

CITY OF CORONADO FY 2021-22 **COMMUNITY GRANT PROGRAM**



GRANT APPLICATION
SELECT THE COMMUNITY ELEMENT:

ECONOMIC DEVELOPMENT
SOCIAL SERVICES

COMMUNITY PRIDE/SENSE OF PLACE
ARTS AND CULTURE

Organization Information

Organization Name: _____

Address: _____ City: _____ Zip Code: _____

Tax ID#/Nonprofit Status: _____

Contact Name: _____ Phone: _____ Email: lizriebe@coronadomainstreet.com

What was the applicant's total expenditure budget in the most recent fiscal year? _____

Did the applicant receive a grant(s) from Coronado last fiscal year? Yes No

If "yes," what was the total value of the grant(s) awarded? _____

If "yes," what was/were the grant(s) used for? _____

If "yes," how much grant funding is remaining from last year? _____

What is the total amount of grant funding for FY2021-22 requested by your organization from Coronado?

Note, grant funding requests are limited to \$200,000 per organization across all community elements in total.

Attachments – Please attach the following documents and check to certify.

- Most recently submitted IRS Form 990
- Past three years of financial statements
- Proposed Project/Activity Expenditure Budget

Organizational Capacity Information - Please attach the following documents, as applicable, and check to certify.

- Names and terms of all Board Members

If organization has employees:

- Names and bios of top three employees
- Does the organization have a Personnel Policy? Yes, attached No
- Does the organization have an Anti-Nepotism Policy? Yes, attached No

If organization has property:

- Does the organization have a Disposition of Surplus Personal Property Policy? Yes, attached No

All organizations applying for a community grant must complete a separate and complete Program Application for each program a grant is being requested.

I. Program Information

Program/Activity/Event Title: _____

II. Grant Type

Select the grant type (see definition below) that most closely aligns with the program you are applying to administer.

- Special Event**
 - Purpose – To partially fund the cost of a one-time event.
 - Restriction – Funding is limited to no more than 50% of the total event cost.

- Services**
 - Purpose – To fund the execution of specific, non-profit services.
 - Restriction – Applications requesting funding over multiple years through a single grant cycle will not be accepted. Applications will be accepted for the same programs on a yearly basis.

- Seed Money**
 - Purpose – To partially fund the cost of starting a new event, program, or service that intends to exist for multiple years.
 - Restriction – Funding is limited to no more than three consecutive years and must include reductions in City funding each year.

- One-Time Purchase**
 - Purpose – To fund all or part of the cost of a capital good.
 - Restriction – Funding is for a one-time purchase only. Organizations may not apply for one-time purchase grants in consecutive years.

- Recurring Events**
 - Purpose – To fund all or part of the cost of a recurring event.
 - Restriction – The event must be free, or of nominal cost to attendees and serve the broader community.

III. Program Information

Reference the evaluation criteria and focus areas per Community Element for information on response expectations. Responses are limited to four pages and must be submitted using the below form.

Applicants may submit up to 3 additional supplemental pages to support the application, including graphs, charts, links to videos, and pictures. Narrative information should not be included in the supplemental items. Information can be submitted via email, accessible by clicking the submission button on page 7.

NOTE: CLEARLY INDICATE WHICH EVALUATION CATEGORY YOU ARE RESPONDING TO.

For Example: Type “ACTIVITY ALIGNMENT” and then begin your response. Repeat for each category. A failure to note the category may result in a loss of points.

Organization: _____ Program: _____

Organization: _____ Program: _____

[Empty rectangular box for content]

Organization: _____ Program: _____

A large, empty rectangular box with a thin black border, occupying the majority of the page. It is intended for the applicant to provide details about their organization and program.

Organization: _____ Program: _____

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide details about their organization and program.



Proposed Project/Activity Expenditure Budget

Organization: _____

Program: _____

Use the table below. Identify anticipated project/activity expenditures to be paid for with Coronado Community Grant Program funding.

List of Expenses	Description	Estimated Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total Budget		

Please complete the above standard "List of Expenses" categories as identified. If not applicable, enter \$0. Enter additional expenses in the line items following. This will be used to collect data on the typical types of expenses of grantees.

Example:

List of Expenses	Description	Estimated Amount
1. Supplies	2,500 Printed programs for distribution at the event	\$500

Submit application by clicking the button below. Applications are due April 2 by 5:00pm.
Include any attachments within the email. Please save a copy for your records.

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	133,999	22 118,526
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	133,999	25 118,526
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,999	27 118,526

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 To revitalize Coronados downtown through preservation and beautification for the benefit of the entire community

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) ▶	32	116,741

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mark Andrews President	1 00	0		
Georgia Ellis Member	1 00	0		
Chris Ackerman Vice President	1 00	0		
Karen Trecartin Secretary	1 00	0		
Robins Crehore Kelly Treasurer	1 00	0		
Katherine Farley Member	1 00	0		
Linn Kovar Member	1 00	0		
Caroline Murray Member	1 00	0		
Cathy Thomas Osmialowski Member	1 00	0		
Eddie Warner Member	1 00	0		
Rita Sarich Executive Dir	40 00	0		

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

Table with 3 columns: Question, Yes, No. Rows include 33-41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of Coronado Mainstreet LTD Telephone no (619) 435-9139 Located at 1001 B Avenue Suite 216 Coronado, CA ZIP + 4 92118

Table with 3 columns: Question, Yes, No. Rows include 42b and 42c regarding foreign accounts and offices.

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

Table with 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds and tanning services, and 45a-45b regarding controlled entities.

	Yes	No
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	46	No

Part VI 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

	Yes	No
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	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	No

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 Signature of officer Rita Sarch Executive Director <small>Type or print name and title</small>	2020-05-15 <small>Date</small>
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Paid Preparer Use Only	Print/Type preparer's name John M Hart CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00013328
	Firm's name ▶ Hayes Hart CPAs Wealth Management Inc			Firm's EIN ▶ 82-2731003	
	Firm's address ▶ 1001 B Avenue Suite 211 Coronado, CA 921183424			Phone no (619) 435-4195	

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 33-0339950

Name: Mainstreet Coronado Ltd

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 Annual Trick or Treating community event held on Halloween night to encourage safe Trick-or-Treating and community interaction with merchants in downtown area of Coronado (Grants \$ 1,063)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 Classic and antique car show held annually to increase pedestrian traffic and shopping downtown (Grants \$ 23,399)</p> <p style="text-align: right;">If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29a</p>	

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 Maintain 16 median gardens in the Orange Avenue/ Park Median to beautify Coronado's downtown for the benefit of the entire community (Grants \$ 88,062)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>Shop Small - annual event to encourage community members to patronize local businesses (Grants \$ 4,217)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Mainstreet Coronado Ltd

Employer identification number

33-0339950

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	122,269	106,940	120,555	103,765	99,362	552,891
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	122,269	106,940	120,555	103,765	99,362	552,891
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						552,891

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	122,269	106,940	120,555	103,765	99,362	552,891
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61	34	50	22	38	205
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	36,800	70,119	52,381	44,969	49,515	253,784
11	Total support. Add lines 7 through 10						806,880
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	68.520 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	68.550 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 33-0339950

Name: Mainstreet Coronado Ltd

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Garden Party (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	29,596			29,596
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	29,596			29,596
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	400			400
	9 Other direct expenses	8,729			8,729
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,129
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				20,467

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Mainstreet Coronado Ltd

Employer identification number

33-0339950

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1955

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$3299

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Median Maintenance \$32210

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Motorcars on Mainstreet \$10073

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Lights Maintenance \$5699

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Public Relations \$2056

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Shop Small \$1815

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Telephone \$938

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Training \$763

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Downtown Goes Ghostly \$458

Coronado MainStreet

Approved

FY 2020-21 Budget

Revised 8-20-20, 8-27-20, 11-4-20

July 1, 2020 - June 30, 2021

	FY 18-19 Budget	FY 18-19 Actuals	FY 2019-20 Budget	FY 2019-20 Actuals	FY 2020-21 Option #2	Notes
INCOME						
City Funding	103,765	95000.00	81000.00	81,000.00	42,621.00	
Monitoring Contract					8,000.00	6 months
Contributions	5,000	4381.88	5000.00	600.00	2,000.00	
Promotion Income						
Garden Party	28,400	29596.12	30000.00	33,700.00	0.00	
MotorCars	25,000	19958.59	21500.00	3,790.00	20,000.00	
Puzzle Program				7,110.00	7,000.00	
Rum Cake Program				410.00	0.00	
Transfer/Savings				20,000.00	0.00	
TOTAL INCOME	162,165	148936.59	137500.00	146,610.00	79,621.00	
EXPENSES						
Insurance	2,600	3299.00	2500.00	2,810.00	2,500.00	
Lights Maintenance	2,230	5699.07	0.00	0.00		
Garden Maintenance						
Gardener	26,400	26400.00	26400.00	26,400.00		
Trees	1,500	810.00	1200.00	2,260.00		
Replanting	5,000	5000.00	8000.00	7,000.00		
Repairs	100	0.00		0.00		
Reserves	0	0.00		0.00		
Garden Party Expenses	10,000	9129.34	9000.00	10,400.00		
Monitoring Contract					4,600.00	
MotorCars Expenses	13,500	9746.08	9800.00	1,800.00	10,000.00	
Newsletters	2,200	1899.16	2000.00	1,370.00	0.00	
Office Supplies	2,500	1977.80	2200.00	1,940.00	2,000.00	
Outreach Reserve	2,500	0.00	0.00	0.00		
Postage	300	199.00	200.00	40.00	200.00	
Promotion Expense	2,500	2273.28	2500.00	2,100.00	3,000.00	
Puzzles, Cake Mugs				5,950.00	3,200.00	
Public Relations	400	2055.73	2000.00	1,130.00	2,000.00	
Rent & CAM	18,000	18000.00	18000.00	18,000.00	9,400.00	
Services	1,500	2349.54	2500.00	2,000.00	2,000.00	
Telephone	1,600	937.99	1000.00	1,000.00	1,000.00	
Travel & Training	600	763.26	1500.00	0.00	0.00	
Wages						
Salary	56,000	56072.47	56000.00	55,450.00	35,000.00	
Taxes	5,000	5563.39	5000.00	5,000.00	3,000.00	
Health	2,240	2239.92	1840.00	1,840.00	1,150.00	
TOTAL EXPENSES	156,670	154415.03	151640.00	146,490.00	79,050.00	
BALANCE	5,495	(5478.44)	(14140.00)	120.00	571.00	
Note Payable - PPP Loan				12,010.00		

Coronado MainStreet

FY 2016-17

2nd Quarter Budget vs Actuals

July 1, 2016 - December 31, 2016

	FY 16-17 Budget	FY 16-17 Actuals
INCOME		
City Funding	103,765	51,882.50
Garden Donations	1,200	
Promotion Income		
Garden Party	25,600	19,298.49
MotorCars	12,400	4,000.00
TOTAL INCOME	142,965	75,180.99
EXPENSES		
Insurance	3,000	2,048.00
Lights Maintenance	6,800	3,342.00
Garden Maintenance		
Gardener	25,800	13,500.00
Trees	1,300	
Replanting	10,000	
Repairs	2,000	
Reserves	300	
Newsletters	2,200	2,610.88
Office Supplies	2,000	1,594.66
Postage	500	233.75
Promotion Expense	3,000	3,160.29
Public Relations	2,000	355.00
Rent & CAM	13,125	6,525.00
Services	5,000	241.00
Telephone	1,900	890.02
Travel & Training	1,500	
Wages		
Salary	55,550	27,123.15
Employer Taxes	4,700	2,265.57
Health	2,240	1,119.96
TOTAL EXPENSES	142,915	65,009.28
BALANCE	50	10,171.71

Coronado MainStreet

Proposed

FY 2020-21 Budget

Revised 8-20-20, 8-27-20, 11-4-20

July 1, 2020 - June 30, 2021

	FY 18-19 Budget	FY 18-19 Actuals	FY 2019-20 Budget	FY 2019-20 Actuals	FY 2020-21 Budget Option #1	FY 2020-21 Option #2	Notes
INCOME							
City Funding	103,765	95000.00	81000.00	81,000.00	42,621.00	42,621.00	
Monitoring Contract						8,000.00	6 months
Contributions	5,000	4381.88	5000.00	600.00	2,000.00	2,000.00	
Promotion Income							
Garden Party	28,400	29596.12	30000.00	33,700.00	0.00	0.00	
MotorCars	25,000	19958.59	21500.00	3,790.00	20,000.00	20,000.00	
Puzzle Program				7,110.00	7,000.00	7,000.00	
Rum Cake Program				410.00	0.00	0.00	
Transfer/Savings				20,000.00	0.00	0.00	
TOTAL INCOME	162,165	148936.59	137500.00	146,610.00	71,621.00	79,621.00	
EXPENSES							
Insurance	2,600	3299.00	2500.00	2,810.00	2,500.00	2,500.00	
Lights Maintenance	2,230	5699.07	0.00	0.00	0.00		
Garden Maintenance							
Gardener	26,400	26400.00	26400.00	26,400.00	0.00		
Trees	1,500	810.00	1200.00	2,260.00	0.00		
Replanting	5,000	5000.00	8000.00	7,000.00	0.00		
Repairs	100	0.00		0.00	0.00		
Reserves	0	0.00		0.00	0.00		
Garden Party Expenses	10,000	9129.34	9000.00	10,400.00	0.00		
Monitoring Contract						4,600.00	
MotorCars Expenses	13,500	9746.08	9800.00	1,800.00	10,000.00	10,000.00	
Newsletters	2,200	1899.16	2000.00	1,370.00	1,500.00	0.00	
Office Supplies	2,500	1977.80	2200.00	1,940.00	2,000.00	2,000.00	
Outreach Reserve	2,500	0.00	0.00	0.00	0.00		
Postage	300	199.00	200.00	40.00	200.00	200.00	
Promotion Expense	2,500	2273.28	2500.00	2,100.00	3,000.00	3,000.00	
Puzzles, Cake Mugs				5,950.00	3,200.00	3,200.00	
Public Relations	400	2055.73	2000.00	1,130.00	2,000.00	2,000.00	
Rent & CAM	18,000	18000.00	18000.00	18,000.00	3,500.00	9,400.00	
Services	1,500	2349.54	2500.00	2,000.00	2,500.00	2,000.00	
Telephone	1,600	937.99	1000.00	1,000.00	1,000.00	1,000.00	
Travel & Training	600	763.26	1500.00	0.00	0.00	0.00	
Wages							
Salary	56,000	56072.47	56000.00	55,450.00	35,000.00	35,000.00	
Taxes	5,000	5563.39	5000.00	5,000.00	3,000.00	3,000.00	
Health	2,240	2239.92	1840.00	1,840.00	1,150.00	1,150.00	
TOTAL EXPENSES	156,670	154415.03	151640.00	146,490.00	70,550.00	79,050.00	
BALANCE	5,495	(5478.44)	(14140.00)	120.00	1,071.00	571.00	
Note Payable - PPP Loan				12,010.00			

Biography:

Elizabeth Riebe Executive Director Coronado MainStreet

Born: Orlando, Florida

I recently assumed the position of executive director at Coronado MainStreet. I have been waiting to jump back into a job that would be a worthwhile one. I have learned valuable lessons in fundraising, and communication while supporting, and volunteering my time with various organizations. Including the roles of CEO and CFO of my household.

While out of the workforce, I was able to further my skill set involving multiple fundraising volunteer efforts, community outreach programs within Navy spouse organizations, and CUSD committees.

My personal goal for Coronado MainStreet is to integrate the community more into our organization, and to begin collaborating on projects, and events with other Non-Profits. Hopefully, together, we can revitalize our town after a downturn in our economy due to Covid 19.

Education: University of West Florida. Bachelor of Arts degree in Communication

Biography:

Mariah Rowden, Assistant Director, Coronado MainStreet

Born: Coronado, California

I have been the Assistant Director at Coronado MainStreet since February 2019. I recently completed my Associate of Science degree in Accounting and accepted a position as the Client Onboarding Manager at a national accounting firm. Once I transition to my new position, I will continue to be involved with Coronado MainStreet as a member of the Board of Directors.

I volunteered with Coronado MainStreet for approximately fifteen years before becoming an employee of the organization. In that time, I learned the basics of running each event hosted by Coronado MainStreet. Since becoming the Assistant Director, I have organized and overseen each of the events and facilitated the Coronado Currency program.

I hope to see Coronado MainStreet evolve into a more community-involved organization. We are working hard to expand our collaboration efforts in the community to bring our town back to life and fix the damage done by the unfortunate events of the last year.

Education: San Diego Miramar College. Associate of Science degree in Accounting.



DRAFT

Coronado MainStreet Ltd.,
a nationally accredited Main Street® Program
1001 B Avenue #216
Coronado, CA 92118
(619) 437-0254
Director@CoronadoMainStreet.com
www.CoronadoMainStreet.com

**CORONADO MAINSTREET LTD.
EMPLOYEE POLICES AND PROCEDURES**
APPROVED BY Board of Directors _____

I. PURPOSE

These polices and procedures set forth general terms and conditions of employment at Coronado MainStreet Ltd (hereinafter called CM). This statement dated November 7, 2019 supersedes any previous polices and procedures of CM and it shall be in effect for all employees until superseded by a revised document. This statement is not exclusive and other polices and procedures may be enacted and in effect from time to time. These policies and procedures do not constitute an employment contract and they do not entitle employees to continued employment. All program and administrative employees are “at will” employees, which means they can be discharged with or without cause at any time.

II. ORGANIZATION

The staff of CM consists of the Executive Director (salaried).

Full-time staff is expected to work days which are not holidays, vacation days, sick leave or weekends. All employees may be called upon from time to time to work at other times in order to accomplish the tasks required by their positions.

Staff is expected to attend all board and committee meetings as well as special events.

III. TERMS OF EMPLOYMENT

The Executive Committee is empowered with the organization’s personnel management of the professional and other staff positions (whether employee or contract) needed to carry out the work of the Organization or charge. The Executive Director reports directly to the President of the Board and when he or she is not in state, staff reports to the Vice-President.

New Employees

New employees will be furnished with a written job description. New employees will receive a formal written performance evaluation at 6 months, and 1 year.

Continuing Employees

Employees can expect a written evaluation annually and recommendations will be made to the Executive Committee.

Terminations

Voluntary

If a staff member chooses to terminate their employment with the Organization, the employee is requested to give at least two (2) weeks notice.

Involuntary

Any employee may be terminated, with or without cause, at any time when the Executive Committee in its sole discretion determines that the services of that employee are no longer needed.

Unsatisfactory Performance Evaluation

Should a staff member's evaluation fall below the accepted performance standards, the employee may be terminated. In the alternative, and without waiving its right to terminate such employee, the Executive Committee may advise the employee of the specific required improvements, and the Executive Committee may establish a reasonable probationary period. If the Executive Committee determines to discharge the employee, or if, at the end of the probationary period the employee has failed to improve his/her performance to a satisfactory level, the employee may be terminated by the Executive Committee and the Board President.

Cause for immediate dismissal shall include, but not be limited to, the following:

- Disclosure or misuse of confidential information
- Theft of funds, equipment supplies, or other Organization property
- Conviction of a felony
- Intentional misapplication/misappropriation of Organization funds
- Falsification of credentials or misrepresentation of employment information
- Being under the influence of illegal drugs and/or alcohol during designated work time, possession of illegal drugs/alcohol/firearms on Organization property
- Striking or hitting other co-workers or members/visitors

Notwithstanding the specific mention of unsatisfactory performance evaluation in subparagraph (b) above the listing of the certain specific violations that will be cause for immediate dismissal in subparagraph (c) above, it should be clearly understood that those items are not all inclusive and that there may be situations warranting discipline or termination that are unrelated to performance standards and not specifically listed. These other situations must, necessarily, be judged on a case-by case basis and ultimate resolution of such situations is hereby declared to be the function of the Executive Committee with the advice and consent of the Board President.

Incidents of Harassment or Discrimination

All employees are requested, and directed, to report any actual, threatened or perceived incident of harassment or discrimination to their supervisor, a member of the Executive Committee, or the Board President. The Organization does not condone or tolerate harassment of any kind and employees should immediately report any such incident so that it can be investigated and appropriate action taken.

Grievance Procedure

Where there is a multiple staff, full or part-time, the Executive Committee shall relate to the entire staff, providing to all staff members direct personal and professional access to the Executive Committee. Any employee, who has a grievance with a director or immediate supervisor, after consultation with that person, may request a meeting with the Board President. Likewise, upon written

request to the Board President, the employee may request to meet with the entire Executive Committee.

IV. COMPENSATION AND BENEFITS

A. Salary and Benefits

1. Salaries and salary adjustments shall be based on experience, extent of responsibility, reliability, performance, cost of living, and salaries paid in other locally comparable professions. These will be reviewed annually for appropriate recommended adjustments by the Executive Committee with the Board President's input.
2. Employees are paid on a semi-monthly basis; on the 1st and 15th day of each month.
3. Deductions for Social Security will be made on each paycheck as required by law. Other employee taxes will be deducted according to law.
4. The Organization is required to deduct income tax (Federal and State) based on the completed W-4 form of each employee listing dependency status.

B. Vacation

Employees vacation shall be earned on an annual basis and is to be taken between January 1 and December 31. An employee who is hired during the year will not be eligible for a vacation for six months from the date of employment. A week of vacation is defined as the equivalent of the number of hours worked in a typical week.

Staff shall receive vacation based upon their service record.

All paid staff (full-time and part-time) shall schedule vacation time that is mutually agreed upon by the employee and the immediate supervisor, taking into consideration the requests of each staff member, so that the work of the office will not be restricted and the need to employ temporary staff will be minimized. Vacation time may be divided.

The following table will be used:

1 – 4 years of employment	2 weeks vacation
5 – 9 years of employment	3 weeks vacation
10 or more years	4 weeks vacation

Any situations which are not specifically described shall be referred to the Board President for decision and he/she may consult with the Executive Committee if he/she chooses. The following also applies:

1. Vacation time will not be exchanged for money.
2. Vacations must be approved by the immediate supervisor and the Board President at least two weeks prior to vacation.
3. Unused vacation may not be carried forward to the following year unless approved in writing by the Board President.

C. Continuing Education

It is the general policy of CM to encourage and support, within budgetary limits, job-related continuing education by employees in their areas of responsibility. An employee may request up to two regular work weeks per calendar year in addition to regular vacation, beginning in the employee's calendar year of employment. Requests for continued education shall be made to the Board President. It shall be the Board President's responsibility to assure that any continuing education activity qualifies as an appropriate continuing education activity for the requesting employee. Time which is requested must be spent on a bona fide approved activity directly relating to the employee's area of responsibility with CM.

Any employee who requests to attend a continuing educational activity at the expense of the Organization should be sure that the necessary funds are available through the normal budgetary process. Only pre-approved, budgeted expenses will be considered for reimbursement. If a continuing education request requires the use of temporary replacement personnel for the absent employee, the expense of this replacement personnel must also be requested as part of the proposal for the continuing educational activity. All requests shall be tendered first to the Board President. If the request is within approved budgetary limits and is, in the opinion of the Board President, an appropriate continuing educational activity for the requesting employee, the Board President may approve such activity.

The Board President may consult with the Executive Committee on any request. The Board President shall consult with the Executive Committee and the Finance Committee if any request is made which is outside of the approved budgets, if the request is outside of the scope of the normal policy, or if the request is by the Board President on his/her own behalf.

D. Types of Leave

1. Sick Leave

In case of personal illness or injury, an employee who, as a result, is unable to report for work shall be paid during the illness as follows:

Full Time Staff

- (a) Sick leave days shall accumulate at a rate of one day per calendar month worked.
- (b) Sick leave days may be accumulated up to 30 work days.

Part-Time Staff

- (a) Sick leave days shall accumulate at the rate of ½ day for each 20 full days worked. A "full day" is determined by adding partial days together to reach a full day equivalent of an 8- hour work day.
- (b) Sick leave days may be accumulated up to 15 working days.

Accumulation of sick leave begins from the employees first day of employment.

The Board President, at his/her discretion, may request the employee to provide reasonable verification of sickness or injury.

2. Emergency Leave of Absence

Emergency leave, without pay, may be granted for extraordinary circumstances which may occur, including an illness or death in the immediate family. Such leave requires the approval of the employee's supervisor and the Board President.

3. Jury/Witness Duty

Any employee who is called to serve on a jury panel or serve as a witness in a court proceeding in which they are not a litigant, will be allowed time off with pay to serve.

4. Maternity or paternity leave

Maternity or paternity leave, not to exceed one fourth of a year, will be available and shall be granted by the Board President in consultation with the Executive Committee to any member of the non-appointed staff of CM who so requests it at the birth or arrival of a child into the home for purposes of adoption.

1. Persons desiring maternity or paternity leave should file their request with the Board President at least 60 days prior to its beginning.
2. During the leave, the staff member's benefits will remain in effect. Compensation will be maintained for the first 4 weeks of leave. Beyond 4 weeks the staff member may opt to use accrued benefit time for compensation.

V. BUSINESS DAY

A. Work Schedule

The designated office hours are 9 AM – 5 PM, Monday through Friday. A normal work week will be determined at the time of employment and shall be subject to revision from time to time as circumstances may change, taking into account that Main Street Program activities frequently occur during evening and weekend hours. Lunch breaks will be one hour in length. It is important to return from lunch promptly and to arrive on time in the morning.

Unsatisfactory attendance, including unapproved tardiness or early departure, shall be cause for disciplinary action, including termination. The appropriate supervisor or Board President should be notified of any absence by the employee prior to the start of the work day. All other absences may be deemed unapproved. If scheduled hours present a temporary hardship, your supervisor should be notified and an attempt made to resolve this problem. Overtime work may be necessary from time to time, but shall be approved by the Board President in all instances regarding non-exempt employees prior to being worked.

B. Holidays

All employees will receive pay for the following holidays:

New Year's Day	Columbus Day
MLK Day	Veteran's Day
President's Day	Thanksgiving Day
Memorial Day	Adjacent Thanksgiving Friday
Independence Day	Christmas Day
Labor Day	One additional floating holiday

If any of the above holidays fall on a Saturday or Sunday, the employee's immediate supervisor will establish the day off. To receive holiday pay, the employee must work the full day before and

the full day after the holiday, or use vacation time. If a paid holiday occurs during the employee's vacation period, the holiday will not be included in the total vacation days taken.

C. Inclement Weather

At the discretion of the Board President, the Organization will close if there are severe weather conditions. Each employee is solely responsible for determining whether inclement weather conditions make travel potentially hazardous. No employee should ever attempt to travel, however, if conditions appear to be unfavorable to the employee. However, the Board President will make the determination as to whether or not time off due to inclement weather conditions will be paid or unpaid.

D. Personal Conduct and Appearance

CM expects all employees to conduct themselves in a manner consistent with the highest ideals of the Organization. Any use of alcoholic beverages or non-legal use of controlled substances is prohibited in all areas of the Organization.

An employee's appearance, dress, grooming and hygiene must be appropriate to the work situation. Casual business dress work attire is expected and employees are required to maintain a neat and clean appearance.

E. Handling of Money

Organization funds should be handled in strict accordance with the policies and procedures set forth by the Finance Committee and the Organization's auditors. Staff who has knowledge of any member's financial affairs shall keep this confidential. Breach of this confidentiality is reason for immediate termination.

F. Keys and Security

Employees are expected to maintain possession of issued keys at all times. They should not be provided to others nor copies made without the approval of the Board President.

G. Record Keeping

Complete personnel information about each employee shall be obtained upon employment. Records shall be subsequently maintained by the Board President including that of an exit interview when employment ends.

H. Political Action

Absent specific authorization, no member of the Organization Staff is empowered to speak on behalf of the Organization on political matters. Each member of the Organization Staff should make clear that any personal or public expression on political matters or controversial subjects is strictly the personal opinion of the speaker, and not the official attitude or position of CM.

I. Smoking

CM is a smoke-free facility. No smoking will be tolerated except in designated areas.

VI. CONFIDENTIAL INFORMATION

Because of the nature of the work that is done in the Organization Office, there will be confidential information handled by staff members. It is expected that staff members will keep such information confidential. Breach of confidentiality is reason for termination.

VII. RELATIONSHIPS

CM will attempt to treat the needs of each employee in a fair and understanding manner and to maintain relationships based upon the highest of ethical practices.

Conversely, it shall be the recognized obligation of each employee of CM to make the fullest use of his/her knowledge, skills, and capabilities in the performance of his/her job, in an effort to contribute to the general advancement of CM as a whole.

It is the stated policy of CM to retain the freedom and flexibility that, as a Organization and an employer, it must have in order to insure a staff responsive at all times to the needs of the members of the Organization. Accordingly, CM is an "at will" employer, and nothing herein contained would ever be deemed to limit the Organization's flexibility as such as employer.

VIII. POLICY REVIEW

This policy shall be reviewed by the Board President at least annually for the purpose of keeping it meaningful in light of changing conditions. He/she in turn shall report the review and any suggested changes to the Executive Committee.

IX. EMPLOYMENT OF RELATIVES

Policy:

CM will employ the most qualified candidate for the presenting opportunity. Relatives are eligible for employment as long as they are not in a direct reporting relationship to a supervisor or manager to whom they are related or in same location.

X. INFORMATION AND COMMUNICATION SYSTEMS

Policy:

Information and communication equipment and systems provided by CM, including facsimile devices, telephones, voice mail, cellular/wireless telephones, pagers, e-mail, provided access to the Internet, intranet, and other networks are corporate resources which are provided to support CM business purposes.

All communications and information transmitted by, received from, or stored in these systems are the property of CM and as such are to be used primarily, if not exclusively, for job-related purposes only. Communication systems, including but not limited to electronic communications may not be used to transmit and/or access information or messages that may be considered inappropriate. Display or transmission of sexually explicit images, messages, cartoons, or any communications that can be construed as harassment or disparagement of others based on their race, national origin, sex, age, disability, or other protected class will not be permitted.

Supervisors are responsible for communicating this policy and the Information and Communication Guidelines to their employees and to ensure they are adequately trained to use the different resources available at CM. In addition, supervisors are responsible for reporting all known or suspected violations of this policy to the Board President.

Supervisors are responsible for the protection and proper communication of the Organization's information and the proper use of Organization's resources. Employees are personally responsible for messages that they originate or forward using CM electronic or telephonic communication systems. Misrepresenting, obscuring, suppressing, or replacing a user's identity on an electronic communications systems is prohibited. "Spoofing," constructing electronic communications so it appears to be from someone else is prohibited. The user name, electronic mail address, organizational affiliation, time, and date transmission, and related information included with electronic messages or postings must always reflect the true originator, time, date, and place of origination of the messages or postings, as well as the true content of the original message. Employees should report violations of this policy to their supervisor.

To safeguard CM's interest and to evaluate compliance with applicable laws and policies, all information and communications transmitted or stored by anyone on any CM owned or operated equipment or communication systems are subject to monitoring, access, review, and impoundment by CM at any time, without notice.

Information and communication systems are to be used primarily, if not exclusively, for the transmittal of business-related information. However, CM understands that occasional e-mail messages are necessary for employees to appropriately manage their work and personal lives. However, the frequency and duration of such e-mailing needs to be kept to a minimum and should generally be made during rest and meal breaks. The supervisor should review individual cases. At no time shall the communication systems be used to solicit or address others regarding commercial, religious, or political causes, or for any other solicitations that are not work related, except as approved by management.

The use of CM information and communications equipment or systems to participate in Internet chat rooms or message boards is prohibited. Such use is neither a legitimate business use nor a permitted personal use. Also, as a reminder, no matter what communications vehicle is used, employees must ensure that they do not damage CM's good name and reputation.

CM understands that occasional personal calls are necessary for employees to appropriately manage their work and personal lives. However, the frequency and duration of such calls needs to be kept to a minimum and should generally be made during rest and meal breaks. Payment of personal long distance phone calls are the responsibility of each employee. The supervisor should review individual cases.

XI. Guidelines for Information and Communication Use:

1. It is each individual's responsibility to use CM's communication and information systems primarily, if not exclusively, for business. These systems include: facsimile devices, telephones, wireless/cellular telephones, pagers, e-mail, and CM-provided access to the Internet, Intranet, or other CM networks. Employees should take care to ensure the use of CM resources reflects well on CM.
2. Passwords are issued to an individual user and must be kept secure. CM reserves the right to request from any user the password(s) or other information necessary to retrieve any information located on any CM owned or operated equipment, which CM is legally entitled to obtain. Failure to provide this information to CM upon proper request shall subject the individual to appropriate disciplinary action, up to and including, but not limited to termination.

3. Use of appropriate business language in all communication is required. CM-Workplace Respect policies should guide the content and nature of communications. In particular, transmission of offensive, obscene, or similarly inappropriate messages or images is strictly prohibited. At no time shall the display or transmission of sexually explicit images, messages, cartoons, or any communication that can be construed as harassment or disparagement of others based on their race, national origin, sex, age, disability, or other protected class be permitted.
4. E-mail is essentially no different from a written document. A file can be stored in the system indefinitely and can be discovered through litigation. Thus, e-mail messages should be treated as carefully as any written document. Always assume that other people other than the intended addressees may see e-mail messages. Once a message has been sent, there is no control over to whom it may be forwarded.
5. All CM confidential and proprietary information should be protected. Remember that regular Internet communications are not secure.
6. Do not copy or distribute copyrighted information unless a license to do so is obtained. Improper copying could result in a violation of the owner's copyright, and liability for CM and the individual violator.
7. Mass solicitations for fund raising at CM are not to be sent to CM employees using e-mail without the approval of the Administrator.
8. Remember that all information and communications on CM equipment and systems are the property of CM and may be monitored or reviewed by CM management at any time.
9. All e-mail communication sent outside of CM or e-mails sent to CM's e-mail user must be copied to the Administrator.

Failure to comply with these policies and guidelines will subject the offending party to disciplinary action, which may include letters of warning, reprimand, cancellation of rights to use CM electronic communications systems, terminations, and/or legal action.

XII. PERSONNEL FILES

Policy:

CM collects and retains information directly related to an employee's work history. Personnel files are maintained on a confidential basis to protect the Organization and Employee privacy. Access to such files and records, or disclosure of such information is strictly limited.

If an employee wants to see his/her Organization personnel file, the supervisor should follow appropriate procedures to allow him/her access to appropriate documents. The supervisor should also keep the information in the employee's file updated.

An employee's official personnel file may contain documents used by CM to determine the employee's employment, promotion, compensation, transfer, termination, performance, and disciplinary or other personnel actions.

The supervisor may maintain separate employee files, however, the file kept by supervisors is not the official personnel file. Supervisors should keep informal files on working documents and notes pertaining to associates, including job standards, copies of performance appraisals, and such issues as performance, job-related behavior, and attendance and discipline. Medical information should not be maintained in supervisors' files and should be forwarded to the Executive Committee

Upon written request, an employee may review his/her own official personnel file in the presence of his/her supervisor or Executive Committee member. The time of the review must be at the mutual

convenience of the Organization and employee. Upon a written request, copies of the file documents are provided consistent with state law.

An employee may respond to omissions or controversial information in his/her file by submitting a written statement to be added to the file. An employee may not delete documents from his/her file.

In addition to the employee, the employee's supervisor and all his/her higher level supervisors in direct reporting relationship, Executive Committee members who are working with or have responsibility for such files, and Organization's attorneys responding to personnel-related claims, complaints, litigation, or administrative proceedings all have access to personnel files.

Official personnel files are kept at the Organization Office/Administrator. CM maintains files in accordance with the law.

XIII. WORKPLACE RESPECT

Policy:

CM maintains a safe and respectful work environment that is free from abusive behavior and harassment by any employee, supervisor, Organization members or vendors of CM. Any threat of violence, offensive behavior, verbal abuse, and verbal and physical harassment that has the effect of creating an intimidating, hostile, or offensive working environment or an environment that interferes with work performance is in violation of this policy. Respect for each other is basic to CM's culture. All employees must help ensure that CM's work environment is respectful and free from abusive behavior and harassment. Behavior that violates this policy must be reported and addressed. Regardless of where it occurs, behavior that disrupts the productive work environment of employees threatens the teamwork vital to CM .

All employees are expected to refrain from conduct, which could be considered harassment by another individual. Whether the conduct is considered harassment will be measured based on the offended employee's reasonable perception and whether other immediate action is required, such as calling law enforcement or medical authorities.

The supervisor is responsible for maintaining a safe and respectful work environment. Failure to do so may result in disciplinary action. The supervisor must review and investigate, as directed by the Administrator, allegations of workplace violence and harassment brought to their attention by employees. He/she must also ensure there is no retaliation towards employees who report such conduct.

Any employee who does not comply with this policy will be subject to discipline, up to and including termination. The nature and scope of each situation will determine the consequences.

If an employee is unsure whether his/her conduct is offensive, he/she should consider if he/she would feel comfortable if the conduct became public knowledge or whether the conduct is against the law. The employee should also consider how the business of the Organization would be affected by this conduct.

Following are non-inclusive examples of actions, which are considered in violation of the workplace respect policy:

- Verbal abuse, including implicit or explicit threats to do bodily injury to another employee.
- Physical assault or battery, including pushing, hitting, fighting, or attempting bodily injury to another employee on Organization property.

- Derogatory or vulgar comments regarding another employee’s age, color, disability, sexual orientation, national origin, race, religion, or gender.
- Stalking or following another associate in the workplace or to or from work.
- Blocking a path for purposes of intimidation.
- Repeated hang-up telephone calls to an employee at work.
- Distributing unwanted gifts, letters, or e-mail to an employee.
- Disorderly acts or other conduct of a nature, which might bring discredit upon CM or its reputation.
- Bringing firearms, weapons, explosives, or toxic substances on Organization property.
- Deliberate violation of safety rules that endangers the life or safety of other employees.
- Gross insubordination (e.g., refusing a work assignment, belligerent language, etc.).
- Offensive or indecent personal conduct between employees which is disruptive to Company business.

Just as it is not possible to list all forms of workplace violence and harassment, it is not possible to define a procedure that is appropriate for all occasions. Therefore, employees and supervisors should review the general procedures outlined below and choose those steps that will most quickly and effectively stop the harassment or violence.

- If the employee is comfortable doing so, he/she should simply and directly talk to the other person and tell him/her how he/she feels about that person’s behavior. The employee should ask that it stop immediately.
- If talking to the other person is not a feasible option, or if it fails, the associate should discuss the situation with his/her supervisor.
- If the employee does not feel comfortable discussing the conduct with his/her supervisor, or the supervisor is unavailable, the employee should consult with the Chairperson or member of the Executive Committee.

All complaints of workplace violence and harassment will be reviewed promptly, fairly, and completely. The facts will determine the scope and nature of the review. Such complaints must be taken seriously and the supervisor must ensure that there is no direct or perceived retaliation against the employee making the complaint.

In general, the supervisor’s role is to receive the complaint, understand the nature and factual basis of the complaint, and to **contact the Administrator** who will involve, if necessary, the Legal Council or local law enforcement authorities to discuss the appropriate next steps. The supervisor should ensure the initial discussion with the employee is timely and ask questions such as:

- Who – names and description of all participants and witnesses.
- What – detailed description of everything that happened, in the order it happened, and what action or result the employee is seeking.
- When – date(s) and time(s).
- Where – exact location, including a detailed description of areas where alleged harassment occurred.

The discussion should also include a review of this policy. The supervisor should ensure the complaint is shared with others only on a need-to-know basis and follow appropriate corrective action procedures in consultation with the Administrator.

Employee Signature

Date

Board President Signature

Coronado MainStreet

	FY 17-18	FY 18-19	FY 19-20
INCOME			
Garden Party Revenues	22000	29600	33200
MotorCars Revenues	16500	14000	2700
Puzzle & Mug Sales			7500
City Grant	103800	95000	81000
Grants & Sponsors	8700	10400	15100
	<u>151000</u>	<u>149000</u>	<u>139500</u>
EXPENSES			
Salary, Tax, Benefits	63500	63900	62400
Rent	15300	18000	18000
Median Gardens	35800	32200	35700
Rooftop Lights	6700	5700	
Event Costs			
Garden Party	9100	9100	10400
MotorCars	14900	9700	1800
Ghostly, Shop Small	3100	3000	2800
Puzzles & Mugs			6000
Community Outreach	2900	4200	2500
Insurance	2600	3300	2800
Professional Services	1800	3100	2100
Supplies, Phones, etc	6800	1700	2100
	<u>162500</u>	<u>153900</u>	<u>146600</u>
NET INCOME	<u><u>-11500</u></u>	<u><u>-4900</u></u>	<u><u>-7100</u></u>