CITY OF SOUTH SAN FRANCISCO PARKS AND RECREATION DEPARTMENT

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

PREPARER'S NAME	South San Francisco Youth I		
	Stephanie Tejada	I reasurer	- Lower Division
ADDRESS	PO Box 5722		
CITY	South San Francisco	STATE CA	ZIP 94083
PHONE NUMBER		E-MAIL socityyou	thbaseball@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 <u>attach</u> (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, <u>attach</u>

Supplemental Self-Insured Retention (SIR) Questionnaire, <u>attach</u>
City of South San Francisco must be listed as additionally insured, <u>attach</u>

- 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			
CITY	South San Francisco	STATE CA	ZIP 94080
PHONE NUMBER		E-MAIL	
NAME	Mike Madrid	TITLE Associate	Director
ADDRESS		Associate	Director
	South San Francisco	STATE CA	ZIP 94080
PHONE NUMBER		E-MAIL	
NAME	Dan Ordonez	TITLE	
ADDRESS		TITLE Associate	Director
	South San Francisco	STATE CA	ZIP 94080
PHONE NUMBER		E-MAIL	
			_
	Ricardo Cano	TITLE Vice-Presid	dent 💌
ADDRESS			
PHONE NUMBER	South San Francisco	STATE CA	ZIP 94080
FHOME NUMBER		E-MAIL	
	Maurice Cummings	TITLE Vice-Presid	lent 🔽
ADDRESS			
	South San Francisco	STATE CA	ZIP 94080
PHONE NUMBER		E-MAIL	
NAME	Juliana Curmi	TITLE Treasurer	
ADDRESS			
19	South San Francisco	STATE CA	ZIP 94080
PHONE NUMBER		E-MAIL	
NAME	Stephanie Tejada	TITLE Treasurer	
ADDRESS			
CITY	South San Francisco	STATE CA	ZIP 94080
PHONE NUMBER		E-MAIL	
	Check if additional o	fficers are listed on a a	unniomental sheet
	Le poncer il aduitional o	invers are listed off a s	upprementati sneet
		Number of	of Officers: 12
	Number of officers who are resi	dents of South San	Francisco: 12

Percentage of Officers who are SSF residents: _____ 100%

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	Geraldine Rodriguez	TITLE	Secretary		
ADDRESS					
	South San Francisco	STATE	CA	ZIP 94080	
PHONE NUMBER		E-MAIL			
NAME	Amber Diaz	TITLE	Secretary	•	
ADDRESS			Jeeretary		
	South San Francisco	STATE	CA	ZIP 94080	
PHONE NUMBER		E-MAIL	the second se		
			-		
NAME	Phil Fioresi Jr	TITLE	Other:		ambar at Large
ADDRESS			Other:	0D- M	ember at Large
	South San Francisco	STATE	CA	ZIP 94080	
PHONE NUMBER		E-MAIL	A COLUMN AND A COLUMNA AND A COLUMN AND A	34000	
		-			
	Jorge Obregon	TILE	Other:	UD- Me	ember at Large
ADDRESS		ST A TE		718 04000	
PHONE NUMBER	South San Francisco	STATE E-MAIL		ZIP 94080	
FIONE NUMBER		COLAIL			
	Calvin Wang	TITLE	Other:	LD - Me	ember at Large
	South San Francisco	STATE	And in case of the local division of the loc	ZIP 94080	
PHONE NUMBER		E-MAIL			
NAME		TITLE	Other:		
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER		E-MAIL			
NAME		TITLE	Other:		
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER		E-MAIL		-	
	Check if additional	officers are	listed on a supple	mental sheet	
			Number of Of	fficers:	5
	Number of officers who are res	idents of S	South San Fran	ncisco:	5
			no are SSF res		100%

REPORT FOR YEAR ENDING 12/31/2024

PROGRAM REPORT

I. MEMBERSHIP:

П.

Total number of members as of 12/31/23:	306	
Total number of members as of 12/31/24:	325	
Number of members as of 12/31/24 who are South San Francisco residents:	256	
Percentage of members as of 12/31/24 that are South San Francisco residents:		78%
Net Membership Gains (Losses):	19	

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): \$95.00; T-Ball Division (ages 5-6): \$140.00 8U and 10U Division: \$175.00 (Early Bird Registration Price) / \$225.00 12U and 14U Division: \$200.00 (Early Bird Registration Price) / \$250.00

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: see above for fees Form(s) of Payment accepted: Cash, Check or Credit Card Describe how fees are collected (auto-pay, in person, mail) and reported:	
SportsEngine Platform	
ARD MEETINGS	
Meetings are held monthly on the first (1st) Monday	
of each month at 06:30	p.m.
Location of meetings: SSF Chambers of Commerce or Sonesta Suites San Bruno	

REPORT FOR YEAR ENDING 12/31/2024

III. CLUB ACTIVITIES

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

ACTIVITY/TYPE Practice	LOCATION SSF Parks - Spring Season Practices	FREQUENCY (1 x week. etc.) Please indicate season dates, if any. 2-3x Feb-May	TOTAL # ACTIVITY MEETINGS PER YEAR 800	AVG. # MEMBERS ATTENDING (Each Activity) 12	TOTAL # PARTICIPANTS PER YEAR 9600
Sporting Game	SSF Parks - Spring Season Games	1-3x Mar-May	610	12	7800
Practice	SSF Parks - Summer All Star Teams	2x June-Aug	84	12	1008
Practice	SSF Parks - Fall Ball	1x Sept-Nov	10	60	600

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

ACTIVITY	DATE(S)	LOCATION	# ATTE Members	NDING Others
Tournament	05/23-5/27/2024	Orange Park, Buri Buri Park, Alta Loma Park	84	
Tournament	10/5-10/6/2024	Orange Park - 2 SSF teams/4 Outside teams	24	

.

REPORT FOR YEAR ENDING 12/31/2024

FINANCIAL STATEMENT

COME/REVENUE:			
CONTRIBUTIONS, gifts, grants			
SOURCE	FORM	AMOUNT	
Ex.: Amateur Athletic Foundation	Grant	500.00	
Donations		10,245.53	
	TOTAL CONTR	IBUTIONS, gifts, grants	10,245.53
PROGRAM revenue			
Ex.: Registration Fees	Annual	900.00	
2024 Spring Registration & Fall Ball	_		
Tournament (Memorial/Fogtoberfe	22	23,838.83	
South City Youth Merchandise		2,263.00	
Cooperstown - FOG Team		59,708.15	
	TOT	AL PROGRAM revenue	176,051.76
MEMBERSHIP fees/dues		~~~~~	
Ex.: Membership Dues	Monthly	300.00	
	TOTAL M	EMBERSHIP fees/dues	
Internation Solo			
Inventory/Concession Sales Gross Receipts:	Description		
Gross Receipts:	Description		
		Gross Profit from Sales:	
SPECIAL EVENTS/fundraisers (
07/04/2018 Independence	e Day Picnic Fundrais	er 800.00	
	TOTAL SPECIA	AL EVENTS/fundraisers	
OTHER (please describe) Ex. Money Market Interest	Income	13.75	
	income		
Bank Statement Interest	-	2.37	
		TOTAL OTHER	2.37
		TOTAL REVENUE	\$ 186,299.66

OPERATING EXPENSES:

.

٠

REPORT FOR YEAR ENDING 12/31/2024

AMOUNT	ERATING 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
752.00	Supplies
	Telephone
	Postage and shipping
282.00	Occupancy/Rental
	Equipment rental and maintenance
	Printing and publications
	Travel
1,078.87	Conferences, conventions, and meetings
	Interest
	Depreciation, depletion, etc. (attach schedule)
	Advertising
136.87	Bank Charges
15,450.00	Registration Fees Paid
33,241.60	Equipment/Supplies
1,654.28	Promotion
24,627.51	Subcontractors
25,268.64	Team Clothing, etc.
23/200101	Repairs & Maintenance
	Value of Inventory
	Liability Insurance
	Other (itemize):
57,201.78	FOG Cooperstown
603.67	Memorial Day Tournament & Fogtoberfest Tournament
406.35	Co Sponsorship with SSF Park and Rec
29,608.08	League Expenses
20,000,00	League Lapenses

REPORT FOR YEAR ENDING 12/31/2024

STATEMENT OF EQUITY For the Year ending 12/31/2024 BALANCE CHANGES \$ 216,332.56 • Beginning Balance (01/01/2024)..... CONTRIBUTIONS, gifts, grants _____ 10,245.53 PROGRAM revenue 176,051.76 B MEMBERSHIP fees/dues ____ C Gross Profit from Sales D Œ SPECIAL EVENTS/fundraisers OTHER E 2.37 \$ 186,299.66 G SUBTOTAL of REVENUE \$ 402,632.22 SUBTOTAL. Total Liabilities Paid____ \$ 190,311.65 • Ending Balance (12/31/2024)..... \$ 212,320.57

□ 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.

Stephanie Tejada	Cliff Callero	
Treasurer	President	
05/19/2025		
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 is June 17, 2025

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 A:

Signature:	$(\leq$		
Print Name:	Cliff	Calleno	
Title: DIRECTOR			