

**CITY OF SOUTH SAN FRANCISCO
PARKS AND RECREATION DEPARTMENT**

**NON-PROFIT GROUP CO-SPONSORSHIP
ANNUAL RENEWAL REPORT FOR YEAR
Due: 05/23/2025**

CLUB/ORGANIZATION	South San Francisco Aquatics Club		
PREPARER'S NAME			TITLE
ADDRESS	PO Box 5179		
CITY	South San Francisco	STATE	CA ZIP 94083
PHONE NUMBER			E-MAIL

Please review the list of required documents and return them with your completed application:

- ☒ Current Officers Roster (page 2)
- ☒ Program Report (pages 3-4)
- ☐ Financial Statement (pages 5-7) or attach (must include all revenues & expenditures and match Beginning & Ending balances from Bank Statements)
 - ☒ Copies of January 2024 and December 2024 Bank Statements, attach
- ☐ Statement of Compliance with Co-Sponsorship Agreement (page 8)
- ☒ Current Certificate of General Liability Insurance, attach
 - ☐ Supplemental Self-Insured Retention (SIR) Questionnaire, attach
 - ☐ City of South San Francisco must be listed as additionally insured, attach
- ☒ Current Certificate of Workers Compensation Insurance or Statement of Waiver (if no employees), attach
- ☐ Co-Sponsored Permit Fee, attach
- ☐ Current Membership Roster (Must include addresses for all participants), attach
- ☐ Copy of Organization's Bylaws, attach

All non-profit organizations must file appropriate tax returns in accordance with the law. Please note that the City may audit your records and you would be required to comply with our requests to produce relevant documents.

SOUTH SAN FRANCISCO AQUATICS CLUB OFFICERS ROSTER

To be submitted with annual renewal and whenever officers change. An officer includes executive officer positions, board of directors, trustees, agents, or other leadership roles with control or substantial influence over the organization's policies or operations as may be designated by the organization bylaws.

NAME	<u>Dan Jumanan</u>	TITLE	<u>Other:</u>	<u>President</u>
ADDRESS	<u></u>			
CITY	<u>South San Francisco</u>	STATE	<u>CA</u>	ZIP
PHONE NUMBER	<u></u>	E-MAIL	<u></u>	
NAME	<u>Joy Veatural</u>	TITLE	<u>Vice-President</u>	
ADDRESS	<u></u>			
CITY	<u>South San Francisco</u>	STATE	<u>CA</u>	ZIP
PHONE NUMBER	<u></u>	E-MAIL	<u></u>	
NAME	<u>Kristen Pieg</u>	TITLE	<u>Treasurer</u>	
ADDRESS	<u></u>			
CITY	<u>South San Francisco</u>	STATE	<u>CA</u>	ZIP
PHONE NUMBER	<u></u>	E-MAIL	<u></u>	
NAME	<u>John Zeng</u>	TITLE	<u>Other:</u>	<u>Dues Director</u>
ADDRESS	<u></u>			
CITY	<u>San Bruno</u>	STATE	<u>CA</u>	ZIP
PHONE NUMBER	<u></u>	E-MAIL	<u></u>	
NAME	<u>Michael Kloefkorn</u>	TITLE	<u>Other:</u>	<u>Communications Director</u>
ADDRESS	<u></u>			
CITY	<u>South San Francisco</u>	STATE	<u>CA</u>	ZIP
PHONE NUMBER	<u></u>	E-MAIL	<u></u>	
NAME	<u>Jimmy Lam</u>	TITLE	<u>Other:</u>	<u>Events Director</u>
ADDRESS	<u></u>			
CITY	<u>South San Francisco</u>	STATE	<u>CA</u>	ZIP
PHONE NUMBER	<u></u>	E-MAIL	<u></u>	
NAME	<u></u>	TITLE	<u>Other:</u>	
ADDRESS	<u></u>			
CITY	<u></u>	STATE	<u></u>	ZIP
PHONE NUMBER	<u></u>	E-MAIL	<u></u>	

☐ Check if additional officers are listed on a supplemental sheet

Number of Officers: 6

Number of officers who are residents of South San Francisco: 5

Percentage of Officers who are SSF residents: 83.33%

PROGRAM REPORT**I. MEMBERSHIP:**

Total number of members as of 12/31/23:	<u>102</u>	
Total number of members as of 12/31/24:	<u>124</u>	
Number of members as of 12/31/24 who are South San Francisco residents:	<u>61</u>	
Percentage of members as of 12/31/24 that are South San Francisco residents:	<u>49.19%</u>	LOW RATIO
Net Membership Gains (Losses):	<u>22</u>	

Staff reserves the right to request additional documentation from the membership as verification of residency.

Please describe any membership requirements (100 word limit):

Annual Membership dues (1 fee per family)
 Annual Registration with USA Swimming
 Monthly dues (per swimmer)
 30 hours toward qualified volunteer work
 Timing duty at swim meets your child is registered to compete in

If your membership or officers is less than 51% South San Francisco residents, please describe efforts you have made or plan to make to increase the ratio (250 word limit):

- Outreach within the SSFUSD
 - Tabling at SSF Community Events
 - Scholarship Program
 - Marketing through Park & Rec channels (digital & print)
 - Increase younger development group
 - Incentives for family referrals (membership fee credits)
 - Actively recruit youth that have completed park & rec swim program
 - Incentives for Swim Teacher that refer new SSFAC members

Annual Membership Fees/Dues: \$ 165.00

Form(s) of Payment accepted: Cash, Check or Credit Card

Describe how fees are collected (auto-pay, in person, mail) and reported:

Credit card (auto-pay)

II. BOARD MEETINGS

Meetings are held every other month on the first (1st) Tuesday

of every month at 07:00 p.m.

Location of meetings: Virtual or SSF Library

Are meetings open to the public? Yes Average # of attendees: 6

SOUTH SAN FRANCISCO AQUATICS CLUB

III. CLUB ACTIVITIES

A: Describe the **on-going** activities put on by your organization for the membership in a calendar year:

ACTIVITY/TYPE	LOCATION	FREQUENCY (1 x week, etc.) Please indicate season dates, if any.	TOTAL # ACTIVITY MEETINGS PER YEAR	AVG. # MEMBERS ATTENDING (Each Activity)	TOTAL # PARTICIPANTS PER YEAR
Practice	Orange Pool	5 x year	95		100
Meet & Greet	Orange Pool	2 per quarter	20		
Socials	Varies	5-7 x year	100		
Fundraisers	Orange Pool	2 x year	100		
Competiton	Pacifica Pool	2 x year	2		
Practice	San Bruno Pool (SAT)	1 x week	approx 35		

B: Describe the **one-time** events put on by your organization for the membership in a calendar year:

ACTIVITY	DATE(S)	LOCATION	# ATTENDING Members	Others
Team Picnic	8/9/25	Orange Park & Orange Pool	100	200.00
Holiday Party	12/12/25	SSF Banquet Hall	100	200.00

FINANCIAL STATEMENT

INCOME/REVENUE:

CONTRIBUTIONS, gifts, grants

<u>SOURCE</u>	<u>FORM</u>	<u>AMOUNT</u>
Ex.: Amateur Athletic Foundation	Grant	500.00
Various	Donation	1,076.92
TOTAL CONTRIBUTIONS, gifts, grants		1,076.92

A

PROGRAM revenue

Ex.: Registration Fees	Annual	900.00
TOTAL PROGRAM revenue		

B

MEMBERSHIP fees/dues

Ex.: Membership Dues	Monthly	300.00
Monthly Dues & Annual Reg		203,150.89
Collections: owed hours & fees		16,959.93
TOTAL MEMBERSHIP fees/dues		220,110.82

C

Inventory/Concession Sales

Gross Receipts:	Description	
Gross Receipts:	Description	
Gross Profit from Sales:		

D

SPECIAL EVENTS/fundraisers (net profit)

07/04/2018	Independence Day Picnic Fundraiser	800.00
	JAN & SEPT Team Hosted Meets	34,905.29
TOTAL SPECIAL EVENTS/fundraisers		34,905.29

E

OTHER (please describe)

Ex. Money Market Interest	Income	13.75
TOTAL OTHER		

F

TOTAL REVENUE \$ 256,093.03

G

OPERATING EXPENSES:

	<u>AMOUNT</u>
Grants and allocations (attach schedule)	
Cash \$	
Non-cash \$	
Specific assistance to individuals (attach schedule)	
Benefits paid to or for members (attach schedule)	
Compensation of officers, directors, etc.	
Other salaries and wages	88,444.26
Pension plan contributions	
Other employee benefits	
Payroll taxes	31,345.55
Professional fundraising fees	
Accounting fees	2,000.00
Legal fees	
Supplies	
Telephone	655.80
Postage and shipping	317.28
Occupancy/Rental	24,918.30
Equipment rental and maintenance	
Printing and publications	
Travel	1,482.53
Conferences, conventions, and meetings	
Interest	
Depreciation, depletion, etc. (attach schedule)	
Advertising	
Bank Charges	1,261.95
Registration Fees Paid	10,009.00
Equipment/Supplies	8,913.07
Promotion	300.00
Subcontractors	5,619.87
Team Clothing, etc.	
Repairs & Maintenance	501.79
Value of Inventory	328.29
Liability Insurance	3,189.36
Other (itemize):	
Host Meet Expenses (Food, Contractors, Equipment)	26,050.49
Software	3,394.67
Meet Entry Fees	16,223.82
Event Expenses (food, prizes, decor, awards)	3,099.29
TOTAL	\$ 228,055.32

H

STATEMENT OF EQUITY
For the Year ending 12/31/2024

	CHANGES	BALANCE
①Beginning Balance (01/01/2024).....		<u>\$ 82,090.91</u>
CONTRIBUTIONS, gifts, grants	<u>1,076.92</u> A	
PROGRAM revenue		B
MEMBERSHIP fees/dues	<u>220,110.82</u> C	
Gross Profit from Sales		D
SPECIAL EVENTS/fundraisers	<u>34,905.29</u> E	
OTHER		F
SUBTOTAL of REVENUE	<u>\$ 256,093.03</u> G	
	SUBTOTAL	<u>\$ 338,183.94</u>
	Total Liabilities Paid	<u>\$ 228,055.32</u> H
②Ending Balance (12/31/2024).....		<u>\$ 108,941.06</u>

☐ I certify that this report and the attached Financial Statement(s) are correct and true, and agree to a review of the records of the club by a representative of the City of South San Francisco, if requested.

Kristen Pieg

Treasurer

6/1/2025

Date

Dan Jumanan

President

I understand that I, or an organization representative, shall attend the Parks and Recreation Commission meeting for the month our organization is agenized for renewal.

The date for this meeting is June 17, 2025

SOUTH SAN FRANCISCO AQUATICS CLUB**REPORT FOR YEAR ENDING 12/31/2024****CO-SPONSORSHIP ANNUAL STATEMENT OF COMPLIANCE**

I (we) have reviewed the executed Co-Sponsorship Agreement and hereby certify that the Organization remains in compliance with all obligations under the Co-Sponsorship Agreement.

I (we) certify that the information provided in to the City is accurate. I acknowledge that I will promptly provide the City with any changes from what was originally provided in the Application for Co-Sponsorship. I hereby acknowledge that any material misrepresentations will result in immediate termination of the Co-Sponsorship Agreement and any related privileges.

Club/Organization Name: SOUTH SAN FRANCISCO AQUATICS CLUB

Signature: 

Print Name: DAN JUMANAN

Title: PRESIDENT

CO-SPONSORSHIP ANNUAL STATEMENT OF COMPLIANCE

I (we) have reviewed the executed Co-Sponsorship Agreement and hereby certify that the Organization remains in compliance with all obligations under the Co-Sponsorship Agreement.

I (we) certify that the information provided in to the City is accurate. I acknowledge that I will promptly provide the City with any changes from what was originally provided in the Application for Co-Sponsorship. I hereby acknowledge that any material misrepresentations will result in immediate termination of the Co-Sponsorship Agreement and any related privileges.

Club/Organization Name: **SOUTH SAN FRANCISCO AQUATICS CLUB**_____

Signature: _____

Print Name: _____

Title: _____