

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: _____

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: _____

Organization: _____ 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 columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

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 columns for question number, description, and Yes/No columns. Rows include 42b, 42c.

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 columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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.

<p>Sign Here</p> <p>Signature of officer Rita Sarch Executive Director <small>Type or print name and title</small></p>	<p>2020-05-15 <small>Date</small></p>
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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.)	
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 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>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 990-EZ)

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Mainstreet Coronado Ltd

Employer identification number

33-0339950

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

		(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.

		(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	13a	%
b	An outside facility	13b	%

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
------------------	-------------

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			



Coronado MainStreet Ltd.
 1001 B Avenue #216
 Coronado, CA 92118
 (619) 437-0254
 lizrieber@CoronadoMainStreet.com

CORONADO MAINSTREET 2021 BOARD OF DIRECTORS

Confidential

DIRECTOR	ADDRESS	PHONE	E-MAIL
Katherine Farley, President (spouse Brendan)	547 H Avenue	619-435-6060 (O) 619-895-2752 (C)	katherine.farley@root75.com
Chris Ackerman, Vice President	1026 A Avenue #A	619-743-5005 (C)	ackerman@san.rr.com
Karen Trecartin, Secretary	466 G Avenue	619-435-7002 (H) 619-208-1513 (C)	kgtrep@sbcglobal.net
Robbins Crehore Kelly, Treasurer (spouse Graham)	1136 Loma #107 1017 Olive Avenue 422 D Avenue	619-435-2875 (O) 619-435-4629 (H) 619-892-2168 (C)	Robbinskelly1017@gmail.com
Kathy Byrne	711 G Avenue	619-522-0302 (H) 619-435-4546 (C)	kmjb@san.rr.com
Jori H. Jackman Fentiman (spouse Daren)	334 B Avenue	619-300-1338	jori@seasidepapery.com
Denise Boucher Goodman (spouse Michael)	200 C. Avenue, Apt B Coronado, CA 92118	619-865-3179 (C)	denisegoodwoman@gmail.com
Linn Kovar (spouse Shirley)	101 Orange Ave. 1770 Avenida del Mundo #1502	619-435-2408 (O) 619-435-4240 (H)	LinnKovar@yahoo.com
Adrienne Kraus (spouse Kelly)	858 G Avenue	619-827-4861	
Anthony Pascale (spouse Mami Watanabe)	634 Catalina Blvd. San Diego, CA 92106	619-886-6656	anthony@saikosushisd.com
Cathy Thomas Osmialowski (spouse Allen)	710 Eighth Street	619-435-7170 (H) 619-972-1899 (C)	cathythomas1025@yahoo.com
Eddie Warner (spouse Tyler Rowden)	977 Orange Ave 861 H Ave	619-435-3153 (O) 619-435-0581 (H) 619-315-8558 (C)	Nwarner848@gmail.com
Mariah Rowden, Assistant	3908 Eighth Ave. #110 San Diego, CA 92103	619-315-876 (C)	mariahrowden@gmail.com
Elizabeth Riebe (spouse Peter) James Ussery	215 A Avenue	619-437-0254 (O)	lizriebe@coronadomainstreet.com

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.

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>