, RANCHO SANTA MARGARITA, LAKEWOOD, ANAHEIM, WHITTIER, HUNTINGTON BEACH, NORTH LONG BEACH, GARDEN GROVE</p>			
<p>SCHOLARSHIP PROGRAMS</p>			
<p>Does your organization provide scholarships and/or reduced rate for low-income families?</p>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, provide the number of full scholarships each season, the amount per child, and the criteria for awarding the scholarship below.</p>			
	# Full Scholarships	Scholarship Amount/Child	Scholarship Criteria
PRIMARY		\$	
SECONDARY			
<p>Number of Partial Scholarships/Reduced Rates <u>Primary</u> Season:</p>			14
<p>Number of Partial Scholarships/Reduced Rates <u>Secondary</u> Season:</p>			
<p>Discount amount per child:</p>		\$ 116	

Reduced Rate Criteria:	FILL OUT FORM EXPLAINING HARDSHIP, QUALIFY FOR REDUCED RATE LUNCH AT SCHOOL
ADDITIONAL ORGANIZATIONAL INFORMATION	
Does your organization have a current certificate of insurance and endorsements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Has your organization's insurance ever lapsed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list date(s) and brief explanation.	
Has your organization been the subject of any investigation (past or pending) by any government or administrative agency, whether at the City, County, State or Federal level? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list date(s) and brief explanation.	
Is your organization up to date on all outstanding balances with the City? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If no, list current account balance and anticipated date of receipt of payments?	
Has your organization demonstrated a history of adherence to City rules, policies and allocations? Please explain.	
YES. I BELIEVE WE DO A GOOD JOB.	
Please describe your organization's philosophy.	
TO HELP DEVELOP YOUTH FOR TACKLE FOOTBALL AND CHEER, TEACH DISCIPLINE, HARD WORK, AND RESPECT.	

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

WE TRY TO ACCOMMODATE & WORK NOT ONLY WITH THE CITY BUT ALSO WITH OTHER ORGANIZATIONS REGARDING FIELD USE. WE UNDERSTAND THERE IS SOME GIVE AND TAKE.

If your organization was selected as a Platinum, Gold, or Silver Partner, please tell us what benefits you would provide back to your organization and the community.

UNDER THE PLATINUM STATUS WE HAVE BEEN ABLE TO USE THE HIGH SCHOOL FOR HOME GAMES. THE STADIUM MAKES FOR AN EXCITING ENVIRONMENT FOR THE FOOTBALL PLAYERS AND CHEER LEADERS. WE ALSO WANT TO CONTINUE TO CYCLE IN NEW FOOTBALL HELMETS FOR THE MOST UP TO DATE AND SAFE EQUIPMENT FOR THE CHILDREN.

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

WE WOULD HAVE TO RAISE REGISTRATION FEES. WE ALREADY ARE PRICED AT THE TOP END. IT IS HARD TO KEEP OUR EQUIPMENT UPDATED WHEN THERE AREN'T ANY RESERVE FUNDS

PLEASE ATTACH ALL OF THE FOLLOWING:

All items on the checklist provided below must be submitted in order to consider your application complete. Incomplete applications will not be considered.

- Proof of federal non-profit status and CA domestic non-profit status ✓
- Program objectives, philosophy or mission statement ✓
- List of current board members; including name, position, and contact information ✓
- Articles, bylaws and other charter documents ✓
- A program budget (Use Attachment "A" for detailed budget or supply your own organization's format) ✓
- Profit/loss statement or audited financial statement ✓
- Last THREE years of tax returns for San Clemente sports program; if part of a district, regional, or nationally based organization the City is requesting tax and/or financial information that is sent to the larger Parent organization. ✓
- Last primary season's game/meet schedules including number of teams and game/meet locations ✓
- Player registration record, including addresses for Primary and Secondary Seasons ✓
- Current Certificate of liability insurance and endorsement letter ✓

South Coast PW

BUDGET VS. ACTUALS: FY18 BUDGET - FY18 P&L

January - December 2018

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Revenue				
Bounced Checks	-562.50		-562.50	
Cheer Registration				
Cheer Registration Refunds	-1,665.00	-250.00	-1,415.00	666.00 %
Processing Fee	-385.12	-311.61	-73.51	123.59 %
Registration - Cheer	15,626.67	17,390.00	-1,763.33	89.86 %
Uniforms - Cheer	1,989.00	13,087.00	-11,098.00	15.20 %
Total Cheer Registration	15,565.55	29,915.39	-14,349.84	52.03 %
Donations				
Donations - General	259.50	3,500.19	-3,240.69	7.41 %
Total Donations	259.50	3,500.19	-3,240.69	7.41 %
General Administrative				
Bank Interest	15.18	15.18	0.00	100.00 %
Total General Administrative	15.18	15.18	0.00	100.00 %
League Fundraising				
Fundraising - Cheer	4,622.00	2,127.00	2,495.00	217.30 %
Fundraising - Football	200.00	276.14	-76.14	72.43 %
League Sponsorship	6,435.12	3,980.00	2,455.12	161.69 %
Processing Fee	-97.80		-97.80	
Team Sponsorship	9,500.00	8,000.00	1,500.00	118.75 %
Total League Fundraising	20,659.32	14,383.14	6,276.18	143.64 %
Player Registration				
Player Registration - Refunds	-3,190.00	-4,650.00	1,460.00	68.60 %
Processing Fee	-2,568.79	-2,097.47	-471.32	122.47 %
Registration - Flag	2,350.00	4,325.00	-1,975.00	54.34 %
Registration - Tackle	88,198.80	88,562.00	-363.20	99.59 %
Total Player Registration	84,790.01	86,139.53	-1,349.52	98.43 %
Sales				
Spirit Wear	96.60	1,161.23	-1,064.63	8.32 %
Total Sales	96.60	1,161.23	-1,064.63	8.32 %
Travel Fundraising				
Travel	2,500.00		2,500.00	
Travel Fund (OEC)	4,000.00		4,000.00	
Total Travel Fundraising	6,500.00		6,500.00	
Total Revenue	\$127,323.66	\$135,114.66	\$ -7,791.00	94.23 %
GROSS PROFIT	\$127,323.66	\$135,114.66	\$ -7,791.00	94.23 %
Expenditures				
Board/Coaches				
Board/Coaches shirts	213.36	86.12	127.24	247.75 %
Total Board/Coaches	213.36	86.12	127.24	247.75 %
Cheer				

ATTACHMENT 3 - SCYF

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Competition	1,125.00	1,663.00	-538.00	67.65 %
Equipment - Other	256.44		256.44	
Equipment - Uniforms	2,040.45	13,295.55	-11,255.10	15.35 %
JAMZ Camp	5,572.00	2,131.00	3,441.00	261.47 %
Music	112.00	102.00	10.00	109.80 %
Total Cheer	9,105.89	17,191.55	-8,085.66	52.97 %
Field Rental, Maintenance & Improvements				
Field Rental - City of SC	7,826.50	5,952.50	1,874.00	131.48 %
Field Rental - CUSD	12,881.00	13,438.00	-557.00	95.86 %
Field Rental - CVCS		800.00	-800.00	
Field rental - Other	300.00		300.00	
Light Tower Rental		898.11	-898.11	
Scoreboard/Announcer Fee	-60.00	60.00	-120.00	-100.00 %
Sideline Chains, Markers	128.49	215.49	-87.00	59.63 %
Total Field Rental, Maintenance & Improvements	21,075.99	21,364.10	-288.11	98.65 %
General & Administrative Expenditures				
Accounting/Tax Services	450.00	450.00	0.00	100.00 %
Advertising		600.00	-600.00	
Bank Fee - Account Management	597.40	2,096.60	-1,499.20	28.49 %
Bank Fee - Bounced Checks	12.00		12.00	
Banner, Signs & Graphics	590.58		590.58	
Credit Card / ACH Fees	52.80		52.80	
Donations / Charity Contributions	1,175.00		1,175.00	
Internet / Website	420.00	420.00	0.00	100.00 %
Office Supplies	21.53	530.09	-508.56	4.06 %
Postal/Mail Services	264.00	300.59	-36.59	87.83 %
Printing & Publications		37.99	-37.99	
Scale Calibration		75.00	-75.00	
SCYF Board Food / Meeting Expense	61.00	201.59	-140.59	30.26 %
Taxes & Licenses	60.00	60.00	0.00	100.00 %
Team Photos	1,024.92		1,024.92	
Trophies & Awards	5,206.87	5,066.52	140.35	102.77 %
Total General & Administrative Expenditures	9,936.10	9,838.38	97.72	100.99 %
OEC Assessments				
Assign Fee	552.00		552.00	
Fine	500.00	752.00	-252.00	66.49 %
Medical	4,568.00	5,259.00	-691.00	86.86 %
National/Regional	330.00	365.00	-35.00	90.41 %
Referee	9,459.00	7,802.00	1,657.00	121.24 %
Rule Books, Patches, Challenger, Etc.	1,335.00	462.50	872.50	288.65 %
Team	6,850.00	10,263.00	-3,413.00	66.74 %
Travel	3,797.00	3,863.00	-66.00	98.29 %
Total OEC Assessments	27,991.00	28,786.50	-1,375.50	95.22 %
Player				
Equipment - New Team Gear	8,762.65	10,383.09	-1,620.44	84.39 %
Equipment - Reconditioning/Recertification	1,519.03	3,740.42	-2,221.39	40.61 %
Equipment - Uniforms	35,546.18	28,881.53	6,664.65	123.08 %
Miscellaneous		118.87	-118.87	

ATTACHMENT 3 - SCYF

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Practice T-shirt		442.80	-442.80	
Total Player	45,827.86	43,566.71	2,261.15	105.19 %
Player / Cheer Registration				
Registration Materials	169.34		169.34	
Total Player / Cheer Registration	169.34		169.34	
Sponsorships				
Sponsorship Banners, Advertisement, Etc.	301.68	5,127.11	-4,825.43	5.88 %
Total Sponsorships	301.68	5,127.11	-4,825.43	5.88 %
Team Safety				
Background Checks	1,440.00	1,368.00	72.00	105.26 %
First Aid Kits, Ice Packs, Etc.		123.50	-123.50	
Total Team Safety	1,440.00	1,491.50	-51.50	96.55 %
Training				
Coach Training		10.00	-10.00	
Total Training		10.00	-10.00	
Travel				
Travel - Cheer	9,440.00		9,440.00	
Total Travel	9,440.00		9,440.00	
Total Expenditures	\$124,901.22	\$127,441.97	\$ -2,540.75	98.01 %
NET OPERATING REVENUE	\$2,422.44	\$7,672.69	\$ -5,250.25	31.57 %
Other Revenue				
Team Fund Raising - TD Bucket, Snack Bar, Etc.				
Jr Varsity - Red	0.00		0.00	
Total Team Fund Raising - TD Bucket, Snack Bar, Etc.	0.00		0.00	
Total Other Revenue	\$0.00	\$0.00	\$0.00	0.00%
NET OTHER REVENUE	\$0.00	\$0.00	\$0.00	0.00%
NET REVENUE	\$2,422.44	\$7,672.69	\$ -5,250.25	31.57 %

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 2018, and ending 20

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

C Name of organization SCY FOOTBALL, INC
 Doing business as _____

D Employer identification number 33-0833075

E Telephone number _____

G Gross receipts \$ 127,323.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1999 **M** State of legal domicile: CA

H(c) Group exemption number ▶ _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION SUPPORTS YOUTH TEAM SPORTS IN A COMMUNITY IN WHICH PLAYERS LIVE AND ATTEND SCHOOL.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6 150
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 15.
	7b Net unrelated business taxable income from Form 990-T, line 38 7b 0.
	8 Contributions and grants (Part VIII, line 1h) 8 6,403. 11,483.
9 Program service revenue (Part VIII, line 2g) 9 129,196. 115,825.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15. 15.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 135,614. 127,323.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 1,175.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. b
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 130,876. 123,726.
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 130,876. 124,901.
19 Revenue less expenses. Subtract line 18 from line 12 19 4,738. 2,422.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 36,667. 39,089.
	21 Total liabilities (Part X, line 26) 21
	22 Net assets or fund balances. Subtract line 21 from line 20 22 36,667. 39,089.

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 _____ Date 05/07/2019

Paid Preparer Use Only _____

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **2017**, and ending **20**

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

C Name of organization **SCY FOOTBALL, INC**
 Doing business as

D Employer identification number
33-0833075

E Telephone number

G Gross receipts \$ **135,614**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1999** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION SUPPORTS YOUTH TEAM SPORTS IN A COMMUNITY IN WHICH PLAYERS LIVE AND ATTEND SCHOOL.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	15.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 16,443.	Current Year 6,403.
	9	Program service revenue (Part VIII, line 2g)	131,796.	129,196.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18.	15.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,257.	135,614.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		0.
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	149,311.	130,876.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	149,311.	130,876.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,054.	4,738.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 62,274.	End of Year
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	62,274.	

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 _____ Date **05/31/2018**

Paid Preparer Use Only

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

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending _____

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

C Name of organization SCY FOOTBALL, INC
 Doing business as _____

D Employer identification number 33-0833075

E Telephone number _____

G Gross receipts \$ 148,257
 Is this a group return for subordinates? Yes No
 Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: N/A **H(c)** Group exemption number _____

K Form of organization: Corporation Trust Association Other _____ **L** Year of formation: 1999 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION SUPPORTS YOUTH TEAM SPORTS IN A COMMUNITY IN WHICH PLAYERS LIVE AND ATTEND SCHOOL.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>15</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>15</u>
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<u>5</u>	<u>0</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>150</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0.</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>19,622.</u>	<u>16,443.</u>
9 Program service revenue (Part VIII, line 2g)	<u>84,945.</u>	<u>131,796.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>19.</u>	<u>18.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>104,586.</u>	<u>148,257.</u>

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>127,192.</u>	<u>149,311.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>127,192.</u>	<u>149,311.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-22,606.</u>	<u>-1,054.</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>63,328.</u>	<u>62,274.</u>
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances. Subtract line 21 from line 20	<u>63,328.</u>	<u>62,274.</u>

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.

Signature of officer _____ Date 05/01/17

Sign Here

Paid Preparer Use Only

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