CITY OF SOUTH SAN FRANCISCO
PARKS AND RECREATION DEPARTMENT

NON-PROFIT GROUP CO-SPONSORSHIP
ANNUAL RENEWAL REPORT FOR YEAR
Due: 06/02/2026

CLUB/ORGANIZATION South San Francisco Youth Baseball Manager's Association

PREPARER'S NAME Juliana Curmi/Stephanie Tejada **TITLE** Treasurer

ADDRESS PO Box 5722

CITY South San Francisco **STATE** CA **ZIP** 94083

PHONE NUMBER **E-MAIL** socityyouthbaseball@gmail.com

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 2025 and December 2025 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 Youth Baseball Manager's Association

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 Cliff Callero **TITLE** Director
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Mike Madrid **TITLE** Associate Director
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Maurice Cummings **TITLE** Associate Director
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Ricardo Cano **TITLE** Vice-President
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Ray Hermosillo **TITLE** Vice-President
ADDRESS [redacted]
CITY Daly City **STATE** CA **ZIP** 94015
PHONE NUMBER [redacted]

NAME Juliana Curmi **TITLE** Treasurer
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Stephanie Tejada **TITLE** Treasurer
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

☑ Check if additional officers are listed on a supplemental sheet

Number of Officers: 13

Number of officers who are residents of South San Francisco: 12

Percentage of Officers who are SSF residents: _____

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 Amber Diaz **TITLE** Secretary
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Geraldine Rodriguez **TITLE** Secretary
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Phil Fioresi **TITLE** Other: UD Member at Large
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Jorge Obregon **TITLE** Other: UD Member at Large
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Dan Ordonez **TITLE** Other: LD Member at Large
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME Calvin Wang **TITLE** Other: LD Member at Large
ADDRESS [redacted]
CITY South San Francisco **STATE** CA **ZIP** 94080
PHONE NUMBER [redacted]

NAME **TITLE** Other:
ADDRESS
CITY **STATE** **ZIP**
PHONE NUMBER **E-MAIL**

☐ Check if additional officers are listed on a supplemental sheet

Number of Officers: ____

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

Percentage of Officers who are SSF residents: _____

PROGRAM REPORT

I. MEMBERSHIP:

Total number of members as of 12/31/~~23~~ 24:	325
Total number of members as of 12/31/~~24~~ 25:	407
Number of members as of 12/31/24 who are South San Francisco residents:	300
Percentage of members as of 12/31/24 that are South San Francisco residents:	
Net Membership Gains (Losses):	82

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

Please describe any membership requirements (100 word limit):

Registration fee is based on age requirements. $50 early bird registration given during the first month of registration. Hardships/Scholarships are given if requested.
Wiffle Ball Division (ages 3-4): $115.00; T-Ball Division (ages 5-6): $160.00
8U and 10U Division: $175.00 (Early Bird Registration Price) / $250.00
12U and 14U Division: $200.00 (Early Bird Registration Price) / $300.00

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):

Annual Membership Fees/Dues: _____

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

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

SportsEngine Platform

II. BOARD MEETINGS

Meetings are held monthly on the first (1st) Monday of each month at 6:30 p.m.

Location of meetings: SSF Chambers of Commerce or Sonesta Suites San Bruno

Are meetings open to the public? Yes Average # of attendees: 20

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	SSF Parks - Spring Season Practices	2-3x Feb-May	1040	12	12480
Sporting Game	SSF Parks - Spring Season Games	1-3x Mar-May	320	12	3840
Practice	SSF Parks - Summer All Star Teams	2x June-Aug	128	12	1536
Practice	Orange Park - FOG Winter Camp	1x Nov-Dec	10	30	300

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

ACTIVITY	DATE(S)	LOCATION	# ATTENDING Members	# ATTENDING Others
Tournament	5/22/25	Orange Park - Memorial Day Tournament	96	168
Tournament	10/4/25-10/5/25	Orange Park - OctoberFest Tournament	12	60

FINANCIAL STATEMENT

INCOME/REVENUE:

CONTRIBUTIONS, gifts, grants

SOURCE	FORM	AMOUNT
Ex.: Amateur Athletic Foundation	Grant	500.00
Donations		6,745.53

TOTAL CONTRIBUTIONS, gifts, grants ~~0~~ 6,745.53 (A)

PROGRAM revenue

Ex.: Registration Fees	Annual	900.00
2025 Spring & Summer Registration		134,213.00
Tournament (Mem Day/Fogtoberfest		18,938.83
South City Youth Merchandise		2,890.00
Cooperstown - Fog team		66,073.34

TOTAL PROGRAM revenue ~~0~~ 222,115.17 (B)

MEMBERSHIP fees/dues

Ex.: Membership Dues	Monthly	300.00

TOTAL MEMBERSHIP fees/dues 0 (C)

Inventory/Concession Sales

Gross Receipts: Description

Gross Receipts: Description

Gross Profit from Sales: 0 (D)

SPECIAL EVENTS/fundraisers (net profit)

07/04/2018	Independence Day Picnic Fundraiser	800.00

TOTAL SPECIAL EVENTS/fundraisers 0 (E)

OTHER (please describe)

Ex. Money Market Interest	Income	13.75

TOTAL OTHER 0 (F)

TOTAL REVENUE ~~0~~ 228,860.70 (G)

OPERATING EXPENSES:

	AMOUNT
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	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Professional fundraising fees	
Accounting fees	
Legal fees	
Supplies	384.44
Telephone	
Postage and shipping	331.00
Occupancy/Rental	
Equipment rental and maintenance	
Printing and publications	
Travel	
Conferences, conventions, and meetings	1,774.56
Interest	
Depreciation, depletion, etc. (attach schedule)	
Advertising	362.59
Bank Charges	
Registration Fees Paid	27,656.75
Equipment/Supplies	47,095.90
Promotion	2,640.24
Subcontractors	26,295.00
Team Clothing, etc.	25,517.14
Repairs & Maintenance	
Value of Inventory	
Liability Insurance	
Other (itemize):	
Cooperstown - Fog Team Expenses	64,694.83
Tournament Expenses	620.12
League Expenses	29,060.17
Co Sponsorship with SSF Park and Rec Fee	416.10
TOTAL	~~0~~ 227,044.85 H

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

	CHANGES	BALANCE
❶Beginning Balance (01/01/2024)		209,665.18
CONTRIBUTIONS, gifts, grants	0 7745.53 (A)	
PROGRAM revenue	0 222,115.17 (B)	
MEMBERSHIP fees/dues	0 (C)	
Gross Profit from Sales	0 (D)	
SPECIAL EVENTS/fundraisers	0 (E)	
OTHER	0 (F)	
SUBTOTAL of REVENUE	0 228,860.70 (G)	
	SUBTOTAL	438,525.88
	Total Liabilities Paid	227,044.85 (H)
❷Ending Balance (12/31/2024)		211,481.03

☒ 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.

Juliana Curmi / Stephanie Tejada
Treasurer

Clifford Callero
President

June 2, 2026
Date

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 will be announced.

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 Youth Baseball Manager's Association

Signature: _____

Print Name: CLIFF CALLERO

Title: SSFYBMA DIRECTOR